

**The Co-operative Republic of Guyana  
Ministry of Health**

**Guyana COVID-19 Emergency Response Project  
(P175268)**

**Draft Version  
STAKEHOLDER ENGAGEMENT PLAN**

**[October 29, 2020]**

## Contents

List of Acronyms.....	3
1. Introduction .....	4
2. Project components and Project Development Objective (PDO).....	6
3. Brief summary of previous stakeholder engagement activities.....	9
4. Stakeholder identification and analysis .....	19
4.1 Affected parties.....	20
4.2 Other interested parties .....	21
4.3 Disadvantaged / vulnerable individuals or groups .....	21
4.5 Summary of project stakeholder needs.....	22
5. Stakeholder Engagement Program .....	38
5.1 Proposed strategy for information disclosure .....	39
5.2 Stakeholder Engagement Plan .....	41
5.3 Reporting back to stakeholders .....	43
6. Resources and Responsibilities for implementing stakeholder engagement activities	44
6.1 Resources .....	44
6.2 Management functions and responsibilities .....	44
7. Grievance Redress Mechanism.....	45
7.1 Description of MOH GRM .....	46
7.2 World Bank Grievance Redressal Service (GRS) .....	47
7.3 Addressing Gender-Based Violence.....	48
7.4 Building Grievance Redress Mechanism Awareness .....	49
8. Monitoring and Reporting .....	49
8.1 Reporting back to stakeholder groups.....	49
Annex 1. Consultations report first round of consultations .....	50
Annex 2. GRM logbook example.....	57
Annex 3. GRM checklist .....	58

## List of Acronyms

ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
E&S	Environmental and Social
GPHC	Georgetown Public Hospital Corporation
HEOC	Health Emergency Operations Centre
HCW	Health Care Workers
HSDU	Health Sector Development Unit
ICU	Intensive Care Unit
IPP	Indigenous Peoples Plan
IPF	Investment Project Financing
LMP	Labor Management Procedures
MPA	Multiphase Programmatic Approach
MOH	Ministry of Health
NPHRL	National Public Health Reference Laboratory
PAHO	Pan American Health Organization
PEF	Pandemic Emergency Financing Facility
PDO	Project Development Objective
PIU	Project Implementation Unit
RDC	Regional Democratic Councils
RHO	Regional Health Officers
SPRP	Strategic Preparedness and Response Program
SEP	Stakeholder Engagement Plan
UNOPS	United Nations Office for Project Services
WB	World Bank
WBG	World Bank Group
WHO	World Health Organization

## 1. Introduction

**An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China.** Since the beginning of March 2020, the number of cases outside China increased rapidly worldwide and on March 11, 2020, the World Health Organization (WHO) declared a global pandemic. As of October 13, 2020, there have been 37.70 million confirmed cases of COVID-19, including 1.07 million deaths in 216 countries, reported to WHO.

**The COVID-19 epidemic started in Guyana in March 2020, while its incidence substantially increased from August 2020.** Guyana announced the first case of COVID-19 on 11 March 2020. On that same day, the WHO declared the outbreak of the COVID-19 as a global pandemic following its rapid spread across the world. On 31 July 2020, the total number of confirmed cases in Guyana was 413<sup>1</sup>, and the national incidence was less than 1 per 10,000 population for each week up to that point. The last available epidemiological bulletin for Guyana reported that 3,147 COVID-19 cases were confirmed as of October 3, 2020 and the national incidence reached 5.5 per 10,000 population during the fourth week of September 2020<sup>2</sup>. The total number of COVID-19 active cases reached 807 by October 3, 2020, in Guyana. The regions with the highest number of active cases are: Region 4 (72.1 percent), where the capital city is located and which hosts more than 40 percent of the country's population, Region 3 (8.6 percent), Region 1 (7.3 percent), Region 7 (4.8 percent). Region 1, and 7 are situated at the borders with Venezuela and Brazil and host a high proportion of indigenous population.

**To tackle the COVID-19 outbreak, the MOH outlined a COVID-19 Preparedness and Response Plan and activated the Health Emergency Operations Centre (HEOC) to oversee coordination and implementation of the Plan and support inter-sectoral coordination.** The Plan was designed at the beginning of the Guyana epidemic in March 2020, and then updated in July 2020<sup>3</sup>. It included an assessment of the main risks and identifies strategic priority areas to effectively respond to COVID-19. One of the main risks identified in the Plan concerns the vulnerability to imported COVID-19 cases, as Guyana has unofficial points of entry with no screening facilities and human resource capacities. Other major risks concern difficulties in implementing physical distancing measures and limited health system's capacity. The health system lacks adequate supplies, equipment, and personnel to respond to the outbreak, especially in the hinterland regions. In terms of personnel, for example, Guyana has

---

<sup>1</sup> <https://www.worldometers.info/coronavirus/country/guyana/>

<sup>2</sup> PAHO (2020). COVID-19 Epidemiological Bulletin Guyana Epidemiological Week 38 / September 19, 2020

<sup>3</sup> Ministry of Public Health of Guyana (2020). Coronavirus Disease Covid-19 Preparedness and Response Plan

1.04 nurses and midwives per 1,000 people and 0.8 physicians per 1,000 people, which is well below the LAC average of 5.06 and 2.2, respectively, suggesting a need for increasing numbers of health workers.<sup>4</sup> Also, there is a need for improving the capacity of health personnel to fight COVID-19 by providing them with appropriate training.

**Because of the substantial increase in COVID-19 active cases over August and September 2020, the Ministry of Health (MOH) requested additional resources to finance its COVID-19 Response Plan and improve and decentralize the health system's capacity in testing and treatment.** The risk of limited health system's capacity, originally detected in the COVID-19 Response Plan, became an issue as the outbreak grew. In terms of treatment, for example, Guyana counts only on 12 fully equipped Intensive Care Unit (ICU) beds centered in the Georgetown Public Hospital. Also, the present testing capacity, based on the National Public Health Reference Laboratory (NPHRL), is unable to meet one of the pillars of the COVID-19 Plan (i.e., large-scale testing for COVID-19), especially in the hinterland regions. The national COVID-19 testing rate was 16.1 per 10,000 population during the week September 27-October 3, 2020; however, while Region 4 achieved a testing rate of 28 for 10,000 population, 5 out of 10 regions had a testing rate inferior to 10 per for 10,000 population<sup>5</sup>.

**The World Bank (WB) is already contributing to the government's response to the pandemic. Guyana benefitted from a \$1m grant through the World Bank administered Pandemic Emergency Financing Facility (PEF).** The grant was disbursed to WHO/Pan American Health Organization (PAHO), Guyana's implementing partner, in late July 2020. Through an ongoing operation, the Education Sector Improvement Project (Credit No. 6009-GY), the Bank is supporting the country's efforts to adapt to COVID-19 in the education sector through the prioritizing of the curriculum, training of teachers and modifying the national assessments. Through the Guyana Secondary Education Improvement Project (Credit No. 5473-GY), The WB will finance smart classrooms and tablet programs at the secondary level to aid distance learning, specifically benefiting rural and hinterland populations. Additionally, a Global Partnership for Education grant (US\$7m) is being prepared that will promote technology-assisted learning and support a tablets program for mathematics and literacy at the nursery and primary levels.

**As part of the WB contributions to the government's response to the pandemic, the WB is financing an emergency response project to Guyana (Guyana COVID-19 Project).** This response under the

---

<sup>4</sup> World Bank (2020). Physicians (per 1,000 people) - Guyana, Latin America & Caribbean. Retrieved from <https://data.worldbank.org/indicator/SH.MED.PHYS.ZS?locations=GY-ZJ>

<sup>5</sup> PAHO (2020). COVID-19 Epidemiological Bulletin Guyana Epidemiological Week 40 / October 3, 2020

COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA)<sup>6</sup>, approved by the World Bank Group's (WBG) Board of Executive Directors on April 2, 2020 with an overall Program financing envelope of up to US\$6.00 billion.<sup>7</sup>

**The proposed project for Guyana will support adaptive learning throughout project implementation, as well as from such organizations as the WHO, PAHO, United Nations Office for Project Services (UNOPS), and others.** Given the limited experience with the evolving pandemic, the exchange of information across countries, facilitated by international partners such as the WBG, will be instrumental for Guyana in terms of managing its response to COVID-19. The areas for learning include options for effective supply chain mechanisms during times of emergencies and disrupted global supply chains, including assessments for timely distribution of medicines and other medical supplies.

## **2. Project components and Project Development Objective (PDO)**

**The Guyana COVID-19 Project is prepared under the global framework of the World Bank Group COVID-19 Response financed under the Fast Track COVID-19 Facility.** The PDO is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Guyana. The project's cost will be of 7.5 million USD.

**The activities funded by the Project are aligned with the overall Government of Guyana's strategy to prevent and control COVID-19 infections in the country and with the World Bank's COVID-19 MPA.** The Project will contribute to the MOH's efforts to enhance national systems to prevent further new cases of COVID-19, detect existing cases circulating in the communities across the country, isolate and quarantine asymptomatic COVID-19 positive cases, identify persons through contact tracing who might be at risk for infection by the COVID-19 virus and effectively treat COVID-19 cases in need of hospital care. It will also help create citizen buy-in and generate demand for services through a risk communication and awareness campaign for behavior modification in the fight against COVID-19. In particular, the project will support the MOH's strategy to strengthen the network of laboratories and

---

<sup>6</sup> MPA is a World Bank financing instrument that allows countries the flexibility to implement an approach to achieve development objectives in stages when: the development challenge is complex; it would take a longer time to achieve the objectives; it would take a longer time to prepare one large project; the solution needs a broader and comprehensive approach; or when a stop-and-go approach is not feasible. Projects under an MPA program may be financed by Investment Project Financing; or Program-for-Results Financing, or their combination.

<sup>7</sup> Global MPA PAD P173789. Report No. PCBASIC0219761

treatment facilities across the country, improving capacities of regional hubs to detect, trace and treat COVID-19 cases.

Project components are:

**Component 1: Emergency Response to COVID-19 (US\$ 7.00 million).** This component will focus on three priority areas (priority areas 1,2, and 5)<sup>8</sup> identified by the Government: (i) strengthen laboratory capacity, support screening and surveillance capacity to gain better intelligence on the COVID-19 virus presence and spread in Guyana; (ii) expand, decentralize and improve contact tracing particularly in border regions; and (iii) strengthen the health system for more effective treatment and care of symptomatic patients, quarantine and isolation of less severe and asymptomatic cases, and prepare for effective deployment of a safe and approved COVID-19 vaccine. This component will consist of 2 subcomponents.

**Subcomponent 1.1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting.** This subcomponent will support activities to strengthen the capacity of the system to diagnose and trace contacts of COVID-19 cases. In particular, it will focus on strengthening disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases, and combining detection of cases with active contact tracing (focus areas 1 and 2). This will be addressed by: (i) Improving the diagnostic capacity for COVID-19 in the National Public Health Reference Laboratory and in selected hospital labs around the country; improving general laboratory services to enhance clinical management and screening of COVID-19 cases; establishing a laboratory capacity for surveillance studies with antibody testing; and establish a basic laboratory capacity in the newly established Georgetown Public Hospital Corporation (GPHC) Annex at Ocean View; (ii) Expanding the current contact tracing capacity by training and equipping gatekeepers and community officers (already part of an existing GOG program) located in the ten geographical regions of Guyana

---

<sup>8</sup> The Government of Guyana has identified 9 priority areas for donor support to the COVID-19. These are: 1) Strengthening of laboratory capacity in the country to provide diagnostic capacity for COVID-19 and to support screening and surveillance capacity to gain better intelligence on the COVID-19 virus presence and spread in Guyana; 2) Expanding, decentralizing and improving contact tracing in the country, with a heavy presence in hinterland areas populated with indigenous population and in border areas with Brazil, Suriname and Venezuela; 3) Improving the epidemiology and surveillance system to utilize data and predict the spread of COVID-19, while establishing a regional capacity for epidemiology and surveillance work; 4) Implementing a strong non-pharmacological response for personal protection (NPIs) against COVID-19 infections; 5) Strengthening the health system for more effective treatment and care of symptomatic COVID-19 patients and quarantine and isolation of asymptomatic COVID-19 cases; 6) Implementing a strong communication, education and awareness program; 7) Implementing a social and financial instrument to support health frontline health workers and vulnerable households; 8) Establishing a mechanism to manage, implement the project and a mechanism for monitoring and evaluation; 9) Ensuring there is a contingency plan to deal with any additional emergency that might arise in the time period for this project

in contact tracing, by recruiting additional contact tracers to serve as trainer of trainers, and by rolling out the Go.Data data collection system across the country (currently operational only in Georgetown); and (iii) Strengthening the epidemiology and surveillance capacity in the MOH and in the Regions. This will be done by providing energy efficient equipment (when applicable), software and supplies to support testing (e.g. PCR machines, GeneXpert PCR machines, antigen test kits, antibody test kits, biosafety cabinets), nation-wide contact tracing, and epidemiological surveillance and projections. Staffing will also be strengthened by training activities and by hiring up 20 community-based contact tracers and 18 public health specialists/epidemiologists in the regions (especially regions 1, 2, 7, 8, 9, and 10).

**Subcomponent 1.2: Health System Strengthening.** This subcomponent aims at strengthening the health system for more effective, and better quality, treatment and care of symptomatic COVID-19 patients, for isolation and quarantine of asymptomatic COVID-19 cases, and for preparing the system to access and deliver safe and approved COVID-19 vaccines. The interventions under this sub-component will, among others, focus on: (i) Expanding the ICU capacity; establishing higher-level critical care capacity and expanding bed capacity in selected hospitals in the regions; establishing isolation centers and quarantine facilities; (ii) Increasing and improving present cold-chain, storage facilities, and delivery systems for vaccines in preparation for the introduction of a COVID-19 vaccine, (including coordination with the COVAX Facility); (iii) Establishing teams for psychosocial support to vulnerable households, by strengthening the capacity of social workers and Gatekeepers in the communities; and (iv) Promoting preventative actions and increasing community awareness and participation. Among others, these will be implemented by procuring equipment and supplies for hospitals, ambulances for transporting COVID-19 patients, audio-visual technology for video-conferencing, and cold-chain equipment; training of community officers, social workers and gatekeepers on two particular aspects: (i) psychosocial support focusing on loneliness, domestic violence, gender-based violence, child abuse and other related topics; and (ii) preventive measures to limit the spread of communicable diseases taking into account the impacts of climate change (including airborne and vector-borne diseases); and by covering costs for developing and printing materials for nation-wide distribution, ensuring that messages are translated into local languages, using different media channels; procuring supplies to be distributed, including cloth for sewing cloth masks directly in the communities, based on MOH specifications, to promote community engagement and mask wearing. Facilities likely to benefit from project activities through purchase of equipment and/or training include GPHC, the new GPHC Annex at Liliendaal, New Amsterdam, Linden, and Bartica Hospital, as well as Mabarumba, Lethem and Suddie. The education and awareness materials

developed under the Project will include translated, appropriate, and culturally sensitive content for vulnerable populations (including indigenous population and the elderly), many of whom are also climate-vulnerable, to increase their understanding about the risks and impacts of the COVID-19.

**Component 2: Implementation Management and Monitoring and Evaluation (US\$ 500,000).** This component will finance the required administrative and human resources and activities needed to implement the project and monitor and evaluate progress. It will finance staff, consultant costs, and operating costs associated with project implementation, coordination, and management, including support for procurement, financial management (FM), environmental and social risk management, monitoring and evaluation (M&E), reporting, and stakeholder engagement; information system maintenance; operating and administrative costs; and shorter- and longer-term capacity building for coordination and pandemic response and preparedness. This component will also finance performance audits focusing on key Project activities, which will be carried out by an external auditor under terms of reference acceptable to the Bank. All these activities will be carried out in accordance with WBG guidelines and procedures.

### 3. Brief summary of previous stakeholder engagement activities

Between October 2 and 6 2020, the PIU held a first round of public consultations during project preparation, with Indigenous Peoples, Regional Democratic Councils (RDC)<sup>9</sup>, and Regional Health Officers (RHO)<sup>10</sup>. Given the context of COVID-19, logistics constraints, lack of IT/internet connectivity, and a very short timeframe to prepare and conduct consultations, Indigenous Peoples, RDC, and RHO were among the few stakeholders who responded to the short notice and that were able to participate in the consultations. Given the mobility constraints due to the government measures to contain the spread of COVID-19, consultations were mainly through online channels such as Microsoft teams and telephone calls. Some of the consultations were face-to-face with a small group of stakeholders with the proper distancing measures. For the preparation of the consultations, the PIU used as a reference

---

<sup>9</sup> The Regional Democratic Council is the supreme Local Government Organ in each region with the responsibility for the overall management and administration of the Region and the coordination of the activities of all Local Democratic Organs within its boundaries. Among the main responsibilities of the RDC are: (i) To administer all services required within its boundaries (services such as health, education, public works etc.) as set out by the laws; (ii) To coordinate the activities of the Local Democratic Councils and provide such cooperation and support as required. It should be noted that the Regional Democratic Council has some power delegated to it by the Minister responsible for Local Government; (iii) To develop regional facilities as it deems necessary; and (iv) Identify economic (revenue earning) projects and assists the Administration in executing works necessary for the development of the region. In Guyana, there is a total of 10 RDC regions.

<sup>10</sup>

the WB's Technical Note "Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, March 20, 2020."<sup>11</sup>.

Consultations were held on the 2<sup>nd</sup> October with the Guyana Organization of Indigenous People, and the Amerindian Action Movement of Guyana. On the 5<sup>th</sup> October consultations were held with the National Toshias Council and the Amerindian People Association. Also present at those consultation was a representative of the Ministry of Amerindian Affairs and an Indigenous Member of Parliament. On the 2<sup>nd</sup> of October virtual Consultations (through Microsoft teams) were also held with the RDC of region 1, 2, & 9, and the RHO of Region 1,7,8,9 & 10. For these consultations the Ministry of Amerindian Affairs assisted by emailing copies of the draft of the Project along with prompt questions. Between the period of October 2-5, 2020, several Toshias from various Indigenous communities (from regions 1, 2, 5, 6, 7, 8, 9 and 10) who have no internet connection were contacted and consulted individually over the phone. This step was taken so that the consultation could be as wide and as inclusive as possible.

The consultation's objective was to obtain stakeholders' perceptions and feedback on stakeholders mapping, GRM strategy, and Project's objectives, risks, and impacts. The report of this first consultation is included in this SEP as Annex 1. This Annex includes details of the consultations and its results, the list of participants, discussion points and conclusions. In overall, consultations showed that there is a strong support for the project components. The concerns expressed by participants related to the overall COVID-19 response coincide with the Project objectives. The social and economic fallout of COVID 19 in Guyana has impacted every community and this was acknowledged by the stakeholders. The concept of the WB project and its intended impact on the health sector and the general well-being of society was welcomed by all the stakeholders engaged. The stakeholders were very happy with the process that the PIU has taken to inform them and solicit their view and get their input notwithstanding the fact that virtual meeting and platform was something some of them are now getting accustomed to.

Table 1 below shows how did stakeholder's feedback was included into project design. The obtained feedback from the first round of consultations will be also taken into consideration for the preparation of the Indigenous Peoples Plans (IPPs), the Environmental and Social Management Framework (ESFM),

---

<sup>11</sup> Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings March 20, 2020, <https://worldbankgroup.sharepoint.com/sites/wbunits/opcs/Knowledge%20Base/Public%20Consultations%20in%20WB%20Operations.pdf>

the Environmental and Social Management Plans (ESMPs), and the Labor Management Procedures (LMP) that will be prepared as part of the ESMF.

**Table 1. First round of consultations results and feedback incorporation into project design**

Stakeholders	Feedback received from first round of consultations	How it was addressed by the Project
Indigenous Peoples	While welcoming the Project some of the stakeholder wanted the project to go a little further to include Polymerase Chain Reaction (PCR) testing in all regions. Some of the stakeholders also recommended putting ICU beds with relevant staffing and equipment at every hospital.	The PIU explained to them that while this is an ideal outcome, the emergency nature of this project does not allow for civil works which would be required to achieve this goal. As such, the PIU selected laboratories and hospitals which already have the capacity to upgrade (adequately trained staff, and physical structure). It was informed that the decision was taken to select those facilities that would have a bigger impact with the resources allocated for this project.
Indigenous Peoples	One of the barriers to the project is the miscommunication of information and fake news as it relates to the actual virus. According to some of the stakeholder’s social media was being used to mis communicate and spread propaganda on the virus. Some of the messaging that were spread included that COVID-19 is fake, it’s a virus created to wipe out people in the Global South. To this end the stakeholders related that this resulted in low level of testing as some of the IPs are fearful of testing and in some areas, they are reluctant to follow MOH social distancing advice and wearing mask. The Stakeholders from the IP that were engaged recommended that the MOH current	As a result, as part of the citizen engagement activities, the Project will support the development of materials for communications risks campaigns to strengthen the flow of information by daily reporting the COVID-19 status in country and the education and awareness of risks and protective actions. To ensure inclusive development outcomes and equal share of project’s benefits, the campaign messages will be translated and disseminated in Indigenous Peoples languages. This was reflected in subcomponent 1.2

	risk communication strategy should be more cultural appropriate and the locals should play a part in this.	
Indigenous Peoples	<p>Stakeholders also asked for quarantine and isolation facilities to be more culturally acceptable. According to the stakeholder's persons who were in the isolation and quarantine facilities complained about the diet since it did not include the traditional indigenous meals. According to them this is one of the reasons why people are reluctant to test since they are fearful of going into quarantine/isolation facilities.</p> <p>Stakeholders asked for more assistance in getting PPE (mask) for the local population. Stake holders also asked if the local community and women can make mask instead of the government procuring, since this will help the local communities with the economic fallout of COVID-19. Stakeholders recommended government to procure cloth and sewing machine and the local Amerindian Women's groups can make cloth mask. This will also cater for mask for school children when school reopen.</p>	The MOH informed the stakeholders that this issue was brought to the MOH attention and it is already being addressed with funds from the Government of Guyana.
Indigenous Peoples	Local toshaos also recommended the services of the Community Support Officers (CSO) include screening people at	MOH and Ministry of Amerindian Affairs promise to do wider consultations with a view of getting other Tashaos views with the aim of

	<p>the entrance of the village. The geography of the villages has only 1 or 2 entrance/exit points. Stakeholders requested that the screening of people entering the villages comply with a full body sanitization (washing hands and spraying with sanitizer with 70% alcohol from head to toe, including accompanying luggage) upon entering a village. Some of them would like to see a mechanism put in place for those with high temperature to be transported to the nearest isolation facility so as not spread the infection to other villagers. This to them was critical since in indigenous communities the lifestyle is very communal.</p>	<p>implementing such a system. These concerns will be addressed as well in the IPPs and necessary measures will be included.</p>
Indigenous Peoples	<p>Stakeholders asked for more assistance in getting PPE (especially masks) for the local population. They also asked if the local community and women can make masks instead of the government procuring since this will help the local communities with the economic fallout of COVID-19. Local Toshias also recommended the Community Service Officers (CSO) services include screening people at the village entrance and ensuring the implementation of sanitizing activities.</p>	<p>This feedback was included in subcomponent 1.2, Health System Strengthening, under which cloth for sewing cloth masks will be procured by the Project and distributed in the communities. In this way, the Project is aiming to engage the communities in the production and distribution of masks, to increase uptake of mask wearing and support a community-driven approach as they requested. This feedback is also included as part of the citizen engagement commitments of the project.</p>
RDC, and RHO	<p>RDC and RHO officers while supportive of all the measures outlined were worried about burnout of the health workers</p>	<p>The PIU informed that funds were catered from MOH budget for risk allowance. Therefore, the project is not covering remuneration increase</p>

	<p>since all of them has been working beyond the call of duty since the outbreak of COVID-19 in Guyana and their respective regions. They asked for increase remuneration and allowances for the staff<sup>12</sup>.</p>	<p>or allowances as they will be covered by MOH resources. Also, it should be noted that by providing better equipment to lab and health care facilities, (especially by decongesting the center by improving the regional capacity), the Project is expecting to improve the working conditions for health care workers.</p>
--	--	---

---

<sup>12</sup> More details about the consultation feedback are added as Annex 1 in this SEP.

The second round of meaningful consultations will take place as part of the development of the ESMF, the LMP, the IPPs, and before they are finalized. Feedback from this round will be also incorporated in the Environmental and Social (E&S) instruments. Stakeholders feedback will be taken into consideration to update the SEP, identify the possible positive and negative impacts and risks, and identify the best mitigation measures.

The PIU will invite the following stakeholder groups to participate in the second round of consultations<sup>13</sup>:

**A) Affected parties:**

**1. Indigenous Peoples**

- Indigenous Peoples. Guyana Organization of Indigenous people
- Indigenous Peoples. The Amerindian People Association
- Indigenous Peoples. Amerindian Action Movement
- Indigenous Peoples. National Toshias Council

**2. Frontline Health Care Workers**

- Guyana Medical Council (NGO)
- Guyana Nurses Association (NGO)

**3. Community officers, social workers, gatekeepers in the communities.** Through the Ministry of Amerindian Affairs and RDC. As of now, the recruitment process of the gatekeepers hasn't begun so the PIU doesn't know who the gatekeepers will be involved in the project. However, throughout project cycle, the PIU will ensure to engage as many gatekeepers as possible in the consultations processes.

**4. Health waste management workers.** From the Environmental Health Department Region 10.

**5. Government Ministries**

- Health,
- Labor,
- Public Service,
- Human Services& Social Security

**6. Communities adjacent to health facilities that manages covid-19 patients**

To reach out to this communities, the engagement will be through consultations with the Regional Democratic council which is made up of elected officials of the people within the region.

---

<sup>13</sup> These is a preliminary list of the groups that will be invited to participate in the second round of consultations. Their participation is upon their confirmation and availability.

7. **Persons subjected to COVID-19 quarantine or self-isolation mechanisms.** The engagement will be through online surveys to protect the identity of these stakeholders.
8. **Family members of persons in quarantine or self-isolation.** The engagement will be through online surveys to protect the identity of these stakeholders.
9. **COVID-19 infected people.** The engagement will be through online surveys to protect the identity of these stakeholders.
10. **Family members or relatives of COVID19 infected persons.** The engagement will be through online surveys to protect the identity of these stakeholders.

**B) Other interested parties**

- General public who are interested in understanding the Governments prevention and response to COVID-19;
- Private Sector
- Standards and Technical Services, EHU, Ministry of Labor, Ministry of Public Services
- PAHO/WHO, CDC, IOM

**C) Disadvantaged groups**

**1. Elderly population**

- National Commission of the Elderly
- Sunset Senior Citizens clubs

**2. People living with disabilities**

- Guyana Council of Organizations For Persons With Disabilities
- Ministry of Human Services, and Social Security
- National Commission on Disabilities

**3. LGBTQ+ groups**

- SASOD
- Guyana Trans United
- Rainbow House (GuyBow)

**4. Women and children**

- The Women and Gender Equality Commission
- Ministry of Human Services and Social Security
- Help & Shelter
- ANIRA Foundation
- Guyanese Women in Development

**5. Female Health Care Workers**

- PAHO
- WHO

**6. Guyana Nurses Association**

**7. Poor, economically marginalized, groups particularly asylum seekers and others without clear legal status**

- International Organization for Migration (IOM)

#### **8. Those with underlying health conditions such as Non-Communicable Disease (NCD)**

- WHO
- Guyana Diabetic Association

Information about the methodology that will be implemented to engage those stakeholders in the consultation process is described in section 4.5 Summary of stakeholder needs, table 2.

To guarantee their participation, the PIU will send formal invitations to those groups to confirm their attendance at the beginning of November 2020. Consultations are expected to happen between the end of November 2020 and beginning of December 2020. Information about the consultation process, along with information about the project will be posted in advance in the MOH website, and MOH social media.

The objective of the second round of consultations will be to obtain feedback from stakeholders on the project's risks, impacts, and possible mitigation measures proposed by them and PIU. The PIU will consult with the stakeholders the risks, and impacts identified in the ESMF, IPPs, and LMP. Considering that risks, and impacts can impact and affect differently each stakeholder groups, especial attention will be given to identify risk and impacts per stakeholder group. Therefore, consultations will be held separately depending on the group of stakeholders. For example, to ensure fully engagement of disadvantaged groups such as LGBTQ+, Indigenous Peoples, or women, consultations will be held independently and separate from the rest of the consultations.

For this second round of consultations, and for the future consultations during project cycle, the stakeholders will be notified about how their feedback was taken into consideration. This will be done through disclosing the report of the consultations (similar to Annex 1 of this table, and table 1 of this SEP). The report of the consultations will be available in the MOH website and will be added to the SEP as annex. Stakeholders will be notified about how their feedback was included in the project during consultations as well.

Consultations will be adapted to the Government of Guyana measures, policies, and guidelines in response to the COVID-19 pandemic. They will be in line with the WB's Technical Note: "Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, March 20, 2020.", avoiding in-person gatherings, diversifying means of communication, and relying more on social media and online channels as well as traditional

channels of communications (TV, newspaper, radio, dedicated phone-lines, public announcements, and mail) when stakeholders do not have access to online media or do not use them frequently.

The Environmental and Social Commitment Plan (ESCP), this Stakeholder Engagement Plan (SEP), and the Interim Health and Safety Guidelines, will be disclosed through the website of MOH: (<https://health.gov.gy/>) and Facebook of MOH [<https://www.facebook.com/mophguyana>] by October 30, 2020. They will be disclosed as well at the World Bank's external website ([www.http://documents.worldbank.org/curated/en/home](http://documents.worldbank.org/curated/en/home)).

Updated versions of SEP, ESCP, ESMF, ESMPs, IPPs, and LMP, will be disclosed on the same websites during project implementation and no later than 60 days after the project becomes effective.

#### **4. Stakeholder identification and analysis**

Project stakeholders are defined as individuals, groups or other entities who:

- (i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and
- (ii) may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with stakeholders throughout the Project development will likely involve the identification of persons who are legitimate representatives of stakeholder groups. Community representatives, faith groups, and non-government organizations may provide helpful insights into the issues experienced by vulnerable groups and act conduits for dissemination of the Project-related information. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders.

Considering the current pandemic situation in Guyana, the stakeholder identification largely occurred through virtual consultations, phone calls, and emails, and other non-traditional forms of communication through NGOs networks.

For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) are divided into the following three (3) categories:

- ⇒ Affected Parties – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- ⇒ Other Interested Parties – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- ⇒ Vulnerable Groups – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status<sup>14</sup> and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project. See section 2.4 for the relevant vulnerable groups for this project.

#### 4.1 Affected parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- ⇒ Indigenous Peoples
- ⇒ Frontline healthcare workers (Doctors, nurses, laboratory staff);
- ⇒ Community officers, social workers, gatekeepers in the communities;
- ⇒ Health waste management workers; These are workers in the Environmental Health Department of the 10 Region.
- ⇒ Government Ministries; (Health, Labor, Public Service, Human Services& Social Security)
- ⇒ Communities adjacent to health facilities that manages covid-19 patients
- ⇒ Persons subjected to COVID-19 quarantine or self-isolation mechanisms.
- ⇒ Family members of persons in quarantine or self-isolation
- ⇒ COVID-19 infected people
- ⇒ Family members or relatives of COVID19 infected persons

---

<sup>14</sup> Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

#### 4.2 Other interested parties

The projects' stakeholders also include parties other than the directly affected communities, including:

- ⇒ General public who are interested in understanding the Governments prevention and response to COVID-19;
- ⇒ Standards and Technical Services, EHU, Ministry of Labor, Ministry of Public Services
- ⇒ PAHO/WHO, CDC, IOM
- ⇒ Private sector, Chamber of Commerce

#### 4.3 Disadvantaged / vulnerable individuals or groups

According to the WB Note "Addressing Risks and Impacts on Disadvantaged or Vulnerable Individuals or Groups"<sup>15</sup>, disadvantaged or vulnerable refers to those individuals or groups who, by virtue of, for example, their age, gender, ethnicity, religion, physical, mental or other disability, social, civic or health status, sexual orientation, gender identity, economic disadvantages or indigenous status, and/or dependence on unique natural resources, may be more likely to be adversely affected by the project impacts and/or more limited than others in their ability to take advantage of a project's benefits. Such an individual/group is also more likely to be excluded from/unable to participate fully in the mainstream consultation process and as such may require specific measures and/or assistance to do so. This will take into account considerations relating to age, including the elderly and minors, and including in circumstances where they may be separated from their family, the community or other individuals upon whom they depend.

It is particularly important to understand how the project impacts will disproportionately fall on disadvantaged or vulnerable individuals or groups, and how they might be excluded from the projects benefits and then to consider ways to mitigate this. Engagement with vulnerable groups and individuals requires the special consideration to their situation and tailored outreach so they are not harmed and so they benefit from the project.

Within the COVID-19 context, the vulnerable or disadvantaged groups will include:

- ⇒ Women and children since intimate partner violence and violence against children are expected to be on the rise in households, with social distancing/staying home/quarantine measures in place and increasing economic hardships and stress. For example, in Guyana

---

<sup>15</sup> Bank Directive Addressing Risks and Impacts on Disadvantaged or Vulnerable Individuals or Groups, <https://ppfdocuments.azureedge.net/e5562765-a553-4ea0-b787-7e1e775f29d5.pdf>

these stakeholders include Health & Shelter and ANIRA Foundation, Guyanese Women in Development

- ⇒ Female health care workers since: (i) female health workers/ nurses are a large part (if not a majority) of the health care system, so they are at particular risk as first responders; (ii) Gender-based violence/harassment of female health professionals have been on the rise; (iii) As family members fall sick, the burden of care overwhelmingly fall on women; (iv) As health systems prioritizes COVID response, the sexual and reproductive services that women usually receive suffer. This could lead to further complications on women's health, more complications with pregnancies and high infant mortalities; and (v) Adolescent pregnancies may increase with school closures, with further implications for the health systems. Groups that could be consulted are PAHO, or WHO.
- ⇒ Elderly people; for example, National Commission of the Elderly, Sunset Senior Citizens clubs
- ⇒ Those with underlying health conditions such as Non-Communicable Disease (NCD)
- ⇒ Persons with disabilities including physical and mental health disabilities; Guyana Council Of Organizations For Persons With Disabilities and
- ⇒ Poor, economically marginalized, groups particularly asylum seekers and others without clear legal status, for example the IOM,
- ⇒ Indigenous Peoples
- ⇒ LGBTQ+ community, such as SASOD, Guyana Trans United, and Rainbow House

#### 4.5 Summary of project stakeholder needs

Considering the constraints to public consultation meetings related to the COVID-19 pandemic, and as it has been mentioned before, the SEP will take into account the World Bank technical guidance on "Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, March 20, 2020."

- ⇒ Online formal meetings (Microsoft Teams)
- ⇒ One-on-one interviews through phone or loc apps (i.e., Viber, Messenger WhatsApp)
- ⇒ Telephone consultations
- ⇒ Where possible in person consultations

The following are some considerations for selecting channels of communication, in light of the current COVID-19 situation:

- ⇒ Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;
- ⇒ If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- ⇒ Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders;
- ⇒ Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail), particularly to target stakeholders who do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- ⇒ Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators; and
- ⇒ Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.

**Table 2. Identified stakeholders' needs for consultations in the context of COVID-19 mobility constrains and distancing measures.**

Stakeholder group	Key characteristics	Preferred Notification Means	Language needs	Specific Needs
<b>Affected Parties</b>				
<b>Indigenous Peoples. Guyana Organization of Indigenous people</b>	NGO representing Amerindian in area of health human rights	Social Media , Radio , visits , Written information on posters/flyers	English (since it is Guyana's official language)	Participants would need assistance with transportation (Water & land transportation) depending on the village they live) to get to meeting.
<b>Indigenous Peoples. The Amerindian People Association</b>	Represent 130 Amerindian groups from various regions of Guyana	Flyers printed specifically for the community, Radio	English	Adequate and timely notification of meeting
<b>Indigenous Peoples. Amerindian Action Movement</b>	NGO representing Amerindian on land rights and human rights	Radio, News Papers, Visit with civil society officials	English	Participant would need assistance with transportation (Water & land transportation depending on the village they live) to get to meeting
<b>Indigenous Peoples. National Tshaos Council</b>	This is a body of elected chief of all the Amerindian villages in Guyana	Email, Social, Media, Television radio, Newspapers, Visits	English	They prefer to have meetings in the mid-morning and asked for help with transportation, reimbursement for phone calls.

<p><b>Frontline Health Care Workers</b></p>	<p>Front line health care workers would be represented by two NGOs represented by the Nurses association and the Guyana Medical Council.</p>	<p>Email, social media, virtual consultations</p>	<p>English</p>	<p>Time off from work to attend. Consultations will be scheduled taking into consideration the stakeholders work schedule to ensure that they can fully participate in the consultation process.</p>
<p><b>Community officers, social workers, gatekeepers in the communities.</b></p> <p>These group of stakeholders will play an important part in subcomponent 1.1 and 1.2. Gatekeepers and community officers are part of an existing program launched by the Government of Guyana located in the ten geographical regions. They are community representatives that support the government on a voluntarily basis to engage with citizens. This project will equip them and recruit some additional contact tracers to serve as trainer of trainers, and by rolling out the <i>Go.Data</i> data collection system across the country (currently operational only in Georgetown);</p>	<p>Community officers will be performing voluntarily work. The Ministry of Amerindian Affairs and the RDC are responsible of the program coordination and the volunteer’s recruitment. It is estimated that there will be between 2 or 3 gatekeepers in each village in IPs territories. They will be also present in other regions without IP presence.</p> <p>. The Ministry of Amerindian Affairs and the RDC will share with the PIU the final list of the gatekeepers once they are selected.</p> <p>While there is no final list of gatekeepers, the consultations will involve the Ministry of Amerindian Affairs and the RDC.</p>	<p>Email, social media, virtual consultations</p>	<p>English</p>	<p>Internet access and time-off.</p>

<p>The project will establish teams for psychosocial support to vulnerable households, by strengthening the capacity of social workers and Gatekeepers in the communities;</p> <p>The project will promote preventative actions and increasing community awareness and participation. Among others, by training of community officers, social workers and gatekeepers on two particular aspects: (i) psychosocial support focusing on loneliness, domestic violence, gender-based violence, child abuse and other related topics; and (ii) preventive measures to limit the spread of communicable diseases taking into account the impacts of climate change (including airborne and vector-borne diseases).</p>	<p>When the list of gatekeepers is known, the PIU will ensure to engage them in the consultation process.</p>			
<p><b>Health waste management workers</b></p>	<p>These are workers in the Environmental Health Department of the 10 Region</p>	<p>Email, visits, virtual consultations</p>	<p>English</p>	<p>Time off from work. Consultations will be scheduled taking into consideration the stakeholders work schedule to ensure that</p>

				they can fully participate in the consultation process.
<b>Government Ministries; (Health, Labor, Public Service, Human Services &amp; Social Security</b>	Government agencies	Email	English	Nonspecific needs. Workers from Ministries are available through online channels, telephone calls, and face-to-face meetings. However, adequate notice in advance will be appreciated.
<b>Communities adjacent to health facilities that manages covid-19 patients</b>	To reach out to this communities, the engagement will be through consultations with the Regional Democratic council is made up of elected officials of the people within the region.	Virtual consultations and face-to-face consultations, radio social media	English	Adequate notice
<b>Persons subjected to COVID-19 quarantine or self-isolation mechanisms.</b>	All Guyanese citizens are included in this stakeholder group.	Radio, TV, social media (such as Facebook, MOH website, posters, flyers)	English.  In the case of Indigenous Peoples, surveys will be in English as well. The need of displaying surveys in indigenous languages will be further assessed during project cycle consultations. This	To ensure the identity protection of this group, an online survey with questions for consultations will be available in the MOH website. The Survey will be announced as well through social media and will invite Guyanese citizens to fill the survey. This survey will be completely anonymous.

			will be taken into consideration in the preparation of the relevant Indigenous Peoples Plans (IPPs), and adequate measures will be implemented accordingly.	<p>In the case that Indigenous Peoples lack of internet connection, the surveys will be shared with the Toshao who act as representatives of their communities.</p> <p>The relevant IPPs will include a more detailed strategy on how the engagement with Indigenous Peoples will be.</p>
<b>Family members of persons in quarantine or self-isolation</b>	All Guyanese citizens are included in this stakeholder group.	Radio, TV, social media (such as Facebook, MOH website, posters, flyers)	<p>English.</p> <p>In the case of Indigenous Peoples, surveys will be in English as well. The need of displaying surveys in indigenous languages will be further assessed during project cycle consultations. This will be taken into consideration in the preparation of the relevant Indigenous Peoples Plans (IPPs) and adequate measures will be</p>	<p>To ensure the identity protection of this group, an online survey with questions for consultations will be available in the MOH website. The Survey will be announced as well through social media and will invite the Guyanese citizens to fill the survey. This survey will be completely anonymous.</p> <p>The relevant IPPs will include a more detailed strategy on how the engagement with Indigenous Peoples will be.</p>

			implemented accordingly.	
<b>COVID-19 infected people</b>	Because of anonymity and to protect stakeholder's identity, the MOH prefer not to disclose a list of COVID-19 infected people.	Radio, TV, social media (such as Facebook, MOH website, posters, flyers)	English.  In the case of Indigenous Peoples, surveys will be in English as well. The need of displaying surveys in indigenous languages will be further assessed during project cycle consultations. This will be taken into consideration in the preparation of the relevant Indigenous Peoples Plans (IPPs) and adequate measures will be implemented accordingly.	To ensure the identity protection of this group, an online survey with questions for consultations will be available in the MOH website. The Survey will be announced as well through social media and will invite people infected with COVID-19, and their family members to fill the survey. This survey will be completely anonymous.  The relevant IPPs will include a more detailed strategy on how the engagement with Indigenous Peoples will be.
<b>Family members or relatives of COVID19 infected persons</b>	Because of anonymity and to protect stakeholder's identity, the MOH prefer not to disclose a list of family	Radio, TV, social media (such as Facebook, MOH website, posters, flyers)	English.  In the case of Indigenous Peoples, surveys will be in	To ensure the identity protection of this group, an online survey with questions for consultations will be available in the

	members or relatives of COVID-19 infected people.		English as well. The need of displaying surveys in indigenous languages will be further assessed during project cycle consultations. This will be taken into consideration in the preparation of the relevant Indigenous Peoples Plans (IPPs) and adequate measures will be implemented accordingly.	<p>MOH website. The Survey will be announced as well through social media and will invite people infected with COVID-19, and their family members to fill the survey. This survey will be completely anonymous.</p> <p>The relevant IPPs will include a more detailed strategy on how the engagement with Indigenous Peoples will be.</p>
<b>Other interested parties</b>				
<b>General public who are interested in understanding the Governments prevention and response to COVID-19;</b>	All citizens	Social media, radio	English	Convenient time and medium that is accessible
<b>Private Sector Commission</b>	Private sector Commission which is a non-governmental umbrella body representing all private sector bodies in Guyana.	E-mail, virtual	English	Adequate notice and time to prepare

<b>Standards and Technical Services, EHU, Ministry of Labor, Ministry of Public Services</b>	These are departments in the MOH. These departments have the responsibility for licensing and certification of hospital and laboratory as well as environmental and waste disposal.	Internal memo	English	
<b>PAHO/WHO, CDC, IOM</b>	GOG international partners	E-mail	English	Adequate timing and notice
<b>Disadvantaged / vulnerable individuals or groups</b>				
<b>Elderly population</b> 11. National Commission of the Elderly 12. Sunset Senior Citizens clubs	The National Commission of the Elderly is a semi-autonomous body. It is chaired by a representative from civil society and includes representatives from: the MOH, Ministry of Social Protection, National Commission on Disabilities, and Parliamentary Political Parties and the Pensioners Association. Among its responsibilities are to advise	Email, phone call, radio	English	In case consultations are conducted in person, transportation will be available for those stakeholders with mobility difficulties. Transportation will be provided from their homes or the place they choose to be picked up, to the place of the meeting and back.

	<p>the Government of Guyana on the formulation of a comprehensive policy for the elderly including matters relating to the care, financial security, health and medical, psychological, employment and recreational needs of the elderly.</p> <p>The Senior Citizens' Clubs provide opportunities for seniors to meet and share their knowledge. It also provides a platform for seniors to raise issues and concerns affecting them.</p>			<p>The same principle will apply in case consultations need to be done through online channels. Support will be provided to the elderly groups in case they need help to connect to the online devices, or if they need to move to a different community to connect to the internet.</p>
<p><b>People living with disabilities</b></p> <ul style="list-style-type: none"> <li>• Guyana Council of Organizations For Persons With Disabilities</li> <li>• Ministry of Human Services, and Social Security</li> <li>• National Commission on Disabilities</li> </ul>	<p>The Guyana Council of Organizations for Persons with Disabilities is a collaborative forum that was established in January, 2008 and is made up of the representatives of different organizations for persons with disabilities. Its members meet regularly to support each other in the hope of building a</p>	<p>Virtual, email, radio,</p>	<p>English</p>	<p>In case consultations are conducted in person, transportation will be available for those stakeholders with mobility difficulties. Transportation will be provided from their homes or the place they choose to be picked up, to the place of the meeting and back.</p> <p>The same principle will apply in case consultations</p>

	<p>stronger disability movement in Guyana.</p> <p>The Ministry of Human Services and Social Security is committed to the sustainable development and rehabilitation of children, women, families, the elderly and providing training and social and welfare services/programmes to persons in difficult circumstances and disadvantaged persons.</p> <p>The National Commission on Disability (NCD) is appointed by and accountable to the President of Guyana. It was officially launched on December 10, 1997.</p>			<p>need to be done through online channels. Support will be provided to the people living with disabilities groups in case they need help to connect to the online devices, or if they need to move to a different community to connect to the internet.</p>
<p><b>LGBTQ+ groups</b></p> <ul style="list-style-type: none"> <li>• SASOD</li> <li>• Guyana Trans United</li> <li>• Rainbow House (GuyBow)</li> </ul>	<p>SASOD is a Non-Profit Organization committed to ending all forms of homophobia in Guyana, including transphobia, biphobia and lesbophobia. It promotes human rights of all people, especially those</p>	<p>Phone call, email</p>	<p>English</p>	<p>Adequate notice and a convenient location</p>

	<p>facing discrimination in Guyana.</p> <p>Guyana Trans United is a Non-Profit Organization. Its main goals are to improve the quality of life of trans Guyanese and to ensure that their rights are recognized and upheld in all domains. GTU hosts monthly support group sessions for members, their families, other loved ones, and conducts outreaches in the ten (10) administrative regions of Guyana.</p> <p>GuyBow has been operating informally among the LGBT population of Guyana since the late 1990's, and as a formally registered organization since 2000. It is one of the first organisations to serve the LGBT community in Guyana. The organization's current focus is on strengthening and supporting lesbian, bisexual, and questioning women.</p>			
--	---	--	--	--

<p><b>Women and children</b></p> <ul style="list-style-type: none"> <li>• The Women and Gender Equality Commission</li> <li>• Ministry of Human Services and Social Security</li> <li>• Help &amp; Shelter</li> <li>• ANIRA Foundation,</li> </ul>	<p>The Women and Gender Equality Commission is a government organization that promote issues related to the enhancement of the status of women, girls and gender issues.</p> <p>Help and Shelter is a non-governmental organization formed as a response to the high incidence of violence, alcoholism and poverty in Guyana, the increase in family instability and the lack of support for victims wishing to leave abusive situations and/or in need of counseling and crisis services. Help &amp; Shelter has become a recognized leader in the fight against violence in Guyana, particularly in the areas of domestic, sexual and child abuse.</p> <p>The Anira Foundation is a Non-profit organization. It was created to empower women, girls and vulnerable youth to prepare themselves to take advantage of the</p>	<p>Email, phone call, social media</p>	<p>English</p>	<p>Previous feedback from women stakeholders will be taken into account, to ensure that the times and dates proposed for the consultations do not interfere with their work, or daily activities, and to ensure that they can participate.</p>
--	---	--	----------------	--

	social and economic development opportunities which will make them better prepared to achieve their potential.			
<b>Female Health Care Workers</b> <ul style="list-style-type: none"> <li>• PAHO</li> <li>• WHO</li> <li>• Guyana Nurses Association</li> </ul>	<p>PAHO and WHO as international development agencies, have supported closely the Government of Guyana in the fight against COVID-19. Since it has supported with donations to the country, the organization is an important stakeholder that can advise on the potential risks and impacts that female health care workers can experience as a consequence of the project implementation. They can also advise on the best mitigation measures.</p> <p>The Guyana Nurses Association (GNA), is a Non-Governmental, Non-Profit organization which was established in 1928 and registered in 1930 as a professional association under the Friendly Societies Act.</p>	Email	English	Previous feedback from women stakeholders will be taken into account, to ensure that the times and dates proposed for the consultations do not interfere with their work, or daily activities, and to ensure that they can fully participate in the consultations process.

<p><b>Poor, economically marginalized, groups particularly asylum seekers and others without clear legal status</b></p> <ul style="list-style-type: none"> <li>• International Organization for Migration (IOM)</li> </ul>	<p>The International Organization for Migration is the United Nations Migration Agency whose mission in Guyana has implemented several projects in various fields. IOM Guyana also serves as a Regional Coordination Office for the Caribbean.</p>	Email	English	Adequate notice
<p><b>Those with underlying health conditions such as Non-Communicable Disease (NCD)</b></p> <ul style="list-style-type: none"> <li>• WHO</li> <li>• Guyana Diabetic Association</li> </ul>	<p>Guyana Diabetic Association who is an NGO which represent diabetic patients.</p>	Email, Virtual	English	Convenient location and adequate notice for meeting

## **5. Stakeholder Engagement Program**

The Project will emphasize citizen engagement aspects building on mechanisms supported by other World Bank-financed projects in the health sector. Measures will include: (i) A grievance redress mechanism with stipulated service standards for response times, (ii) Support to development of materials for risk communication campaigns (to be also funded by other sources, including by the GOG) to strengthen the flow of information by daily reporting the COVID-19 status in country and the education and awareness of risks and protective actions. To ensure inclusive development outcomes and an equal share of project's benefits, the campaign messages will be translated and disseminated in Indigenous Peoples languages through different media channels including traditional ones such as radio, posters, and tv, (iii) Engagement of communities in the production and distribution of masks, to increase uptake of mask wearing and support a community-driven approach; and (iv) A CE indicator has been included in the results framework which is related to the risk communication campaigns in local languages.

## 5.1 Proposed strategy for information disclosure

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- ⇒ Openness and life-cycle approach: public consultations for the project(s) will be arranged during the whole lifecycle, Consultations would be carried out in an open and transparent manner;
- ⇒ Informed participation and feedback: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- ⇒ Inclusiveness and sensitivity: stakeholder identification will be undertaken to support better communications and build effective relationships. Sensitivity to stakeholders' needs will be the key principle underlying the selection of engagement methods. Special attention will be given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups;
- ⇒ Flexibility: because social distancing is currently making traditional forms of engagement impossible, the methodology will adapt, see Section 3.2 below on the proposed approaches.

The Environmental and Social Specialist of the PIU will follow the proposed strategy for information disclosure as follows:

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation, prior to effectiveness	The Amerindian Action Movement of Guyana, Guyana Organization of Indigenous Peoples, National Tshaos Council, Ministry of Amerindian Affairs, Regional Democratic Council 1,7 & 9, Regional Health Officer region, 1,7,9,8. The PIU also held individual phone consultations with several Tshaos (IPs chiefs) from Region 1,7,8,9, and 10.	Project objectives and activities Stakeholder Engagement Plan (SEP) and Grievance Redress Mechanism (GRM). Interim Health and Safety Guidelines Environmental and Social Commitment Plan (ESCP)	Disclosure as draft on World Bank and MOH websites and MOH Fb page in October 2020  Social Media
Project Implementation	Different government ministries and agencies including Ministry of Health, Ministry of Local Government, Ministry of Labor, Ministry of Human Services and Social Security, Regional Health Department Hospitals and Medical Facilities Local government units	Updated ESF instruments. Feedback of project consultations. Information about project activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and	Updated ESF documents to be uploaded on MOH and World Bank websites within 60 days of project effectiveness.  Traditional channels of communications (TV, newspaper and radio) Social Media

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
	Local communities particularly those around proposed isolation/quarantine centers Medical waste collection and management workers General public Civil society organizations, community representatives, IP organizations / representatives Development partners Mass media	community engagement.	Ministry of Health's Facebook Page. Information leaflets and brochures to be distributed with sufficient physical distancing measures Public consultation meetings if situation improves

## 5. 2 Stakeholder Engagement Plan

The project will carry out targeted stakeholder engagement with all groups including vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and challenges they face at home, at workplaces, and in their communities. These approaches are captured in the table below.

The tables below are a summary which will be updated within 60 days of project effectiveness and be based on the MOH's existing National Strategy for COVID which address targeting of vulnerable populations.

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation, prior to effectiveness	<p>Project scope and timelines</p> <p>Infection and prevention control protocol</p> <p>Introduce the project's ESF instruments.</p> <p>Present the SEP and the Grievance Redress Mechanism.</p>	<p>Virtual consultations mainly through Microsoft teams, phone calls. Face-to-face meeting with small groups of stakeholders as well.</p>	<p>Relevant Ministries and agencies working on COVID-19 crisis management.</p> <p>Regional Health Authorities</p> <p>Hospitals and medical facilities</p> <p>Affected people and other interested parties as appropriate.</p> <p>Relevant NGOs and CSOs may also be included.</p>	PIU
Implementation	<p>Updated project's ESF instruments.</p> <p>Feedback of project consultations</p> <p>Information about project's</p>	<p>Virtual consultations</p> <p>Correspondence by phone/email</p> <p>Letters to local, regional and national authorities</p>	<p>Regional Democratic Council, Ministry of Local Government</p> <p>Local communities particularly those around proposed isolation/quarantine centers (</p>	PIU

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
	activities in line with the WHO COVID19 guidance on risk communication and community engagement.  COVID-19 Testing Strategy		Health facilities Involved in the Treatment and Management of Covid 19 Patients  Medical waste collection and management workers  NGOs involve in with Women, Indigenous Peoples, Children and LGBTQ+	

### 5.3 Reporting back to stakeholders

Stakeholders will be kept informed about the project progress, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism. This will be done by disclosing relevant consultations reports in the MOH website. Also, information relevant to Environmental and Social matters will be announced in social media and nontraditional communication channels such as tv and radio. Information leaflets and brochures will be distributed as well with sufficient physical distancing measures. Public consultations meetings will be also taken into consideration if the situation improves and in accordance to the Government of Guyana measures to contain the spread of COVID-19.

## 6. Resources and Responsibilities for implementing stakeholder engagement activities

### 6.1 Resources

The MOH will be in charge of stakeholder engagement activities. The budget for the SEP is estimated to be \$ 28,200 and is included in Component 2. The budget requirement will be further assessed for the next version of the SEP.

### 6.2 Management functions and responsibilities

The MOH is the implementing agency for the project and will have overall responsibility for project implementation including fiduciary, monitoring and evaluation, environmental and social safeguards. The MOH sits on the national COVID-19 Taskforce and provides high-level coordination and oversight for the MOH's COVID-19 response activities. Within the MOH, the Health Sector Development Unit (HSDU) will be the Project Implementation Unit (PIU).

The HSDU will be responsible for the preparation and implementation of the Environmental and Social Framework (ESF)<sup>16</sup> and of the requirements of the WB for Investment Project Financing (IPF) operations. Among its responsibilities will be the preparation, implementation, and oversight of environmental and social instruments such as the SEP, the GRM, IPPs, ESMF, ESMPs, and the LMP. The PIU will recruit one full-time Environmental and Social Specialist within 30 days after project effectiveness to prepare and implement the ESF of the WB. The instruments will be prepared within 60 days of project effectiveness. The specialist will be assisted by two officers being released on a part-time basis as necessary, the Principal Environmental Health Officer from the Environment Health Unit at the MOH, and the Director of Standards and Technical Standards. While an Environmental and Social Specialist is contracted by the PIU, the HSDU's in house capacity will provide support to the related issues.

---

<sup>16</sup> The ESF is The Environmental and Social Framework (ESF) enables the World Bank and Borrowers to better manage environmental and social risks of projects and to improve development outcomes. It was launched on October 1, 2018. The ESF offers broad and systematic coverage of environmental and social risks. It makes important advances in areas such as transparency, non-discrimination, public participation, and accountability—including expanded roles for grievance mechanisms. It brings the World Bank's environmental and social protections into closer harmony with those of other development institutions.

## 7. Grievance Redress Mechanism

The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of project.
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

The GRM will be adopted no later than 60 days after the effective date of the project. The PIU Environmental and Social Specialist will be in charge of the GRM implementation. The GRM will be maintained and implemented throughout project implementation. The project will follow the MOH GRM and complaints handling system already in place across the country. However, it will be different from the MOH GRM mainly because the PIU Environmental and Social Specialist will be responsible of monitoring the correct implementation of the project GRM. Through this process stake holders can use the following channels:

- I. **Suggestion boxes**- provided at each health facility and at MOH Lot 1 Brickdam Georgetown Guyana
- II. **In person** – The current GRM is handled by the Public Relations (PR) department of MOH Lot 1 Brickdam Georgetown. It is intended that as soon as the PIU Environmental and Social Specialist is hired, the specialist would receive, and log all complains for this project.
- III. **Telephone** - (592-226-7400).
- IV. **Virtually** – through e mail (new email address to be set up to deal with grievance from this project but meanwhile, in case there are any complaints from stakeholders they can use the email from the MOH GRM ministersecretaryhealth@gmail.com) and the MOH Facebook page (<https://www.facebook.com/mophguyana>)

This mechanism allows for individuals to lodge information requests and/or complaints on an identified or anonymous basis. Details on how to access the GRM are placed on the information board of the health facilities. Throughout the consultation process stakeholders are informed about the GRM.

The PR department of MOH manages the GRM process. For this project all grievances related to the project will be forwarded from the PR department on receipt to the PIU Environmental and Social Specialist to record, then the PIU Environmental and Social Specialist will send the grievances to the relevant department for resolution. The Environmental and Social Specialist will oversee the correct implementation of the GRM and ensure that all of the grievances are resolved in a timely and culturally appropriate manner.

### 7.1 Description of MOH GRM

**Receiving Complain.** Time frame (any point from 60 days after project effectiveness and until the end of the project).

- ⇒ At the level of health facilities there are sealed suggestion boxes which are opened weekly. These boxes provide for customers/patients to lodge complains anonymously or they can choose to identify themselves by filling in information such as their name, address, e-mail, and telephone number.
- ⇒ At the level of the MOH aggrieved persons can also lodge complain via phone, email or in person

**Recording complain-** Time frame: 3-5 working days upon receipt complaint

At the level of health facilities – there is a suggestion/complaint box at every health facility. The suggestion boxes are opened weekly, complaints are lodged in a complaint book at the facility level and its then transmitted to MOH for action. At the Ministry of Health, the complains are also re-logged into a centralized grievance book. Annex 2 includes an example of the GRM logbook that the PIU Environmental and Social specialist will be filling to report on the complains received and how they were solved.

**Acknowledgement** – Time frame: 7 working days upon receipt complaint. In cases where persons identify themselves the MOH aims to acknowledge receipt of the complains within 7 business days of

MOH receiving such (for complaints transmitted from other facilities outside of Georgetown the 7 days clock starts from the time MOH receives the complaint)

**Investigation** -Complains are sorted and then forwarded to the relevant department for investigations (time frame 7 working days upon reception of complain). Once investigations are completed the findings are forwarded to the Patient advocate officer and all recommendations made are implemented (time frame 12-15 working days upon reception of complain).

**Resolution Feedback** -Time frame 13-18 working days upon reception of complain. On completing investigations, the findings and redress measures are communicated to the aggrieved party if they identified themselves.

**Review/Appeal** – Complainants are informed that if they are still not satisfied, once all possible redress has been proposed, they have the right to take legal recourse.

Parallel to MOH process they are several institutions in Guyana that deal with grievances for specific minorities. These independent commissions have power to sanction investigations and take appropriate actions to deal with grievance of particular minorities.

A GRM for workers will be included in the LMP as part of the ESF ESS2 (Labor and Working Conditions) no later than 60 days after project effectiveness to respond to grievances coming from workers.

For vulnerable stakeholders, a separate GRM will be implemented for Indigenous Peoples. This GRM will be tailored based on the feedback received from Indigenous Peoples consultations, as part of the preparation of the ESMF, and IPPs. The GRM will be culturally appropriate and accessible to Indigenous Peoples, and it will take into account their customary dispute settlement mechanisms.

A detailed checklist including the timeframes to solve complains is attached in Annex 3 of this SEP.

## 7.2 World Bank Grievance Redressal Service (GRS)

The complainant has the option of approaching the World Bank, if they find the established GRM cannot resolve the issue. It must be noted that this GRS should ideally only be accessed once the project's grievance mechanism has first been utilized without an acceptable resolution. World Bank Procedures requires the complainant to express their grievances in writing to World Bank office in Washington DC by completing the bank's [GRS complaint form](http://www.worldbank.org/en/projects-operations/products-and-services/grievance-) which can be found at the following URL link: <http://www.worldbank.org/en/projects-operations/products-and-services/grievance->

[redress-service#5](#) . Completed forms will be accepted by email, fax, letter, and by hand delivery to the GRS at the World Bank Headquarters in Washington or World Bank Country Offices.

Email: [grievances@worldbank.org](mailto:grievances@worldbank.org)  
Fax: +1-202-614-7313  
By letter: The World Bank  
Grievance Redress Service (GRS)  
MSN MC 10-1018 NW,  
Washington, DC 20433, USA

### 7.3 Addressing Gender-Based Violence

The PIU Environmental and Social Specialist GRM<sup>17</sup> will be responsible for dealing with any gender-based violence (GBV) issues, should they arise). A list of GBV service providers will be kept available by the project. The GRM should assist GBV survivors by referring them to GBV Services Provider(s) for support immediately after receiving a complaint directly from a survivor, and prior to the survivor consent.

If a GBV related incident occurs, it will be reported through the GRM, as appropriate and keeping the survivor information confidential. Specifically, the GRM will only record the following information related to the GBV complaint:

- ⇒ The nature of the complaint (what the complainant says in her/his own words without direct questioning);
- ⇒ If, to the best of their knowledge, the perpetrator was associated with the project; and,
- ⇒ If possible, the age and sex of the survivor.
- ⇒ Any cases of GBV brought through the GRM will be documented but remain closed/sealed to maintain the confidentiality of the survivor. Here, the GRM will primarily serve to:
- ⇒ Refer complainants to the GBV Services Provider; and
- ⇒ Record the resolution of the complaint
- ⇒ The PIU will also immediately notify both the Implementing Agency and the World Bank of any GBV complaints with the consent of the survivor.

---

<sup>17</sup> This will not be a new staff figure; this is the same Environmental and Social Specialist hired by the PIU and whose functions have been described across this SEP

## 7.4 Building Grievance Redress Mechanism Awareness

The PIU Project Manager or Environmental and Social Specialist will brief all project stakeholders on the GRM of the project and explain the procedures and formats to be used, including reporting procedures. Awareness campaigns would be conducted targeting project stakeholders to inform them on the availability of the mechanism; various mediums will be used- as detailed in previous sections of the SEP. The GRM will also be published on the MOH websites and/or Facebook page. Contact information for the GRM will be posted/disseminated within beneficiary communities. The GRM will be translated into local and colloquial expressions if determined to be needed.

## 8. Monitoring and Reporting

### 8.1 Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP.

Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The monthly summaries will provide a way to assess both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders by publication of a standalone annual report on project's interaction with the stakeholders or promotion through the MOH's social media accounts.

Further details will be outlined in the Updated SEP, to be prepared within one month of effectiveness.

## Annex 1. Consultations report first round of consultations

### Guyana COVID-19 Emergency Response Project Report-Stakeholder consultation with stakeholders First Round of Consultations

**Date of Consultation:** October 02<sup>nd</sup> 2020

**Venue:** Board Room of the Ministry of Health (Microsoft Teams for Virtual Consultations)

Ministry of Health Staff who participated – Dr. Leslie Ramsammy (Advisor to the Minister of Health)

Mr. Rovin Sukhraj (Health Economist)

Mr. Ganesh Tatkhan (M&E Officer PIU)

#### Introduction

##### Background

The Novel Corona Virus Disease (COVID-19) was first identified in the City of Wuhan in Hubei Province, Peoples Republic of China in December 2019 with spread to all provinces and the special administrative regions (SAR) of Hong Kong and Macao in China. On 30 January 2020 the World Health Organization (WHO) declared this outbreak to be a public health emergency of international concern. The number of cases continued to increase globally with more than 93,000 confirmed cases globally. China, with total of 80,422 cases up to 4<sup>th</sup> March 2020 and with 2,218 deaths recorded the most cases to-date.

All of WHO Regions now report cases of COVID-19 and globally, main clusters relating to transmission have since emerged in South Korea, Japan, Singapore and Malaysia in the Western Pacific Region, Thailand in South East Asia, Italy and France in European Region and Iran in the Eastern Mediterranean Region of the WHO. Outside of China, 76 countries now reported cases with 12,668 confirmed (%) and 214 deaths.

**Guyana announced the first case of COVID-19 on 11 March 2020.** On that same day, the World Health Organization (WHO) declared the outbreak of the COVID-19 as a global pandemic following its rapid spread across the world. On 31 July 2020, the total number of confirmed cases in Guyana was 413<sup>18</sup>, and the national incidence was less than 1 per 10,000 population. The last available epidemiological bulletin for Guyana reported that 1,565 COVID-19 cases were confirmed by 5 September 2020 and the national incidence reached 3.8 per 10,000 population during the third and fourth week of August 2020.<sup>19</sup> Figure 1 shows the evolution by week of the total number of COVID-19 cases in Guyana. The regions with the highest number of COVID-19 active cases (n=556) by September 5 are: Region 4 (50.9%) -- where the capital city is located and which hosts more than 40% of the country's population --, Region 3 (10.3%), Region 1 (10.1%), Region 9 (8.6%), and Region 7 (8.3%), the last 3 of which are

---

<sup>18</sup> <https://www.worldometers.info/coronavirus/country/guyana/>

<sup>19</sup> PAHO (2020). COVID-19 Epidemiological Bulletin Guyana Epidemiological Week 36 / September 5, 2020

situated at the borders with Venezuela and Brazil and host a high proportion of indigenous population. The total number of deaths due to COVID-19 confirmed by September 5 is 47.

Since that period the Government of Guyana enacted several mitigation measures as a response to the treat of COVID-19. Despite Guyana maintaining a positive economic outlook, the pandemic and containment measures, including travel restrictions and social distancing measures, are impacting employment and livelihood. Industries in the services sector will be most affected including retail trade, transport, food and accommodation services. The impacts will fall disproportionately on informal workers who account for approximately 60% of the workers in the sector.

**To tackle COVID-19 outbreak the MOH outlined a COVID-19 preparedness and response plan .**The Plan included an assessment of the main risks and identifies strategic priority areas to effectively respond to COVID-19. One of the main risks identified in the Plan concerns the vulnerability to imported COVID-19 cases, as Guyana has unofficial points of entry with no screening facilities and human resource capacities. Another major risk concerns shortages of supplies, especially in the hinterland locations, and difficulties in implementing physical and social distancing measures. The last major risk identified is about the health system’s capacity. The health system lacks adequate medical equipment and personnel to respond to the outbreak, including Intensive Care Units (ICUs) and ventilators. Only 5 of the 10 regions can count on isolation facilities. The strategic priority areas identified in the Covid-19 Preparedness and Response Plan include: 1) Country-level coordination, planning, and monitoring; 2) Risk communication and community engagement, which refers to communicating to the public updates about COVID-19 status, preventive measures, and response interventions; 3) Surveillance, rapid-response teams, and case investigation; 4) Points of entry, which refers to the efforts and resources used to support surveillance and risk communication activities at points of entry; 5) National laboratories to manage large-scale testing for COVID-19; 6) Revision of infection prevention and control practices in communities and health facilities; 7) Case management, which refers to the development and implementation of care pathways for both COVID-19 and essential healthcare services, ensuring special considerations for vulnerable populations (i.e. elderly, patients with chronic diseases, pregnant and lactating women, and children); 8) Operations support and logistics arrangements for incident management and operations (e.g. surge staff deployments, procurement of essential supplies, staff risk allowance).

### **Consultation Objectives**

The objectives of the consultations are to inform stakeholders of the project and its various components. Stakeholder consultations would also serve as a valuable tool for stakeholder(s)

feedback on project outcome and impact. It will also give valuable insight from stake holders on risk mitigation during planning and implementation stage. Stakeholders will also informed Stakeholder Engagement Plan (SEP) and Grievance Redress Mechanism (GRM)

### **Methodology**

The MOH recognize that for the project to be successful there must be a buy in by those who would be impacted by the project. To this end the MOH undertook one round of consultation with the local Indigenous Peoples and some health workers. Given the emergency nature of this project and the current limitation of travel and emergency further consultations would be held with other stakeholders.

MOH has taken into consideration the World Bank technical guidance on *“Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, March 20, 2020.”*

The MOH held several consultations with Indigenous Peoples and community leaders. Given the emergency nature of the loan and the short period of time to hold the first round of consultation as well and logistics and communication constrains, consultations were held in person, virtually and over individually over the phone.

A mapping was done with all stake holders and a decision was taken to have consultations with a selected group based on their availability and logistics. There will be a second round of consultations to facilitate other stake holders.

Consultations were held on 2<sup>nd</sup> October with the Guyana Organisation of Indigenous People, The Amerindian Action Movement of Guyana. On the 5<sup>th</sup> October consultations were held with the National Toshias Council and the Amerindian People Association. Also present at those consultation were a representative of the Ministry of Amerindian Affairs and an Indigenous Member of Parliament. On the 2<sup>nd</sup> of October virtual Consultations were also held with the Regional Democratic Council of region 1&9, and the Regional Health Officers of Region 1,7,8,7,9 & 10. For these consultations the Ministry of Amerindian Affairs assisted by emailing copies of the draft of the Project along with prompt questions.

Between the period of 2<sup>nd</sup> to 5<sup>th</sup> of October Several Tusho from various Indigenous communities who have no internet connection were contacted and consulted individually over the phone. This steep was taken so that the consultation could be as wide and as inclusive as possible. However due to the above-mentioned circumstances, logistics and time the project document and prompt questions were not shared with those stakeholders 7 days in advance.

### **Agenda of the Consultations**

1. Welcome and Introduction
2. The background to Covid-19 in Guyana
3. Description of the WB project, activities and its intended outcomes
4. Present WB ESF and GRM
5. Questions and Answers
6. Open discussion (to get feedback from stakeholders on any other matter that was not included in the questionnaire).
7. Concluding remarks

## **1. Overall Response**

The social and economic fallout of COVID 19 in Guyana has impacted every community and this was acknowledged by the stakeholders. The concept of the WB project and its intended impact on the health sector and the general well-being of society was welcomed by all the stakeholders engaged. The stakeholders were very happy with the process that the PIU has taken to inform them and solicit their view and get their input notwithstanding the fact that virtual meeting and platform was something some of them are now getting accustomed to.

### **Recommendation from Participants**

While welcoming the Project some of the stakeholders wanted the project to go a little further to include PCR testing in all regions. Some of the stakeholders also recommended putting ICU beds with relevant staffing and equipment at every hospital.

**MOH Response:** It was explained to them that while this is an ideal outcome the emergency nature of this project does not allow for civil works which would be required to achieve such. As such the PIU has selected laboratories and hospital which already has the capacity to upgrade (adequately trained staff, and physical structure). The decision was taken to select those facilities that would have a bigger impact with the resources allocated for this project.

## **2. Risk Commination**

One of the barriers to the project is the miscommunication of information and fake news as it relates to the actual virus. According to some of the stakeholders social media was being used to mis communicate and spread propaganda on the virus. Some of the messaging that were spread included t COVID-19 is fake, it's a virus created to wipe out people in the Global South. To this end the stakeholders related that this resulted in low level of testing as some of the people in the IP are fearful of testing and in some areas, they are reluctant to follow MOH social distancing advice and wearing mask. The Stakeholders from the IP that were

engaged recommended that the MOH current risk communication strategy should be more cultural appropriate and the locals should play a part in this. The representative of the Ministry of Amerindian Affairs pledges their support in making the services of the Community Service Officers (CSO) available for this project as this is part of their task of improving livelihoods and well-being of Amerindians. The CSO are also locals who speak the local languages and the citizen would more trust the message coming from a local.

Some of the stake holders added that they were also some misunderstanding in the local IP about the COVID-19 testing as they thought it was an HIV test and persons reluctant to take the test.

**MOH Response** :To this end the PIU welcomed the suggestions of the stakeholders to get the locals involved in the Risk communication and messaging. The pledge from the Ministry of Amerindian Affairs was also welcomed and it was agreed that a follow up meeting would be done with the Ministries to come up with a MOU for the CSO and determine what task they will undertake. The MOH also has given the undertaking to provide the necessary training of the CSO and mentioned that some of them may be used as contact tracers since they understand the topography of the hinterland and has already earned the trust of the local IP.

### **3. Cultural Considerations**

Stakeholders also asked for quarantine and isolation facilities to be more culturally acceptable. According to the stakeholder's persons who were in the isolation and quarantine facilities complained about the diet since it did not include the traditional indigenous meals. According to them this is one of the reasons why people are reluctant to test since they are fearful of going into quarantine/isolation facilities.

**MOH Response:** The MOH informed the stake holders that this issue was brought to the Ministry attention and it is already being addressed with GOG funds.

### **4. Concerns about PPE**

Stake holders asked for more assistance in getting PPE (mask) for the local population. Stake holders also asked if the local community and women can make mask instead of the government procuring, since this will help the local communities with the economic fallout of COVID-19. Stakeholders recommended government to procure cloth and sewing machine and the local Amerindian Women's groups can make cloth mask. This will also cater for mask for school children when school reopen.

MOH promised to consider this idea. While it will be late to implement in this WB project it will be considered for other project or GOG funds.

#### **5. Screening and Testing**

Local toshaos also recommended the services of the CSO include screening people at the entrance of the village and ensuring they sanities. Some of them would like to see a mechanism put in place for those with high temperature to be transported to the nearest isolation facility so as not spread the infection to other villagers. This to them was critical since in IP the lifestyle is very communal.

**MOH Response** :MOH and Ministry of Amerindian Affairs promise to do wider consultations with a view of getting other toshaos views with the aim of implementing such a system.

#### **6. Health Workers**

Regional Chairmen, RDC officers & RHO's while supportive of all the measures outlined were worried about burnout of the health workers since all of them has been working beyond the call of duty since the outbreak of COVID-19 in Guyana and their respective regions. They asked for increase remuneration and allowances for the staff.

**MOH Response**: MOH assured stakeholders that funds were catered in the budget for risk allowance.

#### **Conclusions:**

The overall consequences of these consultations are that there is strong support for the interventions that are included on the project document. The concerns expressed by participants relating to the overall COVID-19 response coincide with the Project objectives.

There is need for continuous stakeholder engagement and this will be part of the project implementation.

## Appendix

### List of organizations that attended consultations at the MOH Board Room

1. Guyana Organization of Indigenous People
2. The Amerindian Peoples Association
3. The Amerindian Action Movement of Guyana
4. Ministry of Amerindian Affairs
5. Sarah Brown (Member of Parliament and Amerindian Leader)

### List of Organizations who attended virtual consultations

1. National Toshias Council
2. Regional Chairman Region 1
3. Regional Chairman Region 2
4. Regional Chairman Region 9
5. Ministry of Amerindian Affairs
6. Regional Health officer Region 1
7. Regional Health officer Region 7
8. Regional Health officer Region 8
9. Regional Health officer Region 9
10. Regional Health officer Region 10

In addition, several Toshias from villages in Regions 1,2,5,6,7,8,9, &10 were engaged over the phone.

**Annex 2. GRM logbook example**

Date of Complain	Name of Compliant	Contact of complitant	General Info in the incident	Complain	How was complain resolved	Status of complain	Date complain was closed	Document that confirm the complain
		Address: Email: Phone :	Date of incident: Location of incident:					
		Address: Email: Phone :	Date of incident: Location of incident:					
		Address: Email: Phone :	Date of incident: Location of incident:					
		Address: Email: Phone :	Date of incident: Location of incident:					
		Address: Email: Phone :	Date of incident: Location of incident:					

### Annex 3. GRM checklist

Process	Description	Time frame	Responsibility & remarks
Receiving grievances	Complaints can be filed face to face, via phone, via letter, or via e-mail, or recorded during public/community interaction	Day complaint was received by PIU	PIU Environmental and Social specialist SPECIFIC EMAIL ADDRESS; (new email address to be set up to deal with grievance from this project phone: 592-226-7400 Postal address: Lot 1 Brickdam Georgetown Attn. Social engagement specialist Suggestion boxes at all COVID-19 facilities
Grievance assessed and logged	Significance assessed and grievance recorded or logged (i.e. in a logbook as per Annex 2 example)	3-5 working days upon receipt complaint	PIU Environmental and Social specialist.
Grievance is acknowledged	Acknowledgement of grievance to complainant	7 working days upon receipt complaint	The Environmental and Social specialist confirms receipt of the complaint to the complainant via e-mail, letter, or phone
Development of response	-Grievance assigned to appropriate party for resolution  -Proposal response with input from management and Social Engagement Specialist	7 working days upon receipt complaint  12 – 15 working days upon receipt complaint	

Response signed off	Redress action approved at appropriate levels	13 - 18 working days upon receipt complaint	Management and Environmental and Social specialist
---------------------	---	---	--