

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

SURINAME

HEALTH SERVICES SUPPORT PROJECT

(SU-L1054)

PROJECT PROFILE

This document was prepared by the project team consisting of: Diana Pinto, Team Leader (SCL/SPH); Ian Ho-A-Shu (SPH/CTT), Frederico Guanais (SPH/CPE); Leslie Stone (SPD/SMO); Natalie Wegener Carmona (SCL/SPH), Rinia Terborg-Tel (FMP/CSU); Mariska Tjon A Loi (VPC/FMP); Lucas A Hoepel (CCB/CSU); Javier Jimenez Mosquera (LEG/SGO); Heidi Fishpaw (VPS/ESG); Serge Troch (VPS/ESG); and Martha Guerra (SCL/SPH)

PROJECT PROFILE

SURINAME

I. BASIC DATA

Project Name:	Health Services Support Project		
Project Number:	SU-L1054		
Project Team:	Diana Pinto, Team Leader (SCL/SPH); Ian Ho-A-Shu (SPH/CTT), Frederico Guanais (SPH/CPE); Leslie Stone (SPD/SMO); Natalie Wegener Carmona (SCL/SPH), Rinia Terborg-Tel (FMP/CSU); Mariska Tjon A Loi (VPC/FMP); Lucas A Hoepel (CCB/CSU); Javier Jimenez Mosquera (LEG/SGO); Heidi Fishpaw (VPS/ESG); Serge Troch (VPS/ESG); and Martha Guerra (SCL/SPH)		
Borrower:	Republic of Suriname		
Executing Agency:	Ministry of Health (MoH)		
Financial Plan:	IDB (OC):	US\$ 20,000.000	
	Total:	US\$ 20,000,000	
Safeguards:	Policies triggered:	OP-703, OP-102, OP-704, OP-761, OP-710 (B.1, B.2, B.3, B.4, B.5, B.6, B.7, B.10, B.11, B.17)	
	Classification:	B	

II. GENERAL JUSTIFICATION AND OBJECTIVES

- 2.1 **Macroeconomic conditions.** In 2015, Suriname experienced deep recession due to price shocks to gold and oil, and closure of bauxite production. In 2016, a fiscal deficit of 7.1% of GDP was recorded, a current account deficit of 2.8% of GDP and real GDP growth contracted by 10.5%. The Government of Suriname (GoS) launched an adjustment plan in late 2015 which included cuts to government expenditure, exchange rate flotation, and is undertaking fiscal reforms. Results of these measures are: in 2017, the current account returned to surplus, international reserves marginally improved, and economic growth of 1.2% is expected in 2018. Fiscal imbalances and high public debt levels continue to be a challenge and could limit future investments.¹
- 2.2 **Health conditions and burden of disease.** The GoS faces epidemiological challenges stemming from increasing rates of non-communicable diseases (NCDs) and persistence of communicable diseases (CDs). The 2014 NCD country profile report² shows NCDs have become the main cause of morbidity and mortality (68% of total deaths). Between 2005-2016 the incidence (new cases) of diabetes, ischemic heart disease and chronic kidney disease grew by 39%, 19% and 24%

¹ International Monetary Fund. *World Economic Outlook Database, October 2017 Edition*. International Monetary Fund, 2017. <https://www.imf.org/external/pubs/ft/weo/2017/02/weodata/index.aspx>

² World Health Organization. *Suriname Country Report*. World Health Organization 2017: <http://www.who.int/countries/sur/en/>

- respectively.³ The 2013 Suriname STEPS Survey highlighted the following risk factors driving increases in NCDs: high blood pressure, obesity and overweight, tobacco and alcohol consumption. Nearly 30% of adults, and 40-50% of those over age 55 suffer from high blood pressure.⁴ Overweight and obesity affect 18% of men, 31% of women and 26% of children aged 13-15.⁵ Unhealthy diet and lack of exercise drive these figures.⁶ Only 56% of the overall population met the World Health Organization (WHO) recommended exercise levels.⁷ From an economic perspective, recent evidence from other Caribbean countries shows that NCDs have significant impact at the household level from income loss and increase in out-of-pocket expenses, and at the national level from loss of skilled labor and productivity, lower competitiveness and higher government health and social expenditures. Spending on hypertension and diabetes is between 1-8% of GDP in four Caribbean countries: The Bahamas, Barbados, Jamaica, and Trinidad and Tobago.^{8,9}
- 2.3 Control of CDs, particularly malaria, has been noteworthy. Between 2001-2016 the malaria program (MP) achieved a reduction of more than 90% of cases, near total eradication of malaria. However, control of malaria transmission is difficult because of communities' particular traditions and habits. For example, MP studies show little knowledge about the potential health threats of malaria and low rates bed nets use. Insufficient health seeking behavior is associated with both self-treatment and low adherence to treatment, both of which contribute to development of drug-resistance of the malaria parasite.¹⁰ Addressing other CDs, like HIV, Leishmaniasis and Tuberculosis is another priority both in the GS border as at the national level.
- 2.4 **Integrated and intersectoral approaches to tackle NCDs and CDs.** In a context of fiscal constraints, the GoS seeks cost-effective strategies to manage this complex epidemiologic profile and establish a sustainable path to improving its health system. To reduce the rate of NCD's, current literature and international experience recommend a two-pronged approach: provision of integrated high-quality services and public health programs to lower population exposure to main causal risk factors.
- 2.5 **Chronic care model (CCM).** On providing high quality services, evidence indicates that health systems that adopt CCM within primary care (PC) are more

³ Institute of Health Metrics and Evaluation. Suriname Statistics: <http://www.healthdata.org/suriname>

⁴ According to the STEPS 2013 survey and the 2013 Drug Prevalence Survey, smoking is higher amongst men than women (around 35% compared to around 5%) and 60% and 45% of respondents declared having consumed alcohol in their lifetime and past year respectively.

⁵ World Health Organization. World health statistics 2009. World Health Organization, 2009.

⁶ Ministry of Health. National Action Plan for the Prevention and Control of NCDs (2015-2020). Government of Suriname, 2014.

⁷ Baldew, Se-Sergio M., Ingrid SK Krishnadath, Christel CF Smits, Jerry R. Toelsie, Luc Vanhees, and Veronique Cornelissen. "Self-reported physical activity behavior of a multi-ethnic adult population within the urban and rural setting in Suriname." *BMC Public Health* 15, no. 1 (2015): 485

⁸ World Bank. NCDs in the Caribbean: the New Challenge for Productivity and Growth. Caribbean Knowledge Series No 78596, World Bank; 2013.

⁹ Abdulkadri, Abdullahi O., Colette Cunningham-Myrie, and Terrence Forrester. "Economic burden of diabetes and hypertension in caricom states." *Social and Economic Studies* 58, no. 3/4 (2009): 175-97.

¹⁰ Bureau of Public Health. Malaria in Suriname Analysis of the Trends Malaria Program. Malaria Program, Ministry of Health Government of Suriname, 2014.

effective and efficient in managing and controlling not only NCDs, but also CDs.¹¹

¹² The CCM's principle is patient-centered care, meaning patients are treated holistically (i.e., considering context, all health problems and needs), and are supported in learning self-management of their condition.¹³ Healthcare teams develop patient-centered treatment goals, plans, and interventions, implementing them across the full care pathway. The delivery network is set up to provide multidisciplinary primary care that covers the entire population, serving as a gateway to the system which integrates and coordinates health care across levels, including the community.¹⁴ Evidence shows that in this supported context, interaction between informed, engaged patients and proactive primary care teams sustainably and consistently improves clinical results.¹⁵

- 2.6 **Suriname's One Stop Shop (OSS) model.** Since 2014, the GoS introduced the OSS model in primary care. OSS is an integrated care approach based on the CCM, targeting patients with diabetes and heart disease. The OSS has been functioning in Paramaribo and Nickerie, serving a population of approximately 161,871.¹⁶ Given increasing demand, the GoS plans expansion to other districts, but needs to address certain challenges for implementation and sustainability. Suriname's health system's organization is fragmented and lacks coordination mechanisms amongst levels and providers. MoH reports suggest investments in PC facilities may be needed given that these are functioning at 25% capacity rate due to outdated infrastructure and poorly maintained medical equipment.¹⁷ There is also a shortage of personnel competent in the CCM.¹⁸ Information systems are inadequate for clinical management and program monitoring.
- 2.7 **Developing an effective CCM delivery platform.** To achieve the largest improvements in health outcomes, the literature and country experiences point towards actions in the following specific areas for CCM development: (i) digital information systems (electronic records, disease registries); (ii) tools for planning and quality improvement; (iii) decision support tools for providers (guidelines); (iv) integration of services (multi-disciplinary care delivery, care coordination

¹¹ Hansen, Johan, Peter P. Groenewegen, Wienke GW Boerma, and Dionne S. Kringos. "Living in a country with a strong primary care system is beneficial to people with chronic conditions." *Health affairs* 34, no. 9 (2015): 1531-1537.

¹² Bodenheimer, Thomas, Edward H. Wagner, and Kevin Grumbach. "Improving primary care for patients with chronic illness." *Jama* 288, no. 14 (2002): 1775-1779.

¹³ Mahomed, Ozayr Haroon, and Shaidah Asmall. "Development and Implementation of an Integrated Chronic Disease Model in South Africa: Lessons in the Management of Change through Improving the Quality of Clinical Practice." *International Journal of Integrated Care* 15 (2015).

¹⁴ Scholl, Isabelle, Jödis M. Zill, Martin Härter, and Jörg Dirmaier. "An integrative model of patient-centeredness—a systematic review and concept analysis." *PloS one* 9, no. 9 (2014).

¹⁵ Cramm, Jane Murray and Nieboer, Anna Petra. "Short and long term improvements in quality of chronic care delivery predict program sustainability". *Social Science & Medicine* Vol. 101 (2014): 148-154

¹⁶ This calculation is based on a calculation of potential beneficiaries of the NCD intervention which include the at risk populations of Paramaribo and Nickerie (the two locations of OSS) which serve those two cities as well as the third and fourth largest cities of Lelydorp & Brokopondo. 60% of the combined population of those cities, the minimum at risk population for NCDs in those areas, comes to, 161,871.

¹⁷ Interamerican Development Bank. *Suriname Country Development Challenges*, Interamerican Development Bank 2016

¹⁸ Ministry of Health. *National Action Plan for the Prevention and Control of NCDs (2015-2020)*. Government of Suriname, 2014.

mechanisms); (v) self-management support for patients (education, behavior change incentives); and (vi) creation and leverage of community resources.¹⁹

2.8 Population based intersectoral approaches. From the public health perspective, to address NCDs risk factors WHO places emphasis on implementation of “Best Buys” (BBs)²⁰, evidence-based, cost-effective interventions: raising taxes on tobacco and alcohol, reducing salt consumption, eliminating trans-fat in food, and promoting exercise. Implementation of specific NCD BBs could avert between 10-15% of premature deaths due to major NCD causes in large low and middle income countries.^{21,22} Strategies implemented by MOH alone are not sufficient to induce changes in behavior and in social and physical environments in ways that support health.^{23,24} Wide-scale implementation of these BBs requires coordinated action and that both Health and non-health Ministries (ie. Finance, Transport, Sports, Education, Agriculture, Commerce) work together. Following this rationale, guidelines and specific tools for intersectoral collaboration have been developed for approaches like Health in All Policies (HiAP) and “whole-of-government” to combat NCDs.²⁵

2.9 Intersectoral collaboration in Suriname. The GoS has committed to a HiAP approach since 2013. Accordingly, the MOH developed its National Action Plan for Prevention and Control of NCDs (2015-2020), setting a framework to coordinate policy actions to implement BBs. This includes establishing an NCDs Commission to facilitate development of the intersectoral approach to prevent and control NCDs. However, implementation of HiAP has encountered bottlenecks: (i) limited institutional capacity at MOH related to weak governance arrangements; (ii) outdated management systems and processes; (iii) lack of digital information systems for timely decision making and monitoring; and (iv) deficiencies in subject matter training. These bottlenecks in the MOH have been documented in various health projects previously slated for execution in Suriname in the most recent OVE Country Evaluation Report.²⁶ We also draw on the experience of social protection project bottlenecks as there are additional intersectoral collaborations required for most SP efforts previously initiated in Suriname. Additionally, current MOH headquarters facilities are outdated and do not meet current standards of

¹⁹ Gaudreault, Suzanne and Muhire Martin. Applying the CMM to Health System Design in Low-resource Settings: Lessons from HIV Improvement Interventions, Technical Report. University Research Co., LLC (URC), 2013.

²⁰ World Health Organization. From burden to “best buys”: Reducing the economic impact of NCDs in low- and middle-income countries. World Health Organization 2011.

²¹ Asaria, Perviz, Dan Chisholm, Colin Mathers, Majid Ezzati, and Robert Beaglehole. “Chronic disease prevention: health effects and financial costs of strategies to reduce salt intake and control tobacco use.” *The Lancet* 370, no. 9604 (2007): 2044-2053.

²² Lim, Stephen S., Thomas A. Gaziano, Emmanuela Gakidou, K. Srinath Reddy, Farshad Farzadfar, Rafael Lozano, and Anthony Rodgers. “Prevention of cardiovascular disease in high-risk individuals in low-income and middle-income countries: health effects and costs.” *The Lancet* 370, no. 9604 (2007): 2054-2062.

²³ Wilkinson, Richard G., and Michael Marmot, eds. *Social determinants of health: the solid facts*. World Health Organization, 2003.

²⁴ Nutbeam, Don. “Evaluating health promotion—progress, problems and solutions.” *Health promotion international* 13, no. 1 (1998): 27-44.

²⁵ Stead, Dominic. “Institutional aspects of integrating transport, environment and health policies.” *Transport Policy* 15, no. 3 (2008): 139-148.

²⁶ Country Programs Evaluation, Suriname, 2016, OVE Report

accessibility, functionality and environmental requirements, which indirectly affects working environment and performance of core ministerial functions.

- 2.10 Actions towards a stronger MOH.** The MOH has the primary role of providing stewardship and governance for the delivery of integrated services and implementation of multi and intersectoral initiatives. Evidence stresses the importance of stewardship and governance within health systems.²⁷ Strengthening technical capacities of staff with required expertise, improving organizational structure and providing infrastructure upgrades to the MOH to perform core policy and technical functions will develop the required platform to improve health system effectiveness and allow intersectoral collaborations to flow.²⁸
- 2.11 Sustaining progress in addressing CDs.** The WHO provides guidance on evidence based strategies for CD risk reduction and case management, standards and quality assurance for detection, treatment, and response, and on processes and data systems for disease surveillance and program monitoring and evaluation. The GoS developed a Malaria Elimination Strategic Plan (MESP), based on these recommendations, with the objectives of sustaining elimination levels, preventing re-introduction and outbreaks in malaria-free areas and containing drug resistance. The MESP also builds on the strong ties of the gold-mining communities with established MP delivery networks to develop and implement targeted novel approaches to improve healthy behaviors and for expansion and integration of services targeting the at-risk population within the country and the Guyana Shield. The MP has been supported by a Global Fund²⁹ grant ending March 2018, to be followed by a 3-year "Continuation Grant" commencing April 2018, which will finance activities only for maintaining national malaria surveillance and management capacity. Support will be needed for complementary priority MESP activities. Besides the mentioned logistical challenges for provision of CD services and outreach to remote populations, other system-wide issues need to be addressed to maintain and enhance effectiveness of current programs, in keeping with WHO recommendations. These relate to scarcity of resources for required activities and limited capacity for evidence-based decision making from gaps in training to meet updated international CD management standards and lack of relevant, standardized and digitalized data and corresponding analysis platforms.³⁰

²⁷ World Health Report. Health Systems: Improving Performance. WHO, 2000; World Bank. World Development Report 2004: Making Services Work for Poor People. The World Bank, 2004; World Health Organization. "Opportunities for Global Initiatives in the Health System Action Agenda". WHO Working Paper No. 4 (2006); World Health Organization. "Towards Better Leadership and Management in Health". WHO Working Paper No. 10 (2007); World Bank. Health Financing Revisited. The World Bank, 2006; Rockefeller Foundation. Public Stewardship of Private Providers in Mixed Health Systems. Rockefeller Foundation, 2009; World Health Organization Commission on Social Determinants of Health. Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health. WHO Commission on Social Determinants of Health, 2008.

²⁸ Omaswa, Francis, and Jo Ivey Boufford. "Strong ministries for strong health systems." A strategy for health systems strengthening: supporting ministerial health leadership (2010).

²⁹ The Global Fund Partnership is an initiative aimed at accelerating the end of AIDS, tuberculosis and malaria as epidemics. The Global Fund partnership mobilizes and invests nearly US\$4 billion a year to support programs run by local experts in countries and communities most in need. The Global Fund Partnership in Suriname provides support for the malaria program which focuses specifically on the interior mining areas, the last remaining pocket of active malaria transmission in the country.

³⁰ Suriname, MoH. National Malaria Elimination Plan 2018-22

- 2.12 **Objective and components.** The objective is to contribute to the reduction of the burden of disease in Suriname by improving access to high quality, integrated primary care services and enhancing the effectiveness of the health sector to address priority epidemiological challenges. The target beneficiaries for the entirety of the loan program are the citizens of Suriname for which the total population is 558,368 (as of 2016). The potential beneficiaries of the NCD interventions are 161,871 which is the at minimum risk population for NCDs in the areas the OSS serves.
- 2.13 **Component 1. Institutional strengthening of the MoH to manage NCDs (estimated US\$7 million).** The objective is to strengthen the MOH's stewardship and governance functions in setting priorities, designing effective policies and interventions, and ensuring their efficient implementation with a focus in the areas of prevention, management and control of NCDs. Expected results include improved use of information systems and of core business function performance. This component will finance: (i) support for change management processes; (ii) training of MOH personnel in core areas, including but not limited to, health data collection and analysis, formulation and execution of health policies, and monitoring and evaluation; (iii) development and implementation of digital information management systems; (iv) construction of MoH headquarters; (v) procurement of office equipment; and (vi) activities leading to implementation of population health approaches.
- 2.14 **Component 2. Organization of PC for NCD prevention, management, and control (estimated US\$9 million).** This component will support strengthening of an integrated, patient-centered healthcare model within PC, with the objectives of increasing access, quality and efficiency of services for NCDs. Expected results include increased prevention activities, earlier case detection and decreased complications of disease. This component will contribute to improving gender equality by ensuring that NCD care provided is gender sensitive. This component will finance: (i) development, operationalization and implementation of the CCM in Paramaribo and Nickerie; (ii) procurement of equipment; (iii) design and implementation of electronic health records and digital support systems for care provision at the primary level; (iv) training of personnel; (v) implementation of change management processes; and (vi) initial operating costs of the CCM.
- 2.15 **Component 3. Support for priority areas in CD programs (estimated US\$1.5 million).** The objective is to sustain and improve the response to CDs. Expected results include reduced rates of CD transmission and increased treatment rates. This component will finance: (i) design and implementation of culturally appropriate communication and behavior change strategies to increase use of bed nets and improve health seeking behavior and adherence to treatment by at-risk population; (ii) specialized training and improvements for data collection, processing and analysis at the national reference laboratory; and (iii) design and implementation of activities for integrated provision of health services for HIV/TB/Leishmania within the MP.
- 2.16 **Component 4. Program Administration and Evaluation (estimated US\$2.5 million).** This component will support project administration and evaluation activities, including the design and implementation of an impact evaluation.

- 2.17 **Bank's support to the health sector.** Over the past 20 years the following operations have supported Suriname's health sector, providing lessons and inputs for this project's design: the Community Development Fund (SU-0020), Implementation of Health Sector Reform Program (Health Sector Facility, SU-0028), Social Protection Support Program (SU-L1013), Support for Prevention and Control of NCDs (SU-T1062), Support for Active Malaria Case Detection Program (SU-T1072), and Support for the design of Early Childhood Development Program (SU-T1067).
- 2.18 **Strategic Alignment.** This program is consistent with the Update of the Institutional Strategy 2010-2020 (AB-3008) and is strategically aligned with the development challenge of social inclusion and equality by improving access of the population to high quality primary care services. It is aligned with cross-cutting issues of: (i) gender equality and diversity, by improving women's and indigenous people's access to health services for diseases that affect them disproportionately; and (ii) institutional capacity and rule of law, by improving the quality of public health services and policy formulation and implementation. It contributes to the Corporate Results Framework 2016-2019 (GN-2727-6) by increasing the number of beneficiaries receiving health services. It is relevant to priority areas in the IDBG Country Strategy with the Republic of Suriname 2016-2020 (GN-2873): (i) Modernizing the Public Sector, by strengthening the health sector's capacity for evidence-based policy making; and (ii) Protection of Human Capital by supporting interventions to address major causes of healthy life years lost. The project is consistent with the focus of the GoS's National Health Sector Plan (2011-2018) and the NCD plan (2015-2020), by supporting interventions that increase prevention and reduction of the burden of disease. It is consistent with the Health and Nutrition Sector Framework's (GN-2735-7) priorities: (ii) that all people have timely access to quality health services; and (iv) that health sector governance seeks efficiency and leadership in health and promotes intersectoral coordination.
- 2.19 **Donor Coordination.** During the identification mission, the Project Team met with the following main donors and were updated on their specific areas of work in the Suriname health sector: (I) the Global Fund is currently financing programs to address HIV, TB, and malaria as follows: (1) Global Fund support for the malaria program focuses specifically on the interior mining areas, (2) the HIV support focuses on supporting sex workers, men who have sex with men, and youth and (3) TB support seeks to expand treatment and to strengthen the country's diagnostic capacity. (II) The AFD is currently funding construction of the Albina Hospital which is expected to be fully completed in 2018. (III) The Islamic Development Bank is funding a Health System Strengthening Project with the following key components: the construction of a new 150 bed specialized hospital and 5 Primary Care Centers; specialized training for health care providers and professionals and establishment of a Health Management Information system. The team will also seek partnerships with PAHO, who continues to provide ongoing country technical support with a focus on developing tools to assist Suriname to building country capacity to address infectious diseases and NCDs and with CARPHA, who provided ongoing support to Suriname to meet its Internal health Regulations requirements.

III. TECHNICAL ISSUES AND SECTOR KNOWLEDGE

- 3.1 **Loan instrument and execution.** The proposed project is an investment loan of US\$20M financed by ordinary capital. The execution period is 60 months. The Executing Agency will be the MoH. Specifics of the execution mechanism will be defined based on results of application of the Bank's Platform for Assessment of Institutional Capacity-PACI tool to the MoH's management systems. Preliminary assessments indicate need to support additional personnel for project coordination, fiduciary and procurement activities, and planning, monitoring and evaluation.
- 3.2 **Risks.** Principal risks identified are related to fiduciary risks and public management and governance.
- 3.3 **Complementary activities.** A technical cooperation (SU-T1100) will support project preparation and execution with relevant technical studies and assistance. These will include studies to prepare the environmental and infrastructure requirements for construction of the new MOH building as well as an integrated health network analysis, an NCD gap costing, an avoidable hospitalizations study, a health and management information system needs and opportunities assessment, and an institutional strengthening plan for MOH.

IV. ENVIRONMENTAL SAFEGUARDS AND FIDUCIARY SCREENING

- 4.1 Based on preliminary information, according to the IDB's Environment and Safeguards Compliancy Policy (OP-703), this project is classified as Category "B" (See Annex III).

V. RESOURCES AND TIMETABLE

- 5.1 Total preparation costs are estimated at US\$90,000 from administrative funds (See Annex V) and US\$300,000, from TC funds. Proposed approval dates for 2018 are: Proposal for Operation Development distribution for Quality and Risk Review, May 25; Operations and Policy Committee, July 5; and consideration of the Loan Proposal by the IDB's Board of Executive Directors, August 29. The staff FTE anticipated to prepare this project is estimated as 1.00.

CONFIDENTIAL

¹ The information contained in this Annex is confidential and will not be disclosed. This is in accordance with the "Deliberative Information" exception referred to in paragraph 4.1 (g) of the Access to Information Policy (GN-1831-28) at the Inter-American Development Bank.



Safeguard Policy Filter Report

Operation Information

Operation		
SU-L1054 Health Services Support Project		
Environmental and Social Impact Category	High Risk Rating	
B	{Not Set}	
Country	Executing Agency	
SURINAME	SU-MH - MINISTRY OF HEALTH)	
Organizational Unit	IDB Sector/Subsector	
Social Protection & Health	HEALTH SYSTEM STRENGTHENING	
Team Leader	ESG Primary Team Member	
DIANA MARGARITA PINTO MASIS	HEIDI ZOE FISHPAW	
Type of Operation	Original IDB Amount	% Disbursed
Loan Operation	\$20,000,000	0.000 %
Assessment Date	Author	
25 Jan 2018	heidif ESG Primary Team Member	
Operation Cycle Stage	Completion Date	
ERM (Estimated)	23 Jan 2018	
QRR (Estimated)	2 May 2018	
Board Approval (Estimated)	{Not Set}	
Safeguard Performance Rating		
{Not Set}		
Rationale		
{Not Set}		

Potential Safeguard Policy Items

[No potential issues identified]

Safeguard Policy Items Identified

[B.1 Bank Policies \(Access to Information Policy– OP-102\)](#)



Safeguard Policy Filter Report

The Bank will make the relevant project documents available to the public.

B.1 Bank Policies (Disaster Risk Management Policy– OP-704)

The operation is in a geographical area exposed to [natural hazards](#) ([Type 1 Disaster Risk Scenario](#)). Climate change may increase the frequency and/or intensity of some hazards.

B.1 Bank Policies (Disaster Risk Management Policy– OP-704)

The operation has the potential to exacerbate risk to human life, property, the environment or cause economic disruption ([Type 2 Disaster Risk Scenario](#)).

B.1 Bank Policies (Disaster Risk Management Policy– OP-704)

The operation includes activities related to climate change adaptation, but these are not the primary objective of the operation.

B.1 Bank Policies (Gender Equality Policy– OP-761)

The operation will offer opportunities to promote [gender equality](#) or [women's empowerment](#).

B.1 Bank Policies (Resettlement Policy– OP-710)

The operation has the potential to cause physical displacement of people living in the project area of influence (see also Resettlement Policy)

B.2 Country Laws and Regulations

The operation is expected to be in compliance with laws and regulations of the country regarding specific women's rights, the environment, gender and indigenous peoples (including national obligations established under ratified multilateral environmental agreements).

B.3 Screening and Classification

The operation (including [associated facilities](#)) is screened and classified according to its potential environmental impacts.

B.4 Other Risk Factors

The borrower/executing agency exhibits weak institutional capacity for managing environmental and social issues.

B.4 Other Risk Factors

The operation is [specifically designed](#) to increase the ability of society and ecological systems to adapt to a changing climate.

B.4 Other Risk Factors

The operation [includes activities](#) to close current “adaptation deficits” or to increase the ability of society and ecological systems to adapt to a changing climate.

B.5 Environmental Assessment Requirements

An environmental assessment is required.

B.6 Consultations



Safeguard Policy Filter Report

Consultations with affected parties will be performed equitably and inclusively with the views of all stakeholders taken into account, including in particular: (a) equal participation by women and men, (b) socio-culturally appropriate participation of indigenous peoples and (c) mechanisms for equitable participation by vulnerable groups.

B.7 Supervision and Compliance

The Bank is expected to monitor the executing agency/borrower's compliance with all safeguard requirements stipulated in the loan agreement and project operating or credit regulations.

B.10. Hazardous Materials

The operation has the potential to impact the environment and occupational health and safety due to the production, procurement, use, and/or disposal of hazardous material, including organic and inorganic toxic substances, pesticides and persistent organic pollutants (POPs).

B.11. Pollution Prevention and Abatement

The operation has the potential to pollute the environment (e.g. air, soil, water, greenhouse gases).

B.17. Procurement

Suitable safeguard provisions for the procurement of goods and services in Bank financed operations may be incorporated into project-specific loan agreements, operating regulations and bidding documents, as appropriate, to ensure environmentally responsible procurement.

Recommended Actions

Operation has triggered 1 or more Policy Directives; please refer to appropriate Directive(s). Complete Project Classification Tool. Submit Safeguard Policy Filter Report, PP (or equivalent) and Safeguard Screening Form to ESR. The project triggered the Disaster Risk Management policy (OP-704) and this should be reflected in the Project Environmental and Social Strategy. A Disaster Risk Assessment (DRA) may be required (see Directive A-2 of the DRM Policy OP-704). Next, please complete a Disaster Risk Classification along with Impact Classification. Also: if the project needs to be modified to increase resilience to climate change, consider the (i) possibility of classification as adaptation project and (ii) additional financing options. Please consult with INE/CCS adaptation group for guidance. The project triggered the Other Risks policy (B.04): climate risk.

- Please include sections on how climate risk will be dealt with in the ESS as well as client documents (EIA, EA, etc);
- Recommend addressing risks from gradual changes in climate for the project in cost/benefit and credit risk analyses as well as TORs for engineering studies.

Additional Comments

[No additional comments]



Safeguard Screening Form

Operation Information

Operation		
SU-L1054 Health Services Support Project		
Environmental and Social Impact Category	High Risk Rating	
B	{Not Set}	
Country	Executing Agency	
SURINAME	SU-MH - MINISTRY OF HEALTH)	
Organizational Unit	IDB Sector/Subsector	
Social Protection & Health	HEALTH SYSTEM STRENGTHENING	
Team Leader	ESG Primary Team Member	
DIANA MARGARITA PINTO MASIS	HEIDI ZOE FISHPAW	
Type of Operation	Original IDB Amount	% Disbursed
Loan Operation	\$20,000,000	0.000 %
Assessment Date	Author	
25 Jan 2018	heidif ESG Primary Team Member	
Operation Cycle Stage	Completion Date	
ERM (Estimated)	23 Jan 2018	
QRR (Estimated)	2 May 2018	
Board Approval (Estimated)	{Not Set}	
Safeguard Performance Rating		
{Not Set}		
Rationale		
{Not Set}		

Operation Classification Summary

Overriden Rating	Overriden Justification
{Not Set}	{Not Set}
Comments	
{Not Set}	



Safeguard Screening Form

Conditions / Recommendations

Category "B" operations require an environmental analysis (see Environment Policy Guideline: Directive B.5 for Environmental Analysis requirements)

The Project Team must send to ESR the PP (or equivalent) containing the Environmental and Social Strategy (the requirements for an ESS are described in the Environment Policy Guideline: Directive B.3) as well as the Safeguard Policy Filter and Safeguard Screening Form Reports. These operations will normally require an environmental and/or social impact analysis, according to, and focusing on, the specific issues identified in the screening process, and an environmental and social management plan (ESMP). However, these operations should also establish safeguard, or monitoring requirements to address environmental and other risks (social, disaster, cultural, health and safety etc.) where necessary.

Summary of Impacts / Risks and Potential Solutions

Moderate Greenhouse Gas Emissions are predicted.

Greenhouse Gas (GHG) Assessment: The borrower should promote the reduction of project-related greenhouse gas emissions in a manner appropriate to the nature and scale of project operations and impacts. The borrower should quantify direct emissions from the facilities owned or controlled within the physical project boundary and indirect emissions associated with the off-site production of power used by the project. Quantification and monitoring of GHG emissions should be conducted annually in accordance with internationally recognized methodologies (i.e. IPCC - <http://www.ipcc.ch/>). In addition, the borrower should evaluate technically and financially feasible and cost-effective options for the reduction/offset of emissions that may be achieved during the design and operation of the project. The Sustainable Energy and Climate Change Initiative (SECCI) can help with this task (<http://www.iadb.org/secci/>).

A natural hazard is likely to occur or be exacerbated due to climate-related changes and the likely severity of the impacts to the project is moderate.

A Disaster Risk Assessment, that includes a Disaster Risk Management Plan (DRMP) may be necessary, depending on the complexity of the project and in cases where the vulnerability of a specific project component may compromise the whole operation. The DRMP should propose measures to manage or mitigate these risks to an acceptable level. The measures should consider both the risks to the project, and the potential for the project itself to exacerbate risks to people and the environment during construction and operation. The measures should include risk reduction (siting and engineering options), disaster risk preparedness and response (contingency planning, etc.), as well as financial protection (risk transfer, retention) for the project. They should also take into account the country's disaster alert and prevention system, general design standards and other related regulations. For details see the DRM policy guidelines.

Generation of solid waste is moderate in volume, does not include hazardous materials and follows standards recognized by multilateral development banks.

Solid Waste Management: The borrower should monitor and report on waste reduction, management and disposal and may also need to develop a Waste Management Plan (which could be included in the ESMP). Effort should be placed on reducing and re-cycling solid wastes. Specifically (if applicable) in the case that national legislations have no provisions for the disposal and destruction of hazardous materials, the applicable procedures established within the Rotterdam Convention, the Stockholm Convention, the Basel Convention, the WHO List on Banned Pesticides, and the Pollution Prevention and Abatement Handbook (PPAH), should be taken into consideration.

In an area of exposure to [natural hazards](#) with a [moderate](#) impact severity, project activities and structures increase vulnerability of area of influence to [natural hazards](#) and exacerbates risks to property and the environment, or to the project itself.

A Disaster Risk Assessment, that includes a Disaster Risk Management Plan (DRMP), may be necessary, depending on the complexity of the project and in cases where the vulnerability of a specific project component may compromise the whole operation. The DRMP should focus on the potential for the project to exacerbate risks to people and the environment during construction and operation, and propose measures to manage or mitigate these risks. Measures should include siting and engineering options, disaster risk preparedness and response, as well as financial protection for the project. They should also take into account the country's disaster alert and prevention system, general design standards and other related regulations. Focus should be given to replacing and enhancing resilience functions, with special attention given to reefs, dunes, mangroves, marshes, flood plains, drainage paths, slope vegetation, etc.

Likely to have [minor](#) to [moderate](#) emission or discharges that would negatively affect [ambient environmental conditions](#).

Management of Ambient Environmental Conditions: The borrower should be required to prepare an action plan (and include it in the ESMP) that indicates how risks and impacts to ambient environmental conditions can be managed and mitigated consistent with relevant national and/or international standards. The borrower should (a) consider a number of factors, including the finite assimilative capacity of the environment, existing and future land use, existing ambient conditions, the project's proximity to ecologically sensitive or protected areas, and the potential for cumulative impacts with uncertain and irreversible consequences; and (b) promote strategies that avoid or, where avoidance is not feasible, minimize or reduce the release of pollutants, including strategies that contribute to the improvement of ambient conditions when the project has the potential to constitute a significant source of emissions in an already degraded area. The plan should be subject to review by qualified independent experts. Depending on the financial product, this information should be referenced in appropriate legal documentation (covenants, conditions of disbursement, etc.).

Project construction activities are likely to lead to localized and temporary impacts (such as dust, noise, traffic etc) that will affect local communities and [workers](#) but these are [minor](#) to [moderate](#) in nature.

Construction: The borrower should demonstrate how the construction impacts will be mitigated. Appropriate management plans and procedures should be incorporated into the ESMP. Review of implementation as well as reporting on the plan should be part of the legal documentation (covenants, conditions of disbursement, etc.).

Safety issues associated with structural elements of the project (e.g. dams, public buildings etc), or road transport activities (heavy vehicle movement, transport of [hazardous materials](#), etc.) exist which could result in [moderate](#) health and safety [risks](#) to local communities.

Address Community Health Risks: The borrower should be required to provide a plan for managing risks which could be part of the ESMP; (including details of grievances and any independent audits undertaken during the year). Compliance with the plan should be monitored and reported. Requirements for independent audits should be considered if there are questions over borrower commitment or potential outstanding community concerns.

The negative impacts from production, procurement and disposal of [hazardous materials](#) (excluding POPs unacceptable under the Stockholm Convention or toxic pesticides) are [minor](#) and will comply with relevant national legislation, [IDB requirements on hazardous material](#) and all applicable International Standards.

Monitor hazardous materials use: The borrower should document risks relating to use of hazardous materials and prepare a hazardous material management plan that indicates how hazardous materials will be managed (and community risks mitigated). This plan could be part of the ESMP.

The project is located in an area prone to [coastal flooding](#) from [storm surge](#), high wave activity, or erosion and the likely severity of the impacts to the project is [moderate](#).

A Disaster Risk Assessment, that includes a Disaster Risk Management Plan (DRMP), may be necessary, depending on the complexity of the project and in cases where the vulnerability of a specific project component may compromise the whole operation. The DRMP should propose measures to manage or mitigate these risks to an acceptable level. The measures should include risk reduction (siting and engineering options), disaster risk preparedness and response (contingency planning, etc.), as well as financial protection (risk transfer, retention) for the project. They should also take into account the country's disaster alert and prevention system, general design standards, coastal retreat and other land use regulations and civil defense recommendations in coastal areas.

The project is located in an area prone to [hurricanes](#) or other [tropical storms](#) and the likely severity of the impacts to the project is [moderate](#).

A Disaster Risk Assessment, that includes a Disaster Risk Management Plan (DRMP), may be necessary, depending on the complexity of the project and in cases where the vulnerability of a specific project component may compromise the whole operation. The DRMP should propose measures to manage or mitigate these risks to an acceptable level. The measures should consider both the risks to the project, and the potential for the project itself to exacerbate risks to people and the environment during construction and operation. The measures should include risk reduction (siting and engineering options), disaster risk preparedness and response (contingency planning, etc.), as well as financial protection (risk transfer, retention) for the project. They should also take into account the country's disaster alert and prevention system, general design standards and other related regulations.

The project is located in an area prone to [inland flooding](#) and the likely severity of the impacts to the project is [moderate](#).

A Disaster Risk Assessment, that includes a Disaster Risk Management Plan (DRMP), may be necessary, depending on the complexity of the project and in cases where the vulnerability of a specific project component may compromise the whole operation. The DRMP should propose measures to manage or mitigate these risks to an acceptable level. This must take into consideration changes in the frequency and intensity of intensive rainfall and in the patterns of snowmelt that could occur with climate change. The DRMP includes risk reduction measures (siting and engineering options), disaster risk preparedness and response (contingency planning, etc.), as well as the financial protection (risk transfer, retention) of the project. The DRM Plan takes into account existing vulnerability levels and coping capacities, the area's disaster alert and prevention system, general design standards, land use regulations and civil defense recommendations in flood prone areas. However, the options and solutions are sector- and even case-specific and are selected based on a cost analysis of equivalent alternatives.

The project will increase impacts and [risks](#) related to [communicable diseases](#) in local communities (often as a result of an influx of temporary or permanent labor).

Ensure the Borrower Addresses Disease Risks: The borrower should develop a program of education and infection illness prevention with emphasis on HIV and develop a plan to reduce transmission of communicable diseases that may be associated with the influx of temporary or permanent project labor that include measures such as the screening of workers health. Depending on the scale, location and significance of risk educational programs, prophylactics and other measures may also be important.

The project will or may require [involuntary resettlement](#) and/or economic displacement of a [minor to moderate](#) nature (i.e. it is a [direct](#) impact of the project) and does not affect [indigenous peoples](#) or other vulnerable land based groups.

Develop Resettlement Plan (RP): The borrower should be required to develop a simple RP that could be part of the ESMP and demonstrates the following attributes: (a) successful engagement with affected parties via a process of Community Participation; (b) mechanisms for delivery of compensation in a timely and efficient fashion; (c) budgeting and internal capacity (within borrower's organization) to monitor and manage resettlement activities as necessary over the course of the project; and (d) if needed, a grievance mechanism for resettled people. Depending on the financial product, the RP should be referenced in legal documentation (covenants, conditions of disbursement, project completion tests etc.), require regular (bi-annual or annual) reporting and independent review of implementation.

Transport of [hazardous materials](#) (e.g. fuel) with [minor](#) to [moderate](#) potential to cause impacts on community health and safety.

Hazardous Materials Management: The borrower should be required develop a hazardous materials management plan; details of grievances and any independent health and safety audits undertaken during the year should also be provided. Compliance with the plan should be monitored and reported. Depending on the financial product, this information should be referenced in appropriate legal documentation (covenants, conditions of disbursement etc). Consider requirements for independent audits if there are concerns about commitment of borrower or potential outstanding community concerns.

Disaster Risk Summary

Disaster Risk Level



Safeguard Screening Form

B

Disaster / Recommendations

{Not Set}

Disaster Summary

Details

{Not Set}

Actions

Operation has triggered 1 or more Policy Directives; please refer to appropriate Directive(s).
Complete Project Classification Tool. Submit Safeguard Policy Filter Report, PP (or equivalent) and
Safeguard Screening Form to ESR.

Environmental and Social Strategy (ESS)	
Operation Name	Health Services Support Project
Operation Number	SU-L1054
Prepared by	Heidi Fishpaw – VPS/ESG
Operation Details	
IDB Sector	SCL/SPH
Type of Operation	Specific Investment Operation
Impact Categorization	Category B
Environmental and Social Risk Rating	Moderate
Disaster Risk Rating ¹	Moderate
Borrower	Republic of Suriname
Executing Agency	Ministry of Health (MoH)
IDB Loan US\$ (and total project cost)	US\$20 million (US\$20 million)
Applicable Policies/Directives	OP-703 B.1, B.2, B.3, B.4, B.5, B6, B.7, B.10, B.11, B.17;; OP-704; OP-761; OP-765
Operation Description	
<p>The objective of this project is to contribute to the reduction of the burden of disease in Suriname by improving access to high quality primary care services and enhancing the effectiveness of the health sector to address priority epidemiological challenges. To meet this objective, the project has preliminarily identified the following components:</p> <p>Component 1. Institutional strengthening of the Ministry of Health to manage NCDs (estimated US\$7 million)</p> <p>The objective of this component is to strengthen the MoH's stewardship and governance functions in setting priorities, designing effective policies and interventions, and ensuring their efficient implementation with a focus in the areas of prevention, management and control of non-communicable diseases (NCDs). Accordingly, this component will fund the following: i) technical assistance to support change management processes; ii) training of MoH personnel in core areas, including but not limited to, health data collection and analysis, formulation and execution of health policies, and monitoring and evaluation; iii) development and implementation of digital information management systems to support core business functions; iv) construction of Ministry of Health headquarters; v) procurement of office equipment; and vi) technical assistance for activities leading to the implementation of population health approaches.</p> <p>Component 2. Organization of primary care oriented healthcare networks care for NCD prevention, management, and control (estimated US\$9 million)</p> <p>This component will support strengthening of primary health care services as integrated healthcare networks, with the objectives of increasing access, quality and efficiency of services for NCDs prevention, management, and control. It will finance: i) technical assistance for the development and operationalization of an integrated, patient-centered healthcare model; and in keeping with the model developed in activity (i)- ii) procurement of equipment; iii) design and implementation of an electronic health records system and digital management support systems for provision of care;</p>	

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

iv) training of personnel; v) implementation of change management processes for human resources for health; and vi) startup operating costs.

Component 3. Support for priority areas in the infectious disease program (estimated US\$1.5 Million)

The objective of this component is to fund priority gaps identified in the Global Fund Support in Malaria Continuation Grant (2018-2021). The component will fund the following: i) design and implementation of a communication campaign targeted to communities in the Interior to increase use of bed nets, improve health seeking behavior and improved adherence to treatment by at-risk population; ii) specialized training for microscopy personnel at the BOG national reference laboratory; and iii) strengthening of the integrated HIV support of the MoH-Malaria Program (MP) to at risk populations by providing HIV testing and counseling as part of the MP.

Component 4. Program Administration and Evaluation (estimated US\$2.5 Million).

This component will support project administration and evaluation activities. This component will finance the recruitment of the following personnel at the MoH who will oversee the execution of the project: a project coordinator, a fiduciary officer, a procurement specialist, a health specialist, and a planning, monitoring and evaluation officer. Additionally, this component will support the design and implementation of an impact evaluation.

Key Potential ESHS Risks and Impacts

The main potential risks and impacts of this operation have to do with Component 1: sub-component (iv) construction of Ministry of Health headquarters. The building is estimated to be a relatively small but the size isn't yet confirmed. Although an analysis of alternatives of sites for the construction of the building will need to be done as part of the Environmental and Social Assessment, the site that has been identified as one option is in a neighborhood known as Centrum in Paramaribo. The environmental impacts are those typically associated with construction, including noise, dust, disruption of traffic and health and safety hazards due to heavy machinery and materials adjacent to the community and houses, as well as the health and safety hazards for the construction workers. The magnitude of the social impacts is likely to be moderate, given the relatively small building size, but could include physical or economic displacement of businesses or families living in informal housing, and possibly displacing a temple, a breastfeeding center and a youth center where children from outside of Paramaribo stay while participating in sports competitions there. The Environmental and Social Assessment would need to identify which of the structures may be displaced based on the design for the building, including possible risks or impacts to the health and safety of the surrounding community. For example, the proximity of families and children to the construction site because of the youth sports center and the breastfeeding center and the temple would be a risk factor that would need to be studied and mitigated against, and if those structures ended up being displaced, they should be re-established elsewhere in such a way as to avoid disruption to the social safety net of the community.

In case activities will be financed to renovate or build a laboratory for research (under Component 2 additional risks during operation could occur mainly related to the management and disposal of pathogens or other biohazardous materials/wastes.

The building is located in an area of the city likely prone to significant flooding and strong winds and therefore the Type 1 Risk are considered moderate or potentially high. If the project will finance activities to renovate or build a laboratory for research in the same geographical area as the building

that will be constructed, an area vulnerable to flooding, storm surges and hurricanes, and if pathogens or other biohazardous materials will be stored there, then contamination could occur if these materials are not adequately stored or if there is not a system in place to prevent contamination in case of hurricane or flooding or other event. An analysis of the possible intensification of risk to human life, property, and the environment under this scenario will need to be studied as part of the Environmental and Social Assessment, and measures proposed to properly avoid and mitigate risks.

In addition, activities will be financed in the interior of the country to support the primary health care services, including to execute a communications campaign to communities to promote behaviors that will reduce risk of malaria, and provide counseling to at risk populations about HIV testing as part of a program to treat malaria. All of these activities could benefit indigenous communities and therefore the socio-environmental risks and impacts have to do with the socioculturally appropriateness, inclusiveness and non-discrimination of the services.

Information Gaps and Strategy for Analysis and Management

Two key elements of the Operation that will need to be confirmed in order to fully carry out the environmental and social assessment are (1) whether the Operation will finance a laboratory to be built or renovated, and if so what kinds of biohazardous materials could be stored there, and (2) the size of the Ministry of Health headquarters building to be constructed with financing of the Operation.

With this information, it will be possible to ascertain whether there will be physical or economic displacement as a result of the construction of the building, what kinds of environmental and community health and safety risks and impacts are likely such as pollution, dust, noise, use of hazardous materials, or dangerous construction sites adjacent to places where children and families are. The Environmental, Social and Health and Safety (ESHS) assessments that will need to be prepared are: (i) census of families and homes, whether they possess title or are informal, that would be affected by involuntary resettlement, census of economic displacement including informal and formal vendors and businesses that may experience decreased revenue due to construction, drafting of a preliminary Resettlement Plan including livelihood restoration plan if applicable; (ii) verification whether indigenous communities are present in the geographical areas where activities or works would be financed in the Interior of the country, including activities relating to the primary health network, and if so, a socio-cultural impact assessment must be undertaken to make recommendations for adapting the services to the socio-cultural context of these communities; (iii) since there is potential high or medium type 2 disaster risks, an analysis of impacts in the case of the potential natural disaster scenarios, and a proposed plan of mitigation measures to safeguard against those risks and impacts; and (iv) environmental and health and safety from construction (and operation) of the facilities including waste, noise and effluent management.

The main elements of the strategy to carry out the required analyses are:

- (i) Environmental and Social Assessment (including the Environmental and Social Management Plans (ESMPs)) to ensure compliance with IDB safeguard policies. These will include an analysis of alternatives, primarily the options for the site of the building to house the Ministry of Health headquarters that will be financed by this operation, the rationale for selecting the site, including variables such as whether or not it is located within the UNESCO world heritage site Historic Inner City of Paramaribo and thus subject to more rigorous standards for building construction, vulnerability to natural disasters like flooding and extreme winds, economic and physical displacement that would be caused at each of the sites, environmental aspects of potential revitalization of the adjacent community as a

result of the new building and/or potential gentrification; potential displacement of social infrastructure, economic displacement at the site for the construction of the new building and also at the site of the old building in case it will be demolished or cease to exist, if there are informal vendors who rely on the income they earn from the employees at the building, and other technical factors that are relevant and need to be considered. All of these factors would need to be considered in the analysis of alternatives, the impact evaluation and consultation, and also in mitigation/compensation plans in the PGAS for the design and site selected. Moreover, an analysis should be carried out of potential laboratories or laboratory equipment or infrastructure, and the other activities to be financed by the Operation, including communication campaigns aiming to change health behaviors, and the health services to be financed, especially those in the interior of the country where there could be presence of indigenous communities intended to benefit from the interventions. In this case, a socio-cultural analysis should be carried out including an analysis of potential impacts or exclusion if the services are not designed in a socio-culturally appropriate way.

- (ii) Preparation of a Consultation Plan detailing a consultation process that will be carried out by the executing agency, including logistical arrangements, and disclosure of the results of the environmental and social assessment(s) to the affected communities as part of the consultation process. If there are indigenous peoples who will be affected or targeted by the intervention, a socioculturally appropriate and duly documented consultation and good faith negotiation process will need to occur about the relevant activities financed by this Operation. The consultation process will need to have taken place and the results included in the Environmental and Social Management Report prior to distribution of the Operatin to OPC. A grievance redress mechanism should be proposed as a part of the Consultation Plan, as well as arrangements for ongoing communication with communities (an open office or telephone number to receive complaints and consultations, for example).

Opportunities for IDB Additionality

The Disaster Risk Management analysis for the construction of the building to be financed should offer opportunities to promote sustainable infrastructure and resilience to natural disasters that Paramaribo is vulnerable to, likely making it a great improvement to the current Ministry of Health headquarters. In additionl, IDB could offer additional expertise related to adapting health services to be financed by the Operation to the socio-cultural context of communities in the Interior of the country, including potentially indigenous communities.

Annex Table: Operation Compliance with IDB Safeguard Policies

Additional Annexes

Table: Operation Compliance with IDB Safeguard Policies

Policies / Directives	Relevant Aspect of Policy / Directive	Is This Policy / Directive Applicable?	Rationale for Applying Policy / Directive Rationale	Actions required during Preparation & Analysis
OP-703 Environment and Safeguards Compliance Policy				
B.2 Country Laws and Regulations	National legislation	Yes	Country laws and regulations will govern the execution of the Operation.	Legal condition requiring compliance with country laws and regulations will be included in Legal Agreement.
B.3 Screening and Classification	Screening and Classification of Operation	Yes	Project has been screened and classified as a B based on the activities and infrastructure to be financed by the Operation.	The screening filters and classification will be updated as more information becomes available and as a result of the Environmental and Social Assessment, before Analysis Mission or distribution of the POD to QRR.
B.4 Other Risk Factors	Institutional Capacity of Executing Agency	Yes	An assessment of Institutional Capacity is a relevant aspect of the directive.	Environmental and Social Assessment will carry out an assessment of the institutional capacity of the Ministry of Health to manage the environmental and social risks and impacts identified.
B.5 Environmental Assessment and Plans Requirements	Environmental Assessment and Management Plan	Yes	Due to the activities and infrastructure being financed, Environmental and Social Assessment(s) will need to be done.	Environmental and Social Assessment(s) and Management Plan(s) will be prepared before Analysis Mission.

B.5 Social Assessment and Plans Requirements	Social Assessment and Management Plan	Yes	Due to the activities and infrastructure being financed, an Environmental and Social Assessment will need to be done.	Environmental and Social Assessment and Management Plan, with measures to cover the social impacts of the Operation including potential economic loss or displacement, will be prepared before Analysis Mission .
B.6 Consultation	Consultations	Yes	A Consultation Plan should be prepared and one round of consultations will need to take place with affected and benefited communities, including indigenous communities if present or beneficiaries to the Operation, before distribution of the Operation to the OPC	Environmental and Social Assessment, and Sociocultural Analysis if relevant, will include a summary of the results of the consultation process that has taken place before the distribution of the Operation to OPC with logistical arrangements to carry out one round of consultations with affected or benefited communities, including socioculturally appropriate consultations with indigenous communities if present.
B.7 Supervision and Compliance	Supervision	Yes	Environmental and Social Assessment will propose an Environmental and Social Management Plan, including Consultation Plan and potentially a Resettlement Plan and/or Indigenous Peoples Plan. The implementation of these plans	The Loan Agreement will make reference to the implementation of the Environmental and Social Management Plan, Consultation Plan, Resettlement Plan, and or Indigenous Peoples Plan and any other

			would be supervised during the execution of the operation.	management plan, and the need to report on their implementation.
B.8 Transboundary Impacts	N/A	N/A	N/A	N/A
B.9 Natural Habitats	N/A	N/A	N/A	N/A
B.9 Invasive Species	N/A	N/A	N/A	N/A
B.9 Cultural Sites	Cultural sites	More information needed.	Sociocultural Analysis will verify whether cultural sites of indigenous communities would be impacted by Operation activities or infrastructure, and Environmental and Social Assessment whether cultural sites in Paramaribo would be affected by the proposed construction of a building for Ministry of Health headquarters, or if the site selected for the building would be within the UNESCO world heritage site Historic Inner City of Paramaribo. If additional buildings/laboratories will be built it will also need to be taken into account.	If cultural sites are identified by Sociocultural Analysis or Environmental and Social Assessment to be impacted by the Operation, or if activities or infrastructure will be financed in Historic Inner City of Paramaribo, these documents will propose mitigation measures to prevent risks or impacts of them.
B.10 Hazardous Materials	Hazardous Materials	Yes	Construction of building for headquarters of Ministry of Health and possible infrastructure for a laboratory may use hazardous materials. If additional buildings/laboratories,	Environmental and Social Analysis will prepare an analysis of the hazardous materials that may be used, how and where they will be used, and propose an Environmental and Social Management Plan

			including the use of dangerous pathogens in research or health services within laboratories, will be built it will also need to be taken into account.	that includes activities to properly manage them.
B.11 Pollution Prevention and Abatement and Abatement	Pollution Prevention and Abatement	Yes	Construction of building for headquarters of Ministry of Health and possible infrastructure for a laboratory may pose the risk of pollution. If additional buildings/laboratories will be built it will also need to be taken into account.	Environmental and Social Analysis will prepare an analysis of the potential pollution and an Environmental and Social Management Plan that includes activities to prevent pollution.
B.12 Projects Under Construction	N/A	N/A	N/A	N/A
B.13 Noninvestment Lending and Flexible Lending Instruments	N/A	N/A	N/A	N/A
B.14 Multiple Phase and Repeat Loans	N/A	N/A	N/A	N/A
B.15 Co-financing Operations	N/A	N/A	N/A	N/A
B.16 In-Country Systems	N/A	N/A	N/A	N/A
B.17 Procurement	N/A	N/A	N/A	N/A
OP-704 Natural Disaster Risk Management Policy				
A.2 Analysis and management of Type 2 ² risk scenario	Analysis and management of Type 2 risk scenario	Yes	The site that has preliminarily been selected as the location for the construction of the Ministry of Health headquarters is in an area prone to flooding and hurricanes, and potentially	Disaster risk management analysis will be included in Environmental and Social Assessment and will analyze the potential risks.

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

			<p>other natural disasters, which could provoke a Type 2 risk scenario considering the activities of the Operation, primarily the use of potentially hazardous materials that could pollute or lead to health problems in the community if flooding occurs and these materials are not properly managed.</p> <p>Also, if additional buildings/laboratories will be built they could provoke a Type 2 risk scenario as mentioned above.</p>	
<p>A.2 Contingency planning (Emergency response plan, Community health and safety plan, Occupational health and safety plan)</p>	<p>Contingency planning for Type 2 risk scenario</p>	<p>Yes</p>	<p>The site that has preliminarily been selected as the location for the construction of the Ministry of Health headquarters is in an area prone to flooding and hurricanes, and potentially other natural disasters, which could provoke a Type 2 risk scenario considering the activities of the Operation, primarily the use of potentially hazardous materials that could pollute or lead to health problems in the community if flooding occurs and these materials are not properly managed.</p> <p>Also, if additional buildings/laboratories will be</p>	<p>Disaster risk management analysis will be included in Environmental and Social Assessment and will analyze the potential risks.</p>

			built they could provoke a Type 2 risk scenario as mentioned above.	
OP-710 Operational Policy on Involuntary Resettlement				
Resettlement Minimization	Analysis of alternatives	Yes	An analysis of alternatives for construction of building for Ministry of Health headquarters will allow the site which minimizes resettlement to be selected. If additional buildings/laboratories will be built it will also need to be taken into account.	The Environmental and Social Assessment will carry out the analysis of alternatives for the construction of building for Ministry of Health headquarters taking into account physical and economic displacement, in order to select the best site. If additional buildings/laboratories will be built it will also need to be taken into account.
Resettlement Plan Consultations	Resettlement Plan Consultations	More information needed.	If site chosen for construction of building for Ministry of Health headquarters provokes displacement, this directive applies. If additional buildings/laboratories will be built it will also need to be taken into account.	If physical displacement will be caused, a preliminary Resettlement Plan will be prepared as part of Environmental and Social Assessment, before Analysis Mission, and will be consulted with the affected community, individuals and/or families. If additional buildings/laboratories will be built it will also need to be taken into account.
Impoverishment Risk Analysis	Impoverishment Risk Analysis		If site chosen for construction of building for Ministry of Health headquarters	If physical displacement will be caused, an impoverishment risk

		More information needed.	provokes displacement, this directive applies and an impoverishment risk analysis, or vulnerability analysis, should be prepared. If additional buildings/laboratories will be built it will also need to be taken into account.	analysis, or vulnerability analysis, will be prepared as part of the preliminary Resettlement Plan will be prepared as part of Environmental and Social Assessment, before Analysis Mission. If additional buildings/laboratories will be built it will also need to be taken into account.
Resettlement Plan and/or Resettlement Framework Requirement	Resettlement Plan	More information needed.	A preliminary Resettlement Plan should be prepared if there is any physical. If additional buildings/laboratories will be built it will also need to be taken into account.	If physical displacement will be caused, a preliminary Resettlement Plan will be prepared as part of Environmental and Social Assessment, before Analysis Mission. If additional buildings/laboratories will be built it will also need to be taken into account.
Livelihood Restoration Program Requirement	Economic displacement	More information needed.	If economic displacement is caused by the Operation activities, primarily the construction of the site for the Ministry of Health headquarters, a livelihood restoration plan should be prepared as part of the preliminary Resettlement Plan. If additional buildings/laboratories will be	If economic displacement is caused by the Operation activities, primarily the construction of the site for the Ministry of Health headquarters, a livelihood restoration plan should be prepared for Environmental and Social Assessment as part of the preliminary Resettlement Plan, before Analysis Mission.

			built it will also need to be taken into account.	If additional buildings/laboratories will be built it will also need to be taken into account.
Consent (Indigenous Peoples and other Rural Ethnic Minorities)	Consent of indigenous communities to resettlement activities	More information needed.	Environmental and Social Assessment should verify whether the site chosen for construction of building for Ministry of Health headquarters provokes displacement for indigenous people, although it is unlikely, this should be confirmed. If additional buildings/laboratories will be built it will also need to be taken into account.	In the unlikely case that physical displacement of indigenous people, individuals or families were caused by Operation activities, particularly the building of the headquarters for Ministry of Health, the Executing Agency would obtain their consent before moving ahead with the approval of the Operation. If additional buildings/laboratories will be built it will also need to be taken into account.
OP-765 Operational Policy on Indigenous Peoples				
Sociocultural Evaluation Requirement	Sociocultural Analysis	More information needed.	If there are indigenous communities that will benefit from Operation activities, a Sociocultural Analysis will need to be done.	Environmental and Social Assessment (ESA) will confirm or deny presence of indigenous communities which would benefit from Operation activities or infrastructure. If they are present, the ESA will include a Sociocultural Assessment.
Good-faith Negotiations and proper documentation	Negotiations with indigenous communities		If potential adverse impacts to IP that could be caused by the Operation are identified	Sociocultural Analysis will confirm whether there are potential adverse impacts

		More information needed.	by the Sociocultural Analysis, good-faith negotiations with indigenous communities would need to take place.	likely to occur as a result of the activities financed by the Operation and therefore whether good-faith negotiations will need to take place as part of the consultation process.
Agreement with Affected Indigenous Peoples	Agreements with indigenous communities	More information needed.	If particularly significant negative impacts to IP that could be caused by the Operation are identified by the Sociocultural Analysis, agreements would need to be reached with indigenous communities.	Sociocultural Analysis will confirm whether there are particularly significant negative impacts are likely to occur as a result of the activities financed by the Operation.
Indigenous Peoples Compensation, and Development Plan and/or Framework Requirement	Indigenous Peoples Plan	More information needed.	An Indigenous Peoples Plan is required if Operation activities will impact or benefit indigenous communities.	If Sociocultural Analysis verifies presence of indigenous communities, it will propose an Indigenous Peoples Plan with measures to ensure socio-culturally appropriate activities or infrastructure.
Discrimination Issues	Discrimination or exclusion of IP from project benefits	More information needed.	Sociocultural Analysis will study whether discrimination or exclusion is likely to occur.	Sociocultural Analysis will verify whether discrimination or exclusion of indigenous communities from project benefits is likely to occur, and if so, propose measures to prevent that.
Transborder Impacts	N/A	N/A	N/A	N/A
Impacts on Isolated Indigenous Peoples	N/A	N/A	N/A	N/A

OP-761 Operational Policy on Gender Equality in Development				
Consultation and effective participation of women and men	Ensuring women are included in consultations	Yes	Women are key stakeholders for the activities and infrastructure financed by the Operation.	Preparation of Consultation Plan as part of Environmental and Social Assessment and Environmental and Social Management Plan that includes measures to proactively ensure participation of women in round of consultations about Operation-financed activities, including the construction of Ministry of Health headquarters, and health services.
Application of safeguard and risk ³ analysis	Prevention of negative gender impacts	Yes	Sociocultural Assessment (in the case of presence of indigenous communities) and Environmental and Social Assessment will study possible negative gender impacts, including land ownership issues in the case of physical displacement under OP-710, or potential exclusion from project benefits.	If Sociocultural Assessment (in the case of presence of indigenous communities) and Environmental and Social Assessment identify possible negative gender impacts

³ Risks may include: (i) Unequal access to project benefits/ compensation measures, (ii) Men or women disproportionately affected due to gender factors, (iii) Non-compliance with applicable legislation related to equality between men and women, (iv) Increased risk of gender-based violence, including sexual exploitation, human trafficking and sexually transmitted diseases, and (v) Disregard of women's ownership rights.

OP-102 Access to Information Policy				
Disclosure of relevant Environmental and Social Assessments ⁴ Prior to Analysis Mission, QRR, OPC and submission of the operation for Board consideration ⁵	Disclosure of relevant Environmental and Social Assessments Prior to Analysis Mission	Yes	Environmental and Social Assessment and related documents must be disclosed per Access to Information Policy.	The Environmental and Social Assessment, including preliminary Resettlement Plan if applicable, Indigenous Peoples Plan if applicable, disaster risk analysis, and Environmental and Social Management Plan, will be disclosed prior to Analysis Mission.
Provisions for Disclosure of Environmental and Social Documents during Project Implementation	for Disclosure of Environmental and Social Documents during the Operation's execution	More information needed.	If new Environmental and Social documents are produced during the Operation's execution, they would need to be disclosed.	The Environmental and Social Assessment will verify whether additional Environmental and Social documents will be needed during the execution of the Operation.

⁴ Environmental and Social Assessments include ESIAs, ESMPs, RPs, RFs, and ESMFs.

⁵ Please refer to the Protocol for ESHS Documentation and Information Disclosure for more details on the disclosure timing of the different Environmental and Social Assessments.

INDEX OF COMPLETED AND PROPOSED SECTOR WORK

Document Type	Topic	Description	Expected Date
Diagnostic Assessment (Bank Document)	IDB Institutional Capacity Assessment (including PACI)	This survey and analysis will provide an evaluation of three core factors that determine the potential of the Ministry of Health to successfully implement an IDB project and provide an assessment of the key political and institutional actors which will play a role in the execution of the loan SU-L1054. The analysis covers three main areas: (i) the relationship of the institution with the legal, institutional, political and socio-economic environment; (ii) the functioning of its organizational structure, internal systems and procedures; and (iii) the endowment and capacities of available resources (physical, financial and human).	2018
Diagnostic Assessment (Bank Document)	Health Integrated Network Assessment	The health integrated network analysis consists of an assessment of the supply and demand for health services as well as the organization, financing and management of the health system. It will provide a diagnosis of the current state and the gaps in health infrastructure and will be used to inform the design of infrastructure investment plans by: (i) aligning proposed investments with requirements and specifications of the health system; (ii) providing criteria to prioritize areas for investment as well as their magnitude; and (iii) assuring investments meet standards of equity, quality and efficiency required in an integrated health system.	2018
Diagnostic Assessment (Bank Document)	Cost of illness studies (avoidable hospitalization, NCD gap costing)	This study will provide an estimate the number and cost of avoidable hospitalizations; (i) indicators of the rate of these avoidable hospitalizations; and (ii) a set of measures for health system performance in order to examine how ambulatory care sensitive conditions are being managed throughout the health system. It will also finance a study to provide an estimate of the total costs related to health care services, morbidity (chronic and acute) and mortality related to non-communicable diseases.	2018
Diagnostic Assessment (Bank Document)	Cost Benefit Analysis (ex-ante economic analysis)	This study will provide an economic evaluation that values all benefits against costs of the project to examine the benefits versus the costs of proposed interventions. It will perform a counterfactual analysis to analyze costs of current health care model if left as is versus cost with interventions.	2018

Document Type	Topic	Description	Expected Date
Diagnostic Assessment (Bank Document)	Infrastructure pre-feasibility study	This study will estimate: (i) current stocks and state of health infrastructure; (ii) current demand for health infrastructure; (iii) costs for required infrastructure refurbishment; and (iv) cost-effective strategies to supply the required infrastructure. The results will be used to inform decisions on the scale and design of required infrastructure investments completed with SU-L1054.	2018
Diagnostic Assessment (Bank Document)	Environmental Safeguards study	This study will conduct an analysis of various factors required as part of the Environmental and Social Assessment for the project due to its classification as Category B. These may include but are not limited to assessments of environmental and social impacts as well as safety hazards of construction. The study will develop a plan to mitigate health risks and impacts on the community.	2018
Diagnostic Assessment (Bank Document)	Digital needs and opportunities preliminary assessment	This study will make a preliminary assessment of specific needs for digital tools to improve clinical management and patient support systems at the primary level (One Stop Shop Initiatives) and business core functions of the MOH. The results will be used to inform decisions on the scale and design of required information technology investments completed with SU-L1054.	2018

CONFIDENTIAL

¹ The information contained in this Annex is confidential and will not be disclosed. This is in accordance with the "Deliberative Information" exception referred to in paragraph 4.1 (g) of the Access to Information Policy (GN-1831-28) at the Inter-American Development Bank.