Environmental and Social Assessment Management Plan

Design and Build of the Lethem Hospital in Region No. 9 Project (No. HCNS-2024-WO1)

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CMEC-SINOPHARMINTL CONSORTIUM

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ACRONYMS AND ABBREVIATIONS

A&E	Accidents and Emergency
AoI	Area of Influence
CEO	Chief Executive Officer
C-ESMP	Contractor Environmental and Social Management Plan
CMIP	Coupled Model Inter-Comparison Project
CMO	Chief Medical Officer
CRU	Climatic Research Unit
EAMP	Environmental Assessment and Management Plan
EHO	Environmental Health Officer
EHU	Environmental Health Unit
EPA	Environmental Protection Agency
EPRP	Emergency Preparedness and Response Plan
ESA	Environmental and Social Analysis
ESHS	Environmental, Social, Health and Safety
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESMS	Environmental and Social Management System
ESPF	Environmental and Social Policy Framework
ESPS	Environmental and Social Performance Standards
FPIC	Free Prior and Informed Consent
GA	Gender Analysis
GBV	Gender Based Violence
GM&CC	Georgetown Mayor and City Council
GNBS	Guyana National Bureau of Standards
GhG	Greenhouse Gas
GoG	Government of Guyana
GPHC	Georgetown Public Hospital Cooperation
GPL	Guyana Power and Light
GRM	Grievance Redress Mechanism
GTT	Guyana Telephone and Telegraph Company
GWI	Guyana Water Incorporated
HDU	High Dependency Unit
HSDU	Health Sector Development Unit
HSSE	Health, Safety, Security and Environment
ICU	Intensive Care Unit
IDB	Inter-American Development Bank
IP	Indigenous People
IPP	Indigenous Peoples Plan
LCDS	Low Carbon Development Strategy
MoH	Ministry of Health
NCDs	Non-Communicable Diseases
NDS	National Development Strategy
NIDRMP	National Integrated Disaster Risk Management Plan and Implementation Strategy
OAS	Organisation of American States
OH&S	Occupational Health and Safety
OSHA	Occupational, Safety and Health
PACI	Institutional Capacity Analysis Platform
PAHO	Pan America Health Organization

PEU	Project Executing Unit
PPE	Personal Protection Equipment
RDC	Regional Democratic Council
REO	Regional Executive Officer
RHAs	Regional Health Authorities
RHO	Regional Democratic Council
SCA	Socio-cultural Analysis
SDG	Sustainable Development Goals
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
SOP	Standard Operating Procedures
ToR	Terms of Reference
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
USEPA	United States Environmental Protection Agency
WHO	World Health Organization

1 EXECUTIVE SUMMARY

1.1 Overview

The Government of Guyana (GoG) has embarked on a major upgrade of the health sector by increasing investment activities across the industry. One of the priority objectives of this investment is to improve equity in the health sector, with a reduction in the health services gap across Guyana's regions. Emphasis will focus on leveling health care services between the coastal and hinterland regions. The GoG is cognizant that the existing gaps can lead to significant inequity in access to health by vulnerable groups, such as indigenous people, women, and children.

The Inter-American Development Bank (IDB) has approved a loan to strengthen Guyana's health care network – the first operation under a conditional credit line for investment projects (CCLIP). The overall objective of CCLIP is to improve access, quality, and efficiency of health services in the country.

The program will expand the capacity of seven hospitals across regions 1, 7, 8, and 9, which will include improvements in the coverage of diagnostic exams and medical consultations. It will also increase the efficiency of the public health system by supporting improvements in logistics, management, and processes. Infrastructure upgrades include more efficient use of water and energy, as well as accessibility provisions for disabled persons.

It is expected that these projects will benefit around 406,000 people, over half of the country's population. In addition, telehealth activities, which will be installed in over 15 health facilities, will reach all 10 of the country's regions, including the hinterlands.

However, following IDB's Environmental and Social Policy Framework, this document outlines the best practices supporting the Bank's commitment to environmental and social sustainability. The ten environmental and social performance standards are integrated into the various sections of this document, including the creation of relevant mitigation measures.

Additionally, to support the overall implementation of this document, several annex documents have been created to help the project team practically implement and monitor the progress of the activities. Those documents and the broader Environmental and Social Assessment /Environmental and Social Management Plan (ESA/ESMP) will be updated if the project scope is modified.

1.2 Project Description

The main objective of the project is to improve the health services provided to the Lethem and surrounding populations through increased access, quality, and efficiency of health services through an upgrade to the existing Lethem Hospital. These upgrades will be done by constructing a new facility through procuring and installing applicable technology to improve the quality of healthcare services provided at the facility. Improved health services at the Lethem Hospital mean reduced referrals to out-of-town health facilities that are likely to incur high travel, accommodation, and service costs. Additionally, the new and improved hospital will also expand opportunities for residents of Lethem and surrounding villages for employment and training.

The scope of this project is to develop the Lethem Hospital into a 'Regional' hospital. When completed, it will have 100 beds and a daily capacity of 150 outpatients. The total land area of the Lethem Hospital campus is approximately 42,491 square meters. The land area for this expansion and renovation project is approximately 24,281-26,304 square meters. The project includes outpatient services, medical technology, inpatient wards, and auxiliary facilities. This

expansion and renovation project encompasses a total covered area of 9,524 square meters. Outdoor facilities will also include a parking lot for patients. The project involves the construction of a new hospital building as well as the renovation of existing hospital structures. It also includes the development of supporting infrastructure such as roads, sidewalks, and landscaping.

NO	MEDICAL DEPARTMENT	BED NUMBER
1	OBS/GYN CLINIC	-
2	PRE-NATAL	10
3	LDR SECTION	-
4	POSTNATAL	11
5	LABORATORY	-
6	IMAGING UNIT	-
7	OUT-PATIENT UNIT	-
8	EMERGENCY UNIT	6
9	FEMALE WARD	22
10	MALE WARD	22
11	SURGERY DEPARTMENT	-
12	PAEDIATRIC UNIT	16
13	ICU/HDU	13
	TOTAL	100

Table 1: List of medical departments and distribution of beds for the new Lethem Hospital

1.3 Background

Both public and private institutions provide healthcare and medical facilities in Guyana. The country operates a universal healthcare system that allows every citizen, resident, and visitor to have free access to the public health facilities and services. Guyana continues to advance efforts to improve the standard of healthcare, and this has been reflected in increased life expectancy, reduction in maternal and child mortality, decreased incidence and prevalence of communicable diseases, high levels of immunization coverage, greater awareness of environmental health issues, and improved water and sanitation facilities. The Ministry of Health (MoH) is mandated to ensure effective policy formulation, regulation, coordination, monitoring, and evaluation of the health sector. Service delivery is provided through 5 levels of care - from health posts to national level facilities.

In support of this national upgrade, the GoG continues to increase investment in the sector. One of the priority objectives of this investment is to improve equity in the health sector by reducing the gap in the quality of services available across the regions of Guyana, in particular, between coastal regions and hinterland regions. The GoG is cognizant that the existing gaps can lead to significant inequity in access to health by vulnerable groups, such as the indigenous people, women, and children.

The present partnership between the GoG and IDB has identified specific areas for expansion and upgrading of the health sector. It has identified three broad areas to aid in accomplishing the goals. These three areas of focus are physical and technological improvement of hospitals, introducing digital health for all as a vehicle for expansion and improvement of service delivery.

The IDB approved a loan to strengthen Guyana's health care network – the first operation under a conditional credit line for investment projects (CCLIP). The overall objective of the CCLIP,

which will include multiple loans, is to improve access, quality, and efficiency of health services in the country. It will also increase the efficiency of the public health system by supporting improvements in logistics, management, and processes. Infrastructure upgrades include more efficient use of water and energy as well as accessibility provisions for disabled persons.

It is expected that the project will benefit around 406,000 people, over half of the country's population. Additionally, telehealth activities will be implemented in over 15 health facilities, which will reach all 10 of the country's regions, including the hinterlands.

As part of the investment project activities, the CCLIP will also finance Guyana's plans for a digital transformation in health, including the expansion of the teleradiology and teleophthalmology networks. Finally, it will strengthen supply chain management, improve the provision of maternal and child health, and contribute to pandemic and emergency preparedness, among other activities.

This program included a gender and diversity assessment to identify and address health disparities by gender, ethnicity, and disability status. In addition, it contributes to climate change mitigation and adaptation by financing health infrastructure that is environmentally sustainable and resilient to climate change.

This Project, Design and Build Lethem Hospital in Region No. 9 Project is part of the Health Care Network Strengthening in Guyana project

1.4 Environmental Assessment Objectives

The project was designated as a Category B under the Bank's impact classification, which suggests that its implementation will cause mostly local and short-term negative environmental or social impacts and for which effective mitigation measures are known and readily available.

The objective of this site-specific Environmental and Social Assessment and Environmental and Social Management Plan (ESA/ESMP) for the Lethem Regional Hospital is to update the assessment of the Project's potential environmental and social risks and impacts and prepare management programs aligned with IDB's Environmental & Social Policy Framework (ESPF, 2021). While it is anticipated that the Project will benefit the town of Lethem, the potential exists for some level of environmental and social impacts to occur. This document describes the potential positive and negative effects of the Project. It includes information outlining the details of the environmental and social assessment, and related actions to enhance positive effects and avoid, mitigate, manage, and monitor potential adverse impacts of the Project.

This ESA/ESMP has the following main objectives as outlined and guided by the ten Environmental and Social Performance Standards (ESPS) of the IDB, listed as follows:

- Assessment and Management of Environmental and Social Risks and Impacts
- Labor and Working Conditions
- Resource Efficiency and Pollution
- Community Health and Safety
- Land Acquisition and Involuntary Resettlement
- Biodiversity Conservation and Sustainable Management of Living Natural Resources
- Indigenous Peoples
- Cultural Heritage
- Gender Equality
- Participation of Stakeholders in Information Disclosure

Additional objectives also include:

- The identification of positive and/or negative changes in the human and natural environment that may affect the quality of life, as well as current and future options for sustainable social and economic development in the Project's Area of Influence (AoI), also referred to in this ESA as Project AoI.
- The identification of measures to minimize negative impacts and enhance positive impacts of the Project
- The identification of relevant project alternatives
- The evaluation of the legal and regulatory framework applicable to the Project, including the IDB's Environmental and Social Policy Framework (ESPF).
- Assessment of the potential environmental, social, cultural, health, safety, and labor impacts and risks associated with the Project.
- Measures for mitigation, management, and monitoring to be outlined in the Environmental and Social Management Plan (ESMP) section.
- The facilitation of meaningful public consultation and free prior and informed consent process with affected stakeholders

1.5 Project Location and Description

The Lethem Regional Hospital (LRH) is located in the township of Lethem, which is in the Upper Takutu-Upper Essequibo Region (Region 9). Lethem is the regional capital of Region 9, and is part of the Central Sub-district of the Rupununi, which consists of 14 communities within a 40 km radius. Lethem is located along the border with Brazil, where a bridge connects the two countries. The hospital is located within the Administrative District of the Township. The hospital compound is bordered by four streets: Windmill Road, Church Street, School Street, and Park View Avenue. The surroundings are generally busy since it is located close to the main commercial and administrative area of Lethem. The hospital is located in close proximity to the airstrip. The access roads leading to the hospital are paved with an all-weather surface. The hospital compound has several government buildings and a few private residences as neighbours.

The LRH Complex is located within a fenced compound and is divided into two sections: the old hospital buildings and the new hospital buildings. A paved road creates a division by running through the hospital compound. There are several other buildings within the facility used as medical wings to support auxiliary services and living accommodations for staff. The hospital has three entrances into the main compound, which are all used by patients and visitors.

All of the structures are made of either concrete, wood, or a combination of both. The older hospital building was originally a single flat concrete building. There have been several attempts at rehabilitation and retrofitting the main building to expand the services provided at the hospital. Subsequently, a new building was constructed and the essential services, such as inpatients, clinics, and other services were relocated. The older building was then reallocated for other purposes, such as training and other medical services. The other buildings, which have been recently constructed, are made of concrete and are two-story buildings. These buildings are used as housing for staff, as well as for other auxiliary services. The doctors' quarters and the nurses' hostel are two separate two-story buildings that are located within the compound. The buildings are divided into apartments and currently house the doctors and nurses, as well as their families.

The complex does not have a designated parking area for visitors or an ambulance. An area has been identified and is currently being used as an unofficial parking space. However, there is a drop-off area where a ramp can be accessed that leads to the main hospital building.

There is also an enclosed structure that is used to house the generator and store supplies. Next

to this structure, barrels with fuel and other materials are stored in the open air. There are concrete water trestles, water tanks, and reservoirs that are used to store water. These are connected to the main hospital building and to other buildings within the complex.

The hospital complex is located on an elevated area and does not generally experience flooding from heavy precipitation. Historically, previous floods in Lethem and its environs have resulted from excessive rainfall and/or from the rise of the Rio Bronco in Brazil, which backs up the Takutu River along the border. Nonetheless, there was no evidence of any recent floods in and around the hospital compound. Notably, there is also no proper drainage system in place, especially in the immediate area surrounding the hospital.

The project site is relatively flat, with well-developed surrounding roads. The existing hospital on the site has several buildings that need to be retained and continue to be used during the construction period. Any existing buildings within the site that negatively impact the new construction are to be demolished. Notably, a temporary Workers' Camp will also be constructed within the project site, to later be removed upon project completion, unless otherwise determined.

The project is undertaken by China Machinery Engineering Co., Ltd. as the general contractor, responsible for the design and construction of the hospital. The project duration is planned to be 30 months. The project employer is the Ministry of Health (MoH), Guyana, and the project activities will be carried out under the supervision of the project executing unit (PEU) established by the Employer. Attached below for reference is the map of Region 9: Upper Takutu, Upper Essequibo, where the town of Lethem is located.

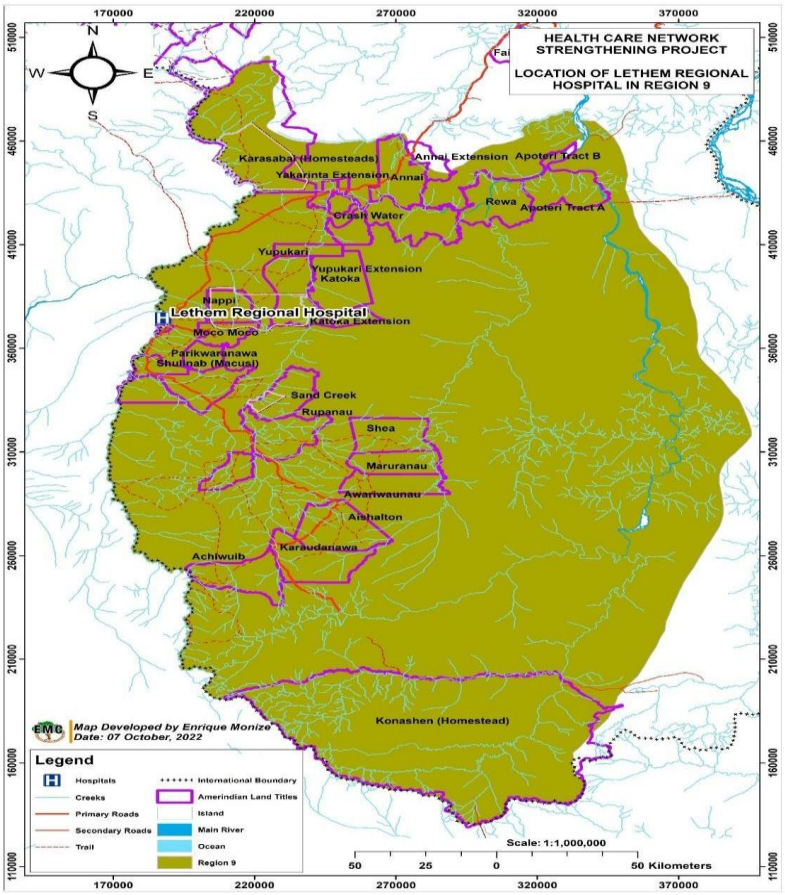


Figure 1: Location of the Lethem Hospital in Region 9

1.6 Project Scope

The scope of this project is to develop the current Lethem Hospital into a modern, regional hospital. The new facility will be equipped with 100 beds and a daily outpatient capacity for 150 patients. The total land area of the Lethem Hospital campus is approximately 42,491 square meters. The land area for this expansion and renovation project is approximately 24,281-26,304 square meters. The project includes outpatient services, modern medical technology, inpatient wards, and auxiliary facilities.

This expansion and renovation project encompasses a total covered area of 9,524 square meters. Outdoor facilities will include a parking lot for staff, visitors and patients. The project involves the construction of a new hospital building as well as the renovation of existing hospital structures. It also includes the development of supporting infrastructure such as roads, sidewalks, and landscaping. See the figure below for the proposed layout.



Figure 2: Proposed design of floor plan of medical complex building ground floor



Figure 3: Proposed design of floor plan of medical complex building first floor

Prior to the construction of the new hospital, we will set up several temporary facilities for project management and worker accommodation. The temporary facilities will be constructed in two separate locations within the current site of the Lethem Hospital compound. Initially, *Area A – Temporary Facility One* was earmarked to be placed 160.01 meters west of the construction site. However, to reduce the possible impact of the construction activity on the nearby residents, the camp will now be constructed within the Lethem Hospital compound. Alternatively, that location will now only be used to store construction material. As such, keen emphasis will be placed on coordinating these activities and plans with the hospital's administration, including all demolition activities of buildings to be dismantled. For reference, the correspondence between our team and the Lethem Town Council about this activity is featured in *Annex SMP1A – Agreement for Land Use by the Lethem Town Council and SMP1B – Approval for Land Use by the Lethem Town Council.*

Therefore, both facilities will be located within spaces adjacent to the primary construction area. Each temporary facility has been designated to have different functions. It will be divided as follows:

- Area A - Temporary Facility One: This facility is expected to be approximately 4,000 square meters and will be constructed to function as a Workers' Camp.
- Area B - Temporary Facility Two: This facility will have an area of approximately 1,200 square meters. An unoccupied Staff Quarters building stands in this space and is expected to be renovated into our Project Management Camp and Offices. After inspection, if deemed unfit for occupancy, it will be demolished instead. Demolition will be done in accordance with the details outlined in *Annex 9 - Demolition Procedure.*
- Area C – Temporary Facility Three: This location will be used as a Material Storage Yard. It will be situated outside and west of the hospital compound, adjacent to residents. This space is currently unoccupied and is owned by the Lethem Town Council. As such, considerations will be made to ensure that this is done in a manner that doesn't affect the residents. A consultation for the above has since been conducted on July 4, 2025. For additional details on the outcome, please refer to the Consultation Report in the Annex.

The following figures have been attached for a visual reference of the proposed locations.

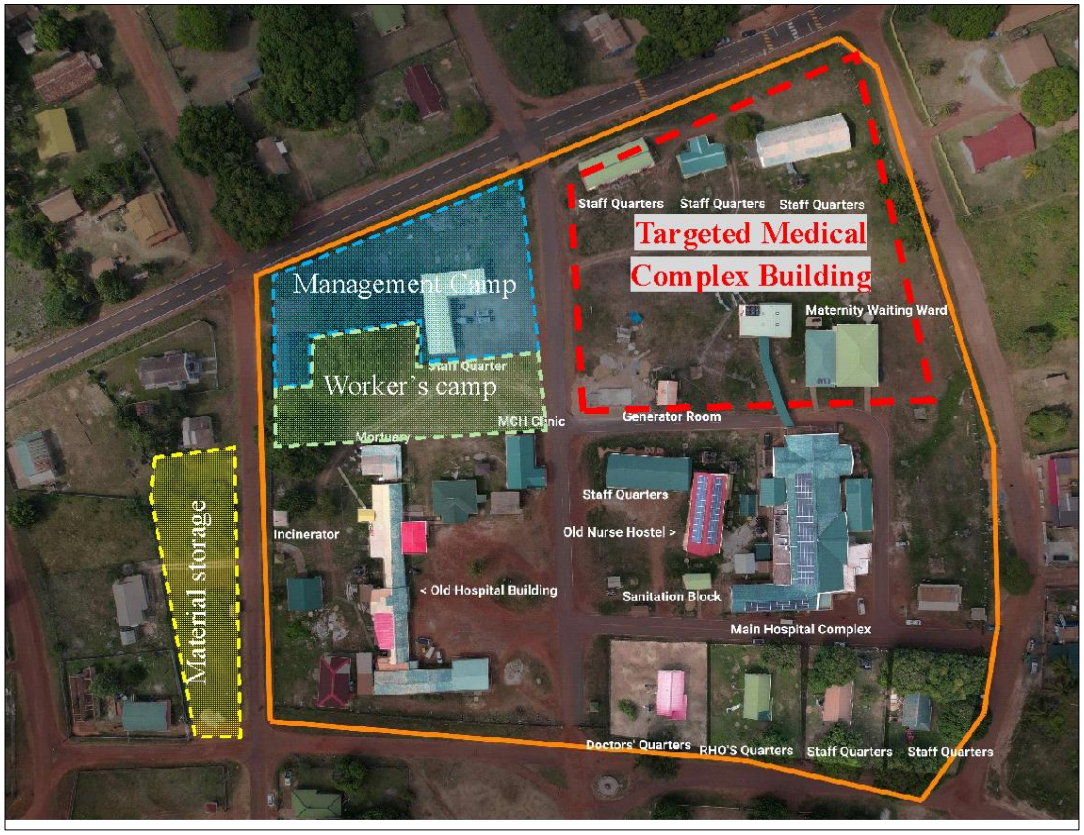


Figure 4: Identified locations of the two Temporary Facilities
Source: CMEC's Site Plan for the Temporary Camp of Lethem Hospital Project



Figure 5: Site view of the designated space for Area A - Temporary Facility One (Worker's Camp



Figure 6: Site view of the designated space for Area A - Temporary Facility One (Worker's Camp)



Figure 7: Site view of the designated space for Area A - Temporary Facility One (Worker's Camp)



Figure 8: Site view of the designated space for Area A - Temporary Facility One (Worker's Camp)



Figure 9: Site view of the designated space for Area B - Temporary Facility Two (Project Management Camp)



Figure 10: Site view of the designated space for Area B - Temporary Facility Two (Project Management Camp)



Figure 11: Site view of the designated space for Area B - Temporary Facility Two (Project Management Camp)



Figure 12: Site view of the designated space for Area C - Temporary Facility Three (Material Storage Area)



Figure 13: Site view of the designated space for Area C - Temporary Facility Three (Material Storage Area)



Figure 14: Site view of the designated space for Area C - Temporary Facility Three (Material Storage Area)



Figure 15: Lethem Regional Hospital and the Immediate Surrounding Area

1.7 Preconstruction Activities

1.7.1 Purpose

The following section establishes a comprehensive framework to protect workers, the public, and the environment during all pre-construction activities, in compliance with national regulations and international occupational health and safety standards.

1.7.2 Scope

Before work commences on the construction of the Lethem Hospital, several pre-construction activities need to be conducted. Outlined below are the health and safety considerations for those activities that highlight the likely hazards and related mitigation measures. The health and safety plan covers the following activities:

1. Land Clearing (removal of garbage and obstacles)
2. Grubbing and Leveling of the Site
3. Termite Treatment of Soil
4. Installation of Site Hoarding
5. Stockpiling of Materials and Equipment
6. Demolition of Evacuated Buildings
7. Drainage Works to Manage Rainfall Runoff
8. Deployment of Site Security and Offices
9. Installation of a Temporary Electrical Connection

1.7.3 Roles and Responsibilities

The following personnel will be responsible for managing the tasks associated with the pre-construction activities. When applicable, subcontractors will be sought to provide support for varying tasks based on the work scope.

Role	Responsibility
Project Manager	Overall responsibility for health and safety implementation at the work site
Health and Safety Representative	Daily monitoring, site inspections, toolbox talks, Job Hazard Analysis coordination and participation, and incident reporting.
Site Supervisors	Ensure task-specific construction and related safety measures are followed.
Workers	Comply with all safety instructions and use PPE correctly.
Security Personnel	Control site access and ensure perimeter security.
Subcontractors	-Follow all the outlined guidelines in CMEC's ESA/ESMP and supporting documents based on the tasks assigned. -Follow all the outlined engineering and construction guidelines based on the tasks assigned. -Report incidents immediately.

Table 2: Roles and Responsibilities – Preconstruction Activities

1.7.4 Activities, Risk Assessment and Control Measures

Table 3: Activities, Risk Assessment and Control Measures for the Preconstruction Activities

Activity and Description	Key Hazards	Control Measures
Land Clearing The land clearing work will mainly include - grass and land surface removal, - removal of trees - garbage removal - removal of electricity and communication poles (or relocation of cables, as recommended by LPC and the internet company)	- Manual handling injuries - Presence of medical waste, sharp metal or glass when clearing certain sections of the site - Encounters with snakes and/or aggressive insects - Hitting underground utilities (old water lines, electrical conduits). - Hidden pits or unstable ground	- Notify the hospital admin about the start and expected duration of these activities - Conduct a JHA *(see Annex 5A and 5B)* with the activity team - Conduct a site inspection prior to activities and pre-clearing - Use mechanical means where possible. - Provide appropriate PPE for workers performing the tasks, such as gloves, boots - Conduct a pre-clearing hazard survey. - Use rakes, grabbers — avoid handpicking. - Be in contact with snake and bee handlers on standby if local conditions warrant. - Mark and secure any discovered utilities before proceeding.
Grubbing & Leveling -The site will be leveled to the designed elevation by using excavators, bulldozers, and trucks.	- Heavy equipment hazards - High incidence of dust and airborne debris - Equipment collisions in tight spaces. - Likely erosion of open land/soil - Contact with underground rocks or boulders, causing equipment to jerk. - Exhaust fumes from poorly maintained vehicles/equipment	- Notify the hospital admin about the start and expected duration of these activities - Conduct a JHA with the activity team - Employ qualified operators - Conduct periodic equipment maintenance - Dust suppression (water spraying) as needed - Set speed limits for machinery - Have a spotter and/or banksman work along with the machine operator
Termite Treatment of Soil The details of our approach to this can be referenced in *Annex 17 - CMEC Termite Control Plan*	- Exposure to the chemical used to treat the termites - Chemical spillage of termite treatment substance - Risk of chemical vapours drifting to nearby public areas within and around the hospital	- Notify the hospital admin about the start and expected duration of these activities - Conduct a JHA with the activity team - This activity will be done in accordance with *Annex 17 - CMEC Termite Control Plan* (document attached) - Licensed pest control contractors will be hired as needed - Use applicable PPE (gloves, respirators) - Spill kits will be kept on site/nearby to address any chemical spills - Have the SDS available for the chemical used for treatment

Site Hoarding - The site will be fenced with steel-plated fencing; the fence area can be seen in the Site Plan.	- Working at heights related hazards - Exposure to sharp, rough edges from the fencing - Manual lifting injuries when handling heavy panels. - Nail punctures, splinters, cuts from timber or metal sheets. - Falling hoarding panels during high winds or heavy rain downpours	- Notify the hospital admin about the start and expected duration of these activities - Conduct a JHA with the activity team - Trained workers will be used to work on this activity - Installation of proper ladders/scaffolding - Workers must use appropriate PPE, such as Wear cut-resistant gloves. - Use mechanical aids or team lifting for heavy items. - Secure panels with adequate anchoring per design. - Inspect hoarding daily, especially after any high winds or heavy rain downpours
Storage and Stockpiling - The construction materials will be stored on site and in an identified zone adjacent to the hospital. - The storage material zone where construction materials will be stored can be seen in the Site Plan.	- Material storage collapses if stockpiles are too high - Vehicle movements in the stockpile zone causing struck-by incidents. - Unstable piles due to poor stacking. - Unauthorised personnel gaining access to storage zones, becoming exposed to related hazards	- Notify the hospital admin about the start and expected duration of these activities - Conduct a JHA with the activity team - Placement of barriers around stockpiles - Orderly stacking of materials - Placement of appropriate signage. - Segregate pedestrian walkways from the stockpile area with barriers. - No smoking near combustible stockpiles; fire extinguishers nearby. - Use clear signage indicating load limits, height restrictions, and restricted access - Inspect stacks daily for stability. - Arrange for periodic security checks of the storage areas
Demolition - The demolition work is described extensively in *Annex 9 - Demolition Plan* - A building waste inspection was conducted by project Engineers. - No asbestos or mold was found.	- See details in *Annex 9 - Demolition Plan*	- See details in *Annex 9 - Demolition Plan*
Drainage Works - Considering that there is no municipal drainage around the hospital, floods usually	- Excavation or drainage collapse if not dug properly	- Notify the hospital admin about the start and expected duration of these activities - Conduct a JHA with the activity team

flow into the relatively lower river along the surrounding roads. - Therefore, we will set up a slope around the site so that rainwater can be guided to the lower roads in the surrounding area without affecting the existing hospital and other facilities on higher ground - The drainage plan is outlined in the Site Plan.	- Loam soil can lose cohesion when saturated, increasing risk of trench wall collapse during excavation for the drain channel.	- Use proper trench shoring or benching - Heavy equipment will be kept away from trench edges. - Barricades to be placed adjacent to drainage work to prevent unauthorized access. - Prohibit unauthorized personnel from equipment zones. - Conduct daily inspections to maintain stability.
Site Security/Office Setup - The existing building closest to the north gate has been designated as a security room to oversee the facilities and materials of the site, while preventing unauthorized personnel from entering the construction site and posing safety hazards.	- Lone working at night for security staff. - Unauthorized access to the worksite - Aggressive trespassers or theft attempts. - Theft of tools, materials, equipment, fuel, and project management supplies - Poor lighting around the site, leading to trip hazards or additional security risks.	- 24/7 security personnel with appropriate training (including human rights in cases of armed security personnel and de-escalation techniques) and certification of personnel - Access control log - Proper lighting around the worksite. Install adequate perimeter lighting - Secure storage for tools, materials and fuel. - Implement a buddy system for night shifts if possible. - Radio or mobile phones will be provided to lone security guards, if needed. - Installation of CCTV where feasible.
Temporary Electrical - A 500kVa transformer will be installed as the main power source to supply power to the site from LPC - Other power distribution facilities will also be set up on the site. This is referenced in the Site Plan.	- Electrocution if contact is made with - Live wires exposed during installation. - Overloading circuits leading to fire. - Trip hazards from temporary cabling on the ground.	- Notify the hospital admin about the start and expected duration of these activities - Conduct a JHA with the activity team - Will use certified electricians to facilitate this activity - Lockout/tagout to be in adherence during installation - Insulated tools to be used - Regular inspection of temporary wiring. - Use of weatherproof, heavy-duty extension cables. - Route cables overhead or in protected trenches; cover with cable protectors. - Labels to be attached to temporary panels - Panels to be locked when not in use.

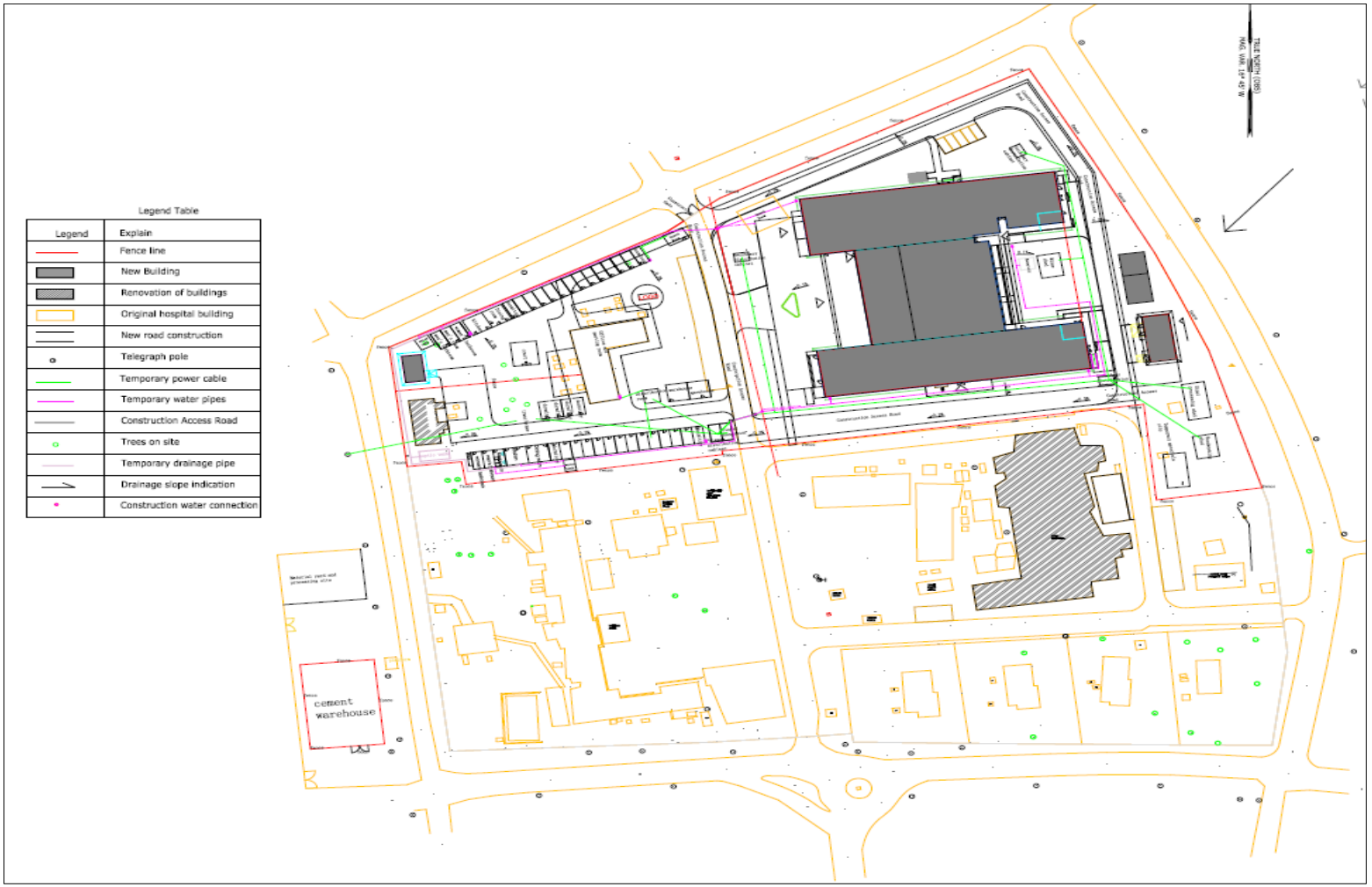


Figure 16: Locations of scheduled Preconstruction Activities

1.7.5 Emergency Response

See details of work site recommended emergency preparedness in the following documents for guidance during all preconstruction and construction activities:

- Annex 3A – Emergency Response Plan
- Annex 9 – Demolition Plan
- Annex 10 – Hazardous Waste Management Plan and Inventory List
- Annex 13 – Health and Safety Risk Assessment Template
- Annex 15 – Disaster Risk Management Plan
- Annex 17 - CMEC Termite Control Plan
- Applicable Safety Data Sheets

1.7.6 Review

This plan and all documents that apply to the preconstruction (and construction) activities shall be reviewed and updated:

- Before the start of each new activity outside the scope of the outlined preconstruction activities
- After incidents or near-misses occur
- When there are changes in the operations scope or local environmental conditions.

1.8 Project Activities (Post Pre-construction Activities – Construction Phase)

The project's primary construction activities will be outlined and discussed in the following sections:

- Design
- Construction
- Operation
- Decommissioning of the Workers' Camp (to be discussed in a later version of the ESA/ESMP (to be finalized 6 months before construction is finished))

1.8.1 Design

Design work is the foundation of any construction project. The construction layout has to do with the preparation and construction activities necessary prior to the hospital operation. The operation layout relates to all the activities typical of a standard hospital operation.

Adhering to the principles of "internationalization, humanization, scientific approach, environmental protection and energy efficiency, and sustainable development," we have strived to create a hospital with reasonable functionality, scientific circulations, and a beautiful environment. The goal is to establish a peaceful and relaxed medical environment that meets the physical treatment, mental care, and health rehabilitation needs of different patients.

- *Low-energy and high-quality building design concept*

In accordance with local climate characteristics and usage habits, public spaces adopt an open design to improve hospital ventilation, reduce operational costs, and lower energy consumption, aiming to meet international green building standards (EDGE) or Singapore's Green Building Standards (GREEN MARK).

- *Climate-responsive building design concept*

Taking into full consideration the local climate characteristics, the design adopts open spaces. Appropriate anti-corrosion measures are implemented for various components of the building.

- *Scientific medical circulation design*

With a scientific functional circulation and reasonable layout, the goal is to create an efficient and convenient modern hospital diagnostic and treatment space. Green is incorporated into the building's interior to create a green medical environment.

- *Integration of local cultural elements*

During the site survey, local cultural elements and architectural characteristics were studied and analyzed to be incorporated into the project.

1.8.2 General Layout

The project layout includes a medical complex building, a support building, and auxiliary buildings. The medical complex building is centrally located, with an open square on one side of the road to facilitate pedestrian flow evacuation. Auxiliary buildings are distributed around the site, utilizing existing structures. The mortuary is located downwind on the site.

A ring-shaped fire access road is arranged around the main buildings to meet firefighting requirements. Parking spaces are arranged in front of the building plaza and along the ring road to meet the parking needs of medical staff and patients. The site design considers accessibility, with flat-slope entrances for medical buildings. Outdoor road gradients within the site do not

exceed 8%, with accessible ramps leading into the buildings.

1.8.3 Traffic Organization and Road Layout

The roads in the comprehensive medical area are arranged in a ring network, with other buildings connected via existing roads. The entire site is closely linked by sidewalks, ensuring reasonable and convenient traffic flow. The new carriageways are 4-6 meters wide, flush with curbs and with a cross slope of 1.5%.

1.8.4 Vertical Design and Road Layout

Based on the site topography, surrounding environment, and planning requirements, a reasonable vertical layout is determined, adopting a flat-slope arrangement. The road elevation at the site entrance is slightly higher than the urban road, while the new internal roads are designed according to the main building entrances, slightly lower than the new building entrances to meet the usage requirements of the main buildings.

The vertical layout of the site is calculated based on the elevation of the main pathways combined with the existing topography. The longitudinal slope of the roads is controlled between 0.3% and 3%, and the cross slope is controlled at 1.5%, meeting the needs of vehicular traffic, firefighting operations, and site drainage. Rainwater is directed to roadside ditches via road and site grading, then discharged into offsite waterways and channels.

1.8.5 Landscaping

The project's greenery is integrated with the building functions to create a comfortable medical environment. The exposed soil around the buildings is fully covered by the lawns and plants. The tall trees and shrubs capable of dust absorption and noise reduction will be planted along the roads and fences, and those trees and shrubs will have no adverse effect on the dust and bacteria concentration in the air. The trees will be planted in graceful form, in an isolated or matching way at the large green area to protect and beautify the hospital’s environment.

Along the sidewalks, flowering small trees and low evergreen shrubs are arranged, with group plantings in key areas to increase greening at entrances and landscape nodes. Plants are interspersed to provide seasonal variety. Plants shall be selected to suit the local climate and represent native vegetation. No invasive species will be used and incorporated during any landscaping activities.

1.8.6 Pipeline Layout

The project's outdoor utility lines include power, telecommunications, water supply, sewage, wastewater, and fire protection lines. All pipelines will be laid underground. When pipeline crossings occur, pressure pipelines will yield to gravity flow pipelines, and smaller diameter pipelines will yield to larger diameter pipelines.

Table 4: Key data and technical-economic indexes of the Project

S/N	Item			Unit	Data	Remarks
1	Daily outpatient and emergency visits			Person time	150	
2	Number of beds			Beds	100	
3	Floor area			m^2	24281	
4	Total covered area			m^2	9524	
	Including	Medical complex building		m^2	7350+472	New construction
		Oxygen generation station		m^2	150	New construction
		Support building		m^2	1170	Renovation of existing buildings
		Auxiliary buildings		m^2	427	Renovation of existing buildings
		Including	Diesel generator room	m^2	57	Renovation of existing buildings
			Utility occupancy	m^2	240	Renovation of existing buildings
			Mortuary	m^2	130	Renovation of existing buildings
5	Floor area of building (structure)			m^2	5203	
6	Plot ratio			-	0.39	
7	Building density			%	21.43	
8	Green area			m^2	4381	New green area
9	Greening rate			%	30%	
9	Number of parking spaces for motor vehicles			Nr.	25	
10	Area of roads and squares			m^2	2955	



Figure 17: A rendering of the new Lethem Regional Hospital

1.9 Construction

The construction activities include the pre-construction stage and the entirety of hospital construction undertakings.

1.9.1 Construction Stages

The construction stage of this project mainly includes the following important construction processes:

- Audit of the Previous Activities
- Associated Facilities
- Demolition of existing erection and site cleaning
- *Construction of Workers' Camp (previously discussed)*
- Foundation treatment and Shallow foundation
- Construction of Medical Complex Building
- Construction of Auxiliary Buildings
- Relocation and Renovation of the Old Hospital Building
- Mechanical, Electrical & Plumbing (MEP) installation, Finishing and decoration
- External works

1.9.2 Audit of the Previous Activities

As part of the environmental and social due diligence for the new Lethem Regional Hospital, this audit summarizes preparatory actions undertaken at the project site prior to contractor mobilization. These activities are documented to ensure transparency and compliance with the IDB's Environmental and Social Policy Framework (ESPF), with attention on associated facilities, occupational health and safety, waste management, and any potential social risks.

- Relocation of the Maternity Waiting Home

To facilitate the construction of the new hospital, the existing maternity waiting home, constructed under a previous IDB-financed Maternal and Child Health Improvement Project (MCHIP) in 2021, was identified for demolition. To avoid disruption to maternal services:

- The Regional Democratic Council (RDC) executed and completed the construction of a replacement maternity waiting home within the same hospital compound but outside the new hospital's footprint.
- The relocation was completed using national budget resources and did not involve IDB financing.
- No patients or staff were displaced, and no involuntary resettlement occurred. Services were transitioned smoothly to the new facility with no recorded social grievances.
- Involved 10-12 workers over an 8-month period. Construction was completed in April 2025, and the new maternity waiting home was occupied by May 2025.
- Generated minimal construction waste, which was sorted and removed by the RDC using municipal services.
- Followed basic occupational health and safety practices, including the use of gloves, boots, and hard hats. No injuries or incidents were reported.

- Pre-Demolition Salvaging of Building Materials

Before contractor mobilization, the RDC initiated salvaging reusable materials (e.g., doors, windows, zinc roofing) from buildings designated for demolition. These activities:

- Involved 3-4 workers over a 5-week period in November 2024.
- Followed basic occupational health and safety practices, including the use of gloves, boots, and hard hats. No incidents or injuries were reported.

All salvaging activities were concluded before the formal site handover to the contractor. No machinery was used, and there was no disruption to health services or the surrounding community.

- Hazardous Materials Assessment

A certified environmental inspection was conducted to assess the presence of asbestos and mold in the buildings to be demolished. The assessment confirmed:

- No asbestos-containing materials were present
- No mold or fungal contamination was found.

A copy of the inspection report can be referred to in *Annex 18 - Building Waste Harmlessness Assessment Report.* These activities were consistent with national Environmental, Health, and Safety (EHS) standards and present no legal liabilities affecting the current project.

1.9.3 Associated Facilities

At this stage, the Government of Guyana has not finalized any additional associated facilities to support the operations of the new Lethem Regional Hospital. While there have been preliminary discussions around the potential construction of staff quarters or other auxiliary infrastructure, these have not been confirmed, planned or funded.

Should the Government proceed with the development of such facilities in the future, they will be constructed outside the scope of the current IDB-financed project and using national resources or other sources of funding. However, to maintain consistency with international environmental and social best practices, the ESA/ESMP developed for the new hospital will be made available and encouraged for use by the implementing authorities as a guiding framework for managing any environmental and social risks and impacts associated with these future developments.

This approach will help to ensure alignment with IDB safeguard policies and principles and

promote sound environmental and social management throughout the broader hospital compound development.

1.9.4 Demolition of existing Structures and Site Cleaning

Demolition of existing structures will be conducted to facilitate the construction of the future medical complex building. The demolition work will include the following activities:

- Relocation of personnel, furniture, and necessary items inside the targeted demolition buildings.
- Using heavy construction machinery to demolish building structures and foundations. A Demolition Plan has been developed to cover the health and safety of workers performing the demolition activities. The details of this plan are outlined in Annex 9
- Clean up the construction waste and garbage after demolition, collect and stack the usable ones in a centralized manner, contact the municipal department or transport and dump the unusable ones at the designated waste disposal location. Extensive details of this activity are contained in the Hazardous Waste Management Plan, located in Annex 10.



Figure 18: Buildings identified for demolition (marked with red square)

1.9.5 Foundation treatment and Shallow foundation

This step involves the compaction of the foundation with sufficient bearing capacity to meet the building's requirements for ground bearing capacity. The new medical complex building adopts a shallow foundation. The construction process includes:

- Earthwork excavation.
- Backfilling, compaction,
- Casting cushion concrete,
- Reinforcement and formwork,
- Installation of embedded parts,
- Concrete casting for foundation structure
- Using pesticides to prevent termite damage.

1.9.6 Construction of Medical Complex Building

The structure of the new medical complex building adopts a steel structure, and the floor slabs are made of reinforced concrete. The construction process includes:

- Steel structure installation,
- Floor slab construction
- Masonry of walls
- Roof installation
- Installation of water (plumbing), power, firefighting equipment, air-conditioning, and ventilation fixtures, and a medical gas pipeline

1.9.7 Construction of Auxiliary Buildings

Build a new oxygen station on the east side of the medical building, located upwind to maintain clean air. The construction process includes:

- Earthwork excavation.
- Backfilling, compaction,
- Casting cushion concrete,
- Reinforcement and formwork,
- Installation of embedded parts,
- Concrete casting for foundation structure
- Steel members installation
- Using pesticides to prevent termite damage.

1.9.8 Relocation and Renovation of the Old Hospital Building

After the completion of the new Medical Complex Building, the old hospital building will serve as a support building to provide functions such as laundry and kitchen. In order to ensure that medical services are not interrupted, the services of the existing hospital will be relocated to the medical complex building after the new hospital is built. At that point, the renovation of the old hospital building will commence. The construction process includes:

- Relocation of personnel, furniture, equipment, and necessary items of the old hospital building.
- Partial wall demolition and renovation
- Ceiling and floor renovation
- Water and electricity renovation

1.9.9 Mechanical, Electrical & Plumbing (MEP) installation, Finishing and Decoration

MEP installation includes the installation of Electrical, HVAC (Heating, Ventilation and Air Conditioning), Plumbing, Firefighting, Intelligence, and a Media Gas pipeline for the medical complex. Finishing and decoration work includes masonry, rendering, paint, tile, and ceiling installation. The project includes the installation of a small portion of equipment, mainly air-conditioning, elevators, and solar panels.

1.9.10 External works

External works will include the installation of roads, pipelines, greenery, streetlights, a car parking lot, and site cleaning.

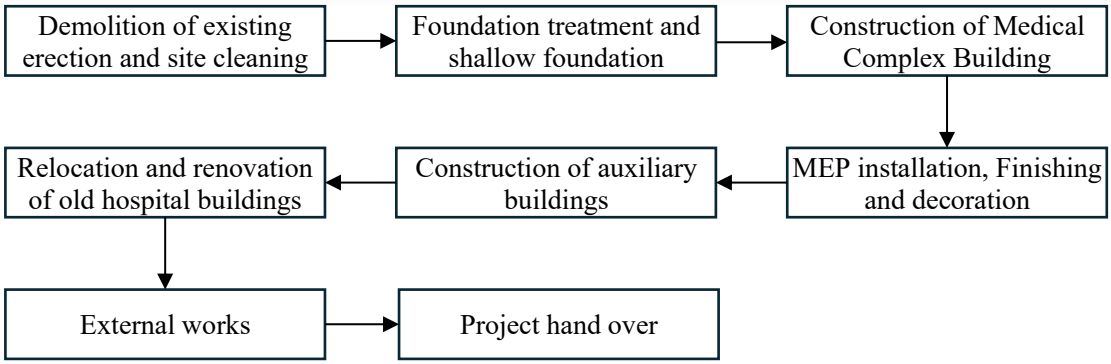


Figure 19: Activities and the processes of the Project

1.10 Operation

The operational activities of the hospital will be described in the operation environment and social management plan at least 6 months before the completion of construction

1.11 Decommissioning of the Workers' Camp

This will be outlined in further detail when final decisions are made about post-construction use of the Workers' Camp and other temporary facilities in the compound six months prior to the completion of construction works.

2 ANALYSIS OF ALTERNATIVES

As part of the ESMP process, alternatives pertaining to the project were examined. The alternatives considered were:

- No Project Alternative
- Use of an Alternative Source of Funding
- Construction of New Hospitals instead of Improving the Existing Hospitals
- Alternative Interventions/Designs
- Off-site Construction
- Phased Construction
- Construction with low-impact materials

The above options are examined in more detail in the following table.

Table 5: Analysis of Alternatives

Alternatives	Description	Potential Benefits	Possible Challenges	Additional Comments
No Project Alternative	Consideration of the 'no project' scenario is important in order to evaluate the implications of not undertaking the Project. This simply means that the hospital construction will not proceed.	- No further environmental disturbance to land, air, or water upon the present active site of the hospital - Avoidance of temporary disruption to the community (noise, traffic, etc.).	- Continued inadequacy of healthcare infrastructure in Region 9. - Exacerbation of existing public health challenges, especially in remote and Indigenous communities. - Long-term social cost outweighs short-term environmental benefits.	Not a viable long-term option due to significant social and public health implications
Use of Alternative Source of Funding	Explore other funding mechanisms (e.g., public-private partnerships, private partnerships, international donors, health grants) rather than relying on the current source.	- Reduced financial burden on national/local government. - Possibility of accessing modern technologies and international expertise. - Increased stakeholder involvement and accountability.	- Potential delays in securing alternative funding. - Donor requirements may conflict with national priorities or construction timelines. - New funding source may lack the high standards to effectively monitor project objectives	Viable and potentially beneficial but may require project schedule adjustments and new monitoring documents
Construction of New Hospitals instead of Improving the Existing Hospitals	Build entirely new healthcare facilities at different locations in Region 9 instead of expanding or modifying existing ones like Lethem Hospital.	- Opportunity for state-of-the-art designs tailored to specific health service needs. - Potential to decentralize services and reduce patient load on the current facilities.	- Higher cost implications and resource needs (land acquisition, utilities, road access). - Possible duplication of services or underutilization of new facilities. - Larger environmental footprint due to extensive construction around the region.	Could be complementary in the long term, but not a substitute for the Lethem project's immediate goals.
Alternative Interventions/Designs	Modify the design to include climate-responsive architecture, modular units, or sustainable systems like rainwater harvesting and solar power.	- Reduced long-term operational and environmental costs. - Greater climate resilience (especially important in Lethem's tropical savannah climate and environmentally sensitive	- May require specialized materials or expertise not readily available locally. - Slightly higher upfront design and construction costs. - Longer design considerations	Highly recommended—promotes sustainability, resilience, and efficiency

Alternatives	Description	Potential Benefits	Possible Challenges	Additional Comments
		landscape). - Opportunity to create a health facility aligned with green building principles for long-term sustainability within the region	and review to ensure the right decisions are made, incorporating green building principles	
Off-site Construction (Modular Construction)	Use prefabricated modules built off-site and have them assembled on location	- Reduced environmental disturbance at the Lethem site. - Faster construction timeline, improving healthcare delivery sooner. - Improved quality control and worker safety. - Sustainable designs can be incorporated into the modular construction approach	- Logistics of transporting modular units to the remote Lethem/Region 9 area. - A limited, skilled local workforce to prepare modular units may limit/reduce the involvement of the community and the economic benefits.	Technically feasible, especially for components like staff housing or clinics, if the transport infrastructure can support it
Phased Construction	Implement construction in multiple phases over time to reduce impacts and maintain continuity of services.	- Less disruption to existing healthcare services. - Easier management of environmental and social impacts such as dust, noise, and traffic - Better budget management.	- Longer total construction period is expected - Requires detailed coordination by the project management to avoid inefficiencies or design conflicts.	Recommended for active hospital sites; ensures continued health service provision and controlled impact.
Construction with Low-Impact Materials	Use materials with lower carbon footprints or sourced sustainably	- Reduced GHG emissions and construction waste. - Improved energy efficiency throughout the construction phase. - Promotes sustainable construction practices in Guyana.	- May be costlier or less available in the Lethem/Region 9 area. - The Project Team may have to be adjusted to have experience with alternative and sustainable materials.	Where feasible, this concept can be integrated into the present designs, especially for components like walls, flooring, lighting and roofing

3 POLICY, LEGISLATIVE, AND INSTITUTIONAL

This section of the document evaluates the existing Guyanese institutional and regulatory frameworks, the IDB Environmental and Social Policy Framework, and the E&S Performance Standards applicable to the Project. This chapter provides an overview of the policies, legislation, and institutions that constitute the enabling environment of the project. These are outlined in the table below. The chapter also examines the relevant environmental and social safeguards of the IDB.

Table 6: Relevant Policies, Legislation and Institutions

Category	Relevant Policies, Legislation and Institutions
National Policies	National Development Strategy
Strategies and Plans	Guyana Low Carbon Development Strategy 2030
	Health Vision 2020: A National Health Strategy for Guyana 2013 – 2020
	National Mental Health Action Plan 2015-2020
	Disaster Risk Management
Legislative Framework	The Constitution of the Cooperative Republic of Guyana
	Environmental Protection Act (1996)
	Environmental Protection Air Quality Regulations (2000)
	Environmental Protection Water Quality Regulations (2000)
	Environmental Protection Noise Management Regulations (2000)
	Environmental Protection Hazardous Waste Management Regulations (2000)
	Environmental Protection (Litter Enforcement) Regulations (2013)
	Public Health Ordinance (1934)
	Ministry of Health Act (2005)
	Regional Health Authorities Act (2005)
	Health Facilities Licensing Act (2007)
	Health Facilities Licensing Regulations (2008)
	Medical Practitioners Act (1991)
	Medical Practitioners (Code of Conduct and Standards of Practice) Regulation (2008)
	Water and Sewerage Act (2002)
	Occupational Health and Safety Act (1997)
	Labour Act (1942) Amended in 1997
	Persons with Disabilities Act 2010
	Prevention of Discrimination Act 1997
	Employment of Young Persons and Children Act 1938 (Amended 1999)
	The Sexual Offences Act 2010 (Amended 2013)
	Amerindian Act (2006)
	National Trust Act (1972)
National Guidelines	EPA Guidelines
	GNBS Guidelines
International Conventions and Agreements	United Nations Sustainable Development Goals
	International Health Regulations
	United Nations Declaration on the Rights of Indigenous People

Category	Relevant Policies, Legislation and Institutions
	Inter-America Commission on Human Rights
IDB Guidelines	IDB Environmental and Social Policy Framework
Institutional Framework	Ministry of Health
Municipal and District Council Acts	Municipal District Councils Act, 1969 Cap 28 and Amendments Local Democratic Organs Act, 1980 and Amendments Town and Country Planning Act, 1948

3.1 National Policies and Strategies

3.1.1 National Development Strategy 2001 -2010

The National Development Strategy (NDS) 2001-2010 was developed as a multi-pronged approach to guiding the development of Guyana over a ten-year period. The objectives of the NDS are:

- To attain the highest rates of economic growth that are possible
- To eliminate poverty in Guyana
- To achieve geographical unity
- To attain an equitable geographical distribution of economic activity
- To diversify the economy

The objectives of the NDS as it relates to the health sector are to increase the length of healthy life for all people in Guyana and to reduce health disparities among social groups. This can be furthered by improving the population's access to health care and the quality of care that is offered, while ensuring that the health services are provided cost-effectively.

In addition, Volume 3, Chapter 19 of the NDS considers development in areas of (a) Administration and management, (b) Regional Health Authorities, (c) Human Resources, (d) Health Programmes, (e) Facilities and Services, (f) Financing, (G) Vulnerable Groups, and (h) Fees for patients bypassing the vulnerable groups.

Access to and increased availability to health services are of specific interest to the NDS and its success. The successful implementation of the NDS in relation to the health sector hinges on responsiveness to the needs of the people and preferences of the clientele at all levels of the delivery system.

3.1.2 Low Carbon Development Strategy 2030

The Guyana Low Carbon Development Strategy (LCDS) 2030 was developed to create a new low-carbon economy by harnessing Guyana's unique advantage of enhanced capacity. The LCDS 2030 will create a new low-carbon economy in Guyana by establishing incentives that value the world's ecosystem services and promote these as essential components of a new model of global development with sustainability at its core. This will allow Guyana to harness the value of the country's ecosystem services to build a long-term, low-carbon, diverse opportunity.

The LCDS outlines the following focus areas with respect to improving the quality of healthcare services:

- Sufficient numbers of highly trained medical personnel to service a low-carbon economy.
- Modern and upgraded facilities and equipment to facilitate accurate diagnosis, treatment, and care.

- Efficient management systems, data and information storage and retrieval, including cloud or off-site backup storage of records in the event of site destruction or damage due to fires, floods, or other means; and
- Effective, quality medication - appropriately stored, delivered, and administered in a timely manner.

In addition to the enhancement of the healthcare systems, the LCDS 2030 makes provision for the adaptability of public health to climate change as a measure to reduce climate change-related diseases, such as the incidence of vector and waterborne diseases, including malaria, dengue, and chikungunya. This will be achieved by:

- Improving public health adaptation infrastructure.
- Improving planning and response capability of the health sector to climate-related impacts; and
- Developing and implementing programmes to tackle climate-related illnesses.

The LCDS will support improving Guyana's public health adaptation infrastructure; planning and response capability of the health sector to climate-related impacts; and the development and implementation of programmes to tackle climate-related illnesses. By achieving these objectives, the LCDS 2030 will boost and promote disaster risk preparedness and management capacity of the health sector; quicker recovery from extreme weather-related events like floods; better access to clean water and sanitation facilities; and improve the public's sensitization of the risks of climate-related health impacts – particularly at the community level.

3.1.3 Health Vision 2020: A National Health Strategy for Guyana 2013 – 2020

The Health Vision 2020 sets out Guyana's long-term plan for health planning towards meeting the Millennium Development Goals (MDGs) targets. The Strategy aims at consolidating health outcomes and system strengthening, accelerating closure in the remaining gaps in meeting the MDGs, and establishing a post-MDG agenda for Guyana. This is to be achieved by expanding universal health coverage and enabling health-enhancing behavioral and cultural changes in and through the delivery of improved health services.

To meet the vision for 2020, the strategy targets three principal goals:

- Advance the well-being of all peoples in Guyana.
- Reduce health inequities; and
- Improve the management and provision of evidence-based, people-responsive, quality health services.

The Strategy focuses on thirteen components that target specific healthcare areas that are currently being affected. These are:

- Health Governance and Leadership
- Human Resources for Health
- Health Financing
- Strategic Information
- Drugs and Medical Supplies
- Service Delivery
- Strategic Partnership
- Health Across the Human Life Course
- Non-communicable Diseases
- Communicable Diseases
- Environmental Health

- Food Security and Nutrition
- Health Promotions

The GoG is currently in the process of developing a National Strategic Plan for Health 2022-2030, which intends to promote a model based on the principles of Primary Health Care through an Integrated Health Service Delivery Network approach to achieve universal access and coverage. Essential functions include healthcare delivery model, governance, financing, human resources, delivery of services, evidence-informed decision making, supply chain, emergency preparedness, strategic partnerships, occupational safety and health, and preferred health programs and health determinants. In order to address other key areas for improvement, the MoH is preparing a Health Infrastructure Transformation Plan and a Human Resource Development Plan, with assistance from the Pan-American Health Organization (PAHO).

3.1.4 National Mental Health Action Plan 2015-2020

The National Mental Health Action Plan 2015-2020 was developed in light of the 65th World Health Assembly, which adopted resolution WHA64.4 on the global burden of mental disorders and the need for a comprehensive coordinated response from health and social sectors at the country level. This Plan, which was developed jointly by the Mental Health Team of the Georgetown Public Hospital Corporation, the Ministry of Public Health (MoPH), and PAHO, presented the justification and advantages of providing a national mental health strategy in Guyana. At the same time, it outlines strategic actions on how to implement and scale up interventions and primary care services for mental health.

The National Mental Health Strategy 2015-2020 was informed by wide stakeholder consultation, which included representatives from civil society, Government Ministries, Non-Governmental Organisations, health administrators, general health professionals, and community and institutional-based mental health care providers.

3.1.5 Disaster Risk Management

Several initiatives have been pursued by the GoG with regards to disaster risk management and response. Among these include the development of legislation, implementation strategies, management plans, procedures, guidelines, damage assessment and needs analysis system, early warning system, and coordination platforms. A Disaster Risk Management Bill, National Disaster Risk Management Policy and Early Warning System Framework document, National Flood Plan, Community Based Integrated Disaster Risk Management Plan, Integrated Disaster Risk Management Agriculture and Environment Plan, National Public Education Plan, among other instruments have been prepared.

Through IDB support, the GoG, in 2013 prepared a 10-year National Integrated Disaster Risk Management Plan and Implementation Strategy (NIDRMP) with the intention to guide the implementation of projects and initiatives in Guyana – at national, regional and local levels – that are required in order to meet the NIDRMP's strategic objectives of risk identification, prevention/mitigation, financial protection/risk transfer, preparedness/response and recovery. In addition, the Civil Defense Commission (CDC), with support from the United Nations Development Programme, developed a Multi-Hazard Disaster Preparedness and Response Plan (MHPRP) in 2013. The MHPRP sought to detail arrangements to cope with the effects of natural and/or man-made disasters occurring in Guyana and to assign responsibilities and to provide coordination of emergency activities connected with major disasters, in general and specific ways.

The health sector features prominently, both in terms of vulnerability as well as being part of response mechanisms. The sector is particularly vulnerable to flooding and there is a high risk of infectious disease outbreak as well as high risk of fire., A health sector self-assessment tool for disaster risk reduction was developed with support from PAHO/WHO for the purposes of

determining the status of key aspects of disaster risk management in Guyana with focus on mitigation and preparedness. The application of the self-assessment tool indicated that there are gaps in both mitigation and preparedness. However, disaster risk management planning is developing within the health sector.

3.2 Legislative Framework

3.2.1 The Constitution of the Cooperative Republic of Guyana

Guyana is governed according to the Constitution of the Co-operative Republic of Guyana, which took effect in 1980 and expressly provides for protection of the environment. Article 25 establishes "improvement of the environment" as a general duty of the citizenship. In addition, Article 36 reads as follows:

"In the interests of the present and future generations, the State will protect and make rational use of its land, mineral and water resources, as well as its fauna and flora, and will take all appropriate measures to conserve and improve the environment."

The Constitution of Guyana is the supreme law of the land. All other laws and legal frameworks must be considered within the context of the Constitution. In the Constitution, health is considered under the following Articles:

- Article 24: "Every citizen has the right to free medical attention and also to social care in case of old age and disability"

- Article 25 (1): "Every citizen has a duty to participate in activities designed to improve the environment and protect the health of the nation."

3.2.2 Environmental Protection Act (1996)

The Environmental Protection Act 1996 and the Environmental Protection Act 2005 establish the basic institutional and regulatory framework within which all activities that may significantly impact the natural, social, and cultural environments are assessed. The Act provides for management, conservation, protection, and improvement of the environment, the prevention or control of pollution, the assessment of the impact of economic development on the environment and the sustainable use of natural resources. The Act also provides that the EPA will be the central coordinating agency for environmental management in the relevant sectors in Guyana.

3.2.3 Environmental Protection Regulations

The Environmental Protection Act 1996 comprises several subsidiary Environmental Protection Regulations. These Regulations were developed to regulate and control the activities of development projects during construction and operation. The EPA has the responsibility to ensure the compliance of all new and existing activities to these Regulations by issuing the required authorizations and monitoring their operations.

Environmental Protection Air Quality Regulations (2000)

In accordance with these regulations, anyone who emits any air contaminant in the construction, installation, operation, modification or extension of any facility related to industry, commerce, agriculture or any institution shall apply to the EPA for an environmental authorization at least ninety days before the date on which the emission is to commence. In accordance with the

regulations, the EPA shall establish the desirable air pollution limits. Currently, there are no nationally determined or established Air Quality standards. However, the Agency is guided by and utilizes air quality guidelines from reputable international organisations, from the World Health Organisation (WHO) and the United States Environmental Protection Agency (USEPA), among others.

Environmental Protection Water Quality Regulations (2000)

These regulations require environmental authorization for the construction, installation, operation, modification/extension of facilities that discharge effluents. Requirements and guidelines on the discharge of effluents and disposal of sludge are provided. The EPA adopts the WHO and USEPA standards for surface and potable water when applicable. Draft Water Quality Guidelines have also been developed by the EPA in collaboration with the Guyana National Bureau of Standards (GNBS).

Environmental Protection Noise Management Regulations 2000

Under these Regulations, activities that emit noise such as construction, transport, industry, commerce and any institution, are required to apply to the Agency for an environmental authorization. The EPA is responsible for the establishment of standards for permissible noise levels in industry, construction and other areas. The EPA may grant authorization for noise emission unconditionally or subject to conditions and may require environmental audit procedures. As such, the GNBS and the EPA have developed standards for noise emissions into the environment.

Environmental Protection Hazardous Wastes Management Regulations (2000)

These Regulations outline the rules and procedures for transport, storage, treatment and disposal of hazardous wastes and are intended to ensure that all operations that generate, transport, store and dispose of hazardous wastes are managed in a manner that protects human health and the environment. The Regulations also allow for the provision of information on the types of facilities and quantity of hazardous waste generated, treatment standards and efforts to reduce the waste generated.

Environmental Protection (Litter Enforcement) Regulations (2013)

These Regulations provide for the enforcement of litter offences. It is an offence under these regulations to place litter in a public place, permit or cause another person to litter a public place or have litter on private premises that pose a health risk. The fine for an individual found littering in a public place is $50,000, while for body corporate it is $100,000. A fixed penalty of fifteen thousand dollars ($15,000) is offered to offenders who accept liability for the offence committed. Under the Litter Prevention Regulations, the Regional Democratic Councils (RDCs) and Neighbourhood Democratic Councils (NDCs) are expected to provide receptacles in public places. Further, every Council shall make appropriate provisions for the prompt, efficient and regular emptying of the contents of the receptacles and for the removal and disposal of those contents.

3.2.4 Public Health Ordinance (1934)

The Public Health Ordinance makes provisions for promoting public health concerns in Guyana. The Ordinance is dated and was enacted during Guyana's colonial past. The Ordinance makes provisions for central and decentralized and local administration of health, including the prevention of infectious, epidemic, endemic, and venereal diseases, as well as the management

of public health facilities and services. The Ordinance also makes provisions for regulating 'offensive trades', that is, a trade that damages the health of the people engaged in the trade. The Ministry of Health has convened a committee for the management of offensive trades, and this Committee is chaired by the Chief Medical Officer and is aimed at regulating activities that can damage the health of employees during their routine duties. The Government's COVID-19 measures introduced several public health restrictions, which were gazetted under this Ordinance. A draft Public Health Bill was prepared and will supersede the Public Health Ordinance when enacted.

3.2.5 Ministry of Health Act (2005)

The Ministry of Health Act 2005 makes provision for the protection and promotion of the health of the people of Guyana by contributing to the improvement in the quality of life and by providing the people of Guyana with access to a productive life, free from diseases and infirmity, and characterized by physical, mental, and social well-being.

The Act prescribes the mandate of the Minister with responsibility for health, and the appointment of the Advisor, Chief Medical Officer, and Permanent Secretary. The Act requires that the Minister, at the end of each year, prepare an annual report to be submitted to the National Assembly. The Act also empowers the Minister to make regulations under this Act

Among the responsibilities conferred to the Ministry by the Act include oversight of health care services including mental health; provide advice to Government and establish policies on health; develop and ensure the implementation of the National Health Plan and other action plans and directives including human and all other resource requirements; enter into service agreement with the Regional Health Authorities (RHA) and review and approve their health plans and budgets; and facilitate the regulation of the health care professionals of hospitals and other health facilities in the public and private sectors including accreditation.

3.2.6 Regional Health Authorities Act (2005)

The Regional Health Authority Act of 2005 established regional authorities with responsibilities for providing for the delivery of and administering health services and health programme in specific geographic areas and for matters incidental thereto or connected therewith. The Act addressed the establishment of health regions and the establishment and status of a regional health authority. Part IV established the structure and Administration of the regional hospitals, and Part V of the Act outlines the powers, duties, and responsibilities of RHAs in relation to the delivery of health services, health plan proposals, and operation within the accountability framework.

3.2.7 Health Facilities Licensing Act (2007)

The Health Facilities Licensing Act 2007 is an Act to provide for the licensing of health facilities and for related matters. Under the provisions of the Health Facilities Licensing Act, all health facilities are required to be licensed by the Minister of Health. Section 4 (1) states that no health facility shall be operated except under the authority of a license issued by the Minister. Further, the Act outlines the licensing proposal process and the basis of the granting of a full or provisional license or a refusal. The Act also provides for the appointment of inspectors and the inspection of health facilities. The Act also provides for inspectors who are authorized to enter any facility and conduct inspections. Section 27 deals with the offenses under the Act, including fines and imprisonment upon summary conviction.

Importantly, the Act also provides for the Minister to make regulations related to licenses, renewals, standards for health facilities, record keeping, prescribing and governing the construction, establishment, location, equipment, maintenance and repair of, additions and

alterations to, and operations of health facilities.

Health Facilities Licensing Regulations (2008)

The Health Facilities Licensing Regulation 2008 applies to the following health facilities, which are prescribed as health facilities under Section 2 of the Health Facilities Licensing Act 2007:

- Blood Banks
- Diagnostic Imaging Facilities
- Dialysis Centre or Dialysis Clinics
- Health Centres
- Hospitals
- Human Tissue Banks
- Maternity Wards
- Medical Laboratories
- Nursing Homes
- Oncology Clinics with Radiation Therapy
- Pathology and Clinical Laboratory
- Surgical Centres

The application process for the health facilities licensing is outlined in the 2008 Regulations. The 2008 Regulations prescribe obligations for health facilities in fulfillment of the licensing process. Further, the Regulations ensure equal access to patient care and care arrangements by requiring that every health facility be designed and equipped as to be able to carry out its operation in a safe and effective manner, including easy access to all patients, including physically challenged persons. The Regulations also stipulate that health facilities be constructed to ensure patient privacy and confidentiality without compromising patient care. Other areas detailed in the Regulation include disposal of infectious and radioactive waste, sterilization, and occupational safety and health.

3.2.8 Medical Practitioners Act (1991)

The Medical Practitioners Act 1991 makes new provision for the registration of medical practitioners and for matters connected therewith. The Act establishes the Medical Council of Guyana and outlines the function of the Council. It also makes provision for the registration of medical practitioners in Guyana and the publication of the register into public records. The Act also outlines offences contrary to the Act and prescribes penalties for the offences.

Medical Practitioners (Code of Conduct and Standards of Practice) Regulations (2008)

The Code of Conduct and Standards of Practice Regulations 2008 were made under the Medical Practitioners Act 1991. The Regulation intends to guide the medical practitioners and the Medical Council. The Regulations outline the Joint Code of Ethics and standard of care required, among other requirements.

3.2.9 Water and Sewerage Act (2002)

The Water and Sewerage Act provides the framework for the overarching management of water resources in Guyana, and subject to existing rights, the ownership of water resources and the rights to use, abstract, manage, and control the flow of water are vested in the State. The Act contains various provisions for the management of freshwater resources and establishes three institutions for realizing its objectives:

- The National Water Council for policy development and implementation.
- The Hydrometeorological Department within the Ministry of Agriculture for licensing and monitoring of water-use and impacts on quantity and quality of surface and groundwater.
- Guyana Water Incorporated (GWI) for the licensing and monitoring of potable water use and sewerage systems.

The Act also outlines liabilities for offences related to access to records and information to the relevant authorities, the improper disposal of sewage, the pollution of waterworks, the diversion of water from streams and rivers, and water availability and water quality.

3.2.10 Occupational Safety and Health Act (1997)

The Occupational Safety and Health Act 1997 defines the responsibilities of management and workers with respect to safety and health and applies to every workplace in Guyana. The Act makes provisions for the registration of industrial establishments, the establishment of an Occupational Safety and Health Authority, the establishment of a National Advisory Council on Occupational Safety and Health, the duties of employers, workers, and other persons, treatment of accidents and occupational diseases, and occupational safety and health regulations. The Act authorises Occupational Health and Safety (OH&S) inspectors to enter and inspect workplaces.

At a construction site, employers must ensure that the requirements of the Act are implemented and that the safety and health of workers are protected onsite. Employers also have responsibility for providing protective devices for workers, providing instructions and supervision to ensure the safety of workers, maintaining a medicine chest and establishing an occupational health service for workers. Employers have a responsibility to establish a joint workplace safety committee. The provisions of this Act should be implemented throughout the construction phase of the project.

3.2.11 Persons with Disabilities Act (2010)

The Persons with Disabilities Act 2010 provides certain rights to person with disabilities such as the promotion and protection and the full and equal enjoyment of the rights, to eliminate discrimination on the basis of disability, to provide for the welfare and rehabilitation of persons with disabilities, to provide for the registration of persons with disabilities, to establish the National Commission on Disabilities and for connected persons. Section 14 – 19 makes provision for the inclusion of persons with disabilities into the general education system by providing adequate infrastructural and policy framework to allow for access to education by people with disabilities.

3.2.12 Prevention of Discrimination Act (1997)

The Prevention of Discrimination Act Chapter 99:08 of 1997 provides for the elimination of discrimination in employment, training, recruitment, and membership of professional bodies and the promotion or equal remuneration to men and women in employment who perform work of equal value, and for matters connected therewith. The Act outlines the prohibited grounds for discrimination, which include race, sex, religion, colour, ethnic origin, indigenous population, national extraction, social origins, economic status, political opinions, disability, family responsibility, pregnancy, marital status, or age, except for retirement and restrictions on work and employment for minors.

The 1997 Act further states that any act or omission, or any practice or policy that directly or indirectly results in discrimination against a person on the grounds stated is an act of discrimination, regardless of whether the person responsible for the act or omission or the

practice or policy intended to discriminate.

The Prevention of Discrimination Act 1997 advocates for the promotion of equal remuneration by stating that every employer and every person acting on behalf of such employer shall be obligated to pay equal remuneration to men and women performing work of equal value for such employer.

3.2.13 Employment of Young Persons and Children Act 1938 (Amended 1999)

The Employment of Young Persons and Children Act 1938, amended in 1999, is an Act relating to the employment of young persons and children. It established that no child under the age of fifteen shall be employed, and no young person under the age of sixteen shall be employed at night in any industrial undertakings except to the extent to which and in the circumstances in which such employment is permitted under the International Labour Organization (ILO) Convention. The Act outlines the offences and regulations as they relate to the employment of young persons and children

3.2.14 Sexual Offences Act 2010 (Amended 2013)

The Sexual Offences Act of 2010 reforms and consolidates the laws relating to sexual offences. The Act makes provisions for the prosecution of acts of sexual offences, and provides the framework for various measures to be implemented, including establishing a National Plan for the Prevention of

Sexual Offences that aim to prevent and bring awareness to sexual offences in Guyana. The Sexual Offences Act outlines the avenues available to the victim to redress by the justice system.

Prevention of Discrimination Act (1997)

The *Prevention of Discrimination Act* expressly recognizes sexual harassment as an act of discrimination. It defines sexual harassment as:

"unwanted conduct of a sexual nature in the workplace or in connection with the performance of work which is threatened or imposed as a condition of employment on the employee, or which creates a hostile working environment for the employee."

One of the grounds on which the legislation makes it unlawful to discriminate, is on the grounds of sex. Section 8 of the *Prevention of Discrimination Act* provides that any act of sexual harassment against an employee committed by an employer, managerial employee or co-worker shall constitute unlawful discrimination based on sex.

Penalty

Prohibition of sexual harassment extends to employment agencies, educational authorities or qualifying bodies. A person who commits sexual harassment may be fined up to $20,000.00. Pressuring a person to discriminate carries a penalty of a fine of $15,000.00.

3.2.15 Amerindian Act (2006)

The Amerindian Act provides for the recognition and protection of the collective rights of Amerindian Villages and Communities, mechanisms for good governance within Amerindian villages and communities, and the granting of land to these villages and communities. The Act recognizes the rights of indigenous peoples and communities and provides for participatory governance. The Act supports and encourages their right to preserve a traditional culture, cultural landscapes, and traditional knowledge and languages as a minority group. Further, the Act makes provision for the self-governance and administration of lands that have been demarcated as Amerindian territories and therefore controls the land use and planning within the areas. The Act also established the National Toshaos Council (NTC) and Village Councils,

which are the main governing bodies and are concerned with the overall well-being and development of the collective and individual indigenous communities. The Act also provides additional guidelines and procedures for Amerindian communities and their interaction with other industries, as well as stipulates measures of offences and redress.

3.2.16 National Trust Act (1972)

The National Trust Act of 1972 is an act to make provision for the preservation of monuments, sites, places, and objects of historic interest or national importance. Where a monument is described as any building, structure, object, or other works of man or of nature, whether above or below the surface of the land or the floor of the sea within the territorial waters of Guyana, and any site, cave, or excavation. The 1972 Act also provides for the establishment of the National Trust of Guyana, which is mandated to provide for the protection of the nation's patrimony. The Act also provides for fines and penalties that may be instituted for acts contrary to the law.

3.2.17 Municipal District Councils Act, 1969 and Amendments

The Municipal and District Councils Act was established to make better provisions for Local Government in the city of Georgetown and the Town of New Amsterdam, and in other areas of Guyana. Although Lethem was not a town at the time when the Act was developed and amended, the powers of the Minister vested in section 34 of the Act allowed for Lethem to be declared a town in 2017, and by extension, the establishment of the Lethem Town Council. The provisions of this Act, therefore, also apply to Lethem.

The Act conferred upon the Lethem Town Council the power to "establish, maintain and control either by itself or jointly with any other authority or association, hospitals, dispensaries and health centres and to make grants of money towards their establishment and maintenance.

3.2.18 Local Democratic Organs Act, 1980 and Amendments

This Act makes provision for the institution of a country-wide system of local government, through the establishment of organs of local democratic power. The Act outlines the duties of local democratic organs and prescribes the requirements for the establishment and functioning of Regional Democratic Councils.

The Act specifies that the duties of Local Democratic Organs include the maintenance and protection of public property, the protection and improvement of the physical environment, the improvement of working and living conditions and the promotion of social and cultural life of the people. In accordance with the Act, the Mayor and Deputy Mayor of the town or city are required to be full-time officers of the Local Democratic Organs.

3.2.19 Town and Country Planning Act, 1948

The Town and Country Planning Act provides for the orderly and progressive development of lands, cities, and towns, and other areas, whether urban or rural, to preserve and improve the amenities thereof. This Act plays a critical role in guiding the development of urban and rural areas by ensuring proper sanitation, infrastructure, and other amenities are available and properly managed. The Act highlights the key role of the Central Housing and Planning Authority (CH&PA) in implementing specific provisions under the Act and outlines the need for collaboration with local authorities in relation to activities such as the processing of permits for building and the acquisition of land for schemes. Further, in cases where compulsory acquisition of land is necessary, compensation shall be assessed and paid.

3.3 National Guidelines

3.3.1 EPA Guidelines

The EPA has prepared several environmental management guidelines for varying activities in keeping with the Environmental Protection Regulations of 2000. The Guidelines relevant to the health sector are outlined below.

3.3.1.1 Environmental Protection Agency Guidelines for Transportation, Storage, and Occupational Handling of Chemical/Industrial Hazardous Waste, 2011

The purpose of these Guidelines is to provide information to people on the correct procedures for the transport, storage, and occupational handling of chemical/ industrial hazardous waste. These Guidelines apply to any person who operates a company, business, or facility that transports, generates, stores, treats, and disposes of chemical/industrial hazardous waste. It contains information on procedures and requirements for transportation, storage, and occupational handling of chemical/ industrial hazardous waste. Hazardous waste is defined in this guideline document as "a waste or combination of wastes which, because of its quantity, concentration or physical, chemical, infectious characteristics, may pose a substantial hazard to human health or the environment."

3.3.1.2 Environmental Protection (Authorizations) Regulations, 2000

The Environmental Protection Authorization Regulations outline the requirements of applications for an environmental authorization and the rules governing the issuance of such authorization. Environmental authorizations typically have specified conditions that Permit Holders must comply with to avoid, minimize, and mitigate environmental impacts. As part of these development activities, we have since applied to the EPA to gain a developer's permit. Based on communications since the application, an EPA Officer is expected to make an initial visit to the site in May 2025. *The application document is attached to the Annex as the document SMP2: EPA Application. The EPA Permit has since been issued and is also attached in the Annex.*

3.3.1.3 Environmental Protection Agency Guidelines for Storage, Transportation & Occupational Handling of Biomedical Waste, 2011

The objective of these Guidelines is to provide general information on the proper storage, transportation, and handling of biomedical waste. These Guidelines are for any person who operates a business or facility that generates, stores, and transports biomedical waste. It contains information on storage, transportation, and occupational handling methods as well as guidelines on various treatment methods that are applicable to Guyana. Biomedical waste is defined in this guideline document as "discarded biological material from teaching, clinical, and research laboratories and operations."

3.3.2 Guyana National Bureau of Standards Guidelines

The objective of these Guidelines is to provide general information on the proper storage, transportation, and handling of biomedical waste. These Guidelines are for any person who operates a business or facility that generates, stores, and transports biomedical waste. It contains information on storage, transportation, and occupational handling methods as well as guidelines on various treatment methods that are applicable to Guyana. Biomedical waste is defined in this guideline document as "discarded biological material from teaching, clinical, and research laboratories and operations."

3.3.2.1 GYS 265: 2013 Medical Laboratories – Requirements for Quality (Second Revision) and Competence. ISO 15189:2012

This international standard specifies requirements for quality and competence in medical laboratories. It can be used by medical laboratories in developing their quality management systems and assessing their own competence. It can also be used for confirming or recognizing the competence of medical laboratories by laboratory customers, regulating authorities, and accreditation bodies.

3.3.3 National Building Codes

The National Building Codes were developed by the GNBS in 2012 with the aim of "providing an efficient and effective system for granting building permits, administering building matters and resolving building disputes" and to "facilitate uniformity in the education, training and qualifications of building practitioners and the recognition of qualification". The objective of the building codes is to provide guidance on the construction of buildings in order to ensure the safety of the potential occupants, builders, and the structure. The Codes are expected to guide architects and contractors on the design and construction of buildings. As such, it focuses on fire safety, use and occupancy, electrical, plumbing, use of Guyanese hardwoods in construction, concrete and block masonry, structural steel, high-rise buildings, foundations and excavations, and design and construction of septic tanks and associated secondary treatment and disposal systems.

3.4 International Conventions and Agreements

3.4.1 United Nations Sustainable Development Goals

The United Nations Agenda for Sustainable Development includes 17 Sustainable Development Goals that are aimed at providing a strategic approach to a better and sustainable future for all. Goal 3 ensures healthy lives and promotes well-being for all ages. Guyana adopted the 2030 Development Agenda in September 2015. One of the targets of Goal 3 is to achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

3.4.2 International Health Regulations

The International Health Regulations (2005) (IHR) provide an overarching legal framework that defines countries' rights and obligations in handling public health events and emergencies that have the potential to cross borders. The IHR are an instrument of international law that is legally-binding on 196 countries, including the 194 WHO Member States. The IHR grew out of the response to deadly epidemics and created rights and obligations for countries, including the requirement to report public health events. The Regulations also outline the criteria to determine whether or not a particular event constitutes a "public health emergency of international concern". At the same time, the IHR requires countries to designate a National IHR Focal Point for communications with WHO, to establish and maintain core capacities for surveillance and response, including at designated points of entry. Additional provisions address the areas of international travel and transport, such as the health documents required for international travel. The IHR introduces important safeguards to protect the rights of travelers and other people in relation to the treatment of personal data, informed consent, and non-discrimination in the application of health measures under the Regulations.

3.4.3 The United Nations Declaration on the Rights of Indigenous Peoples UNDRIP (2007)

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) was adopted by the General Assembly on September 13, 2007. The UNDRIP recognizes the rights of Indigenous Peoples and outlines a framework for the implementation of the human rights standards and fundamental freedoms. By adopting this declaration, the Government signaled its commitment to implement measures to safeguard and protect the rights of its indigenous populations and to uphold the principle of Free Prior and Informed Consent for any form of development that will occur within indigenous lands. Guyana adopted the Declaration in 2007.

3.4.3.1 American Declaration on the Rights on Indigenous Peoples (2016)

On June 15, 2016, the Inter-American Commission on Human Rights (IACHR) adopted the American Declaration on the Rights of the Indigenous Peoples between members of the Organisation of American States (OAS) at its third plenary session. Guyana is a member of the OAS. The Declaration outlines the intention to respect and promote the inherent rights of indigenous peoples as it relates to their human rights, gender equality, guarantees against racism, racial discrimination, and related intolerance.

3.4.4 IDB's Environmental and Social Policy Framework

The IDB's Environmental and Social Policy Framework (ESPF) makes provision for the protection of the environment and groups that may be vulnerable to the potential risk and impacts of IDB-supported projects. As such, it has established a strict set of Environmental and Social Standards against infringements of environmental and social rights. These Environmental and Social Performance Standards (ESPS) describe the requirements that must be met in the development and implementation of IDB-financed projects. The objectives of the Bank's Performance Standards are to:

- Identify and evaluate environmental and social risks and impacts of the project. Adopt a mitigation hierarchy and a precautionary approach to anticipate and avoid, or where avoidance is not possible, minimize, and, where residual impacts remain, compensate/offset for risks and impacts to workers, project-affected people, and the environment.
- Promote improved environmental and social performance of Borrowers through the effective use of management systems.
- Ensure that grievances from projects affected people and external communications from other stakeholders are responded to and managed appropriately.
- Promote and provide means for adequate engagement with project-affected people and other stakeholders throughout the project cycle on issues that could potentially affect them and to ensure that relevant environmental and social information is disclosed and disseminated.

This project was listed as a Category B under the Bank's screening and environmental and social classification. Category A projects have been excluded, and environmental and social audits will be carried out before the start of any civil works for the facilities in operation. Site-specific ESAs/ESMPs will be developed as necessary for renovations of a substantial nature or any new construction and will be conducted for the project. In addition, a Socio-cultural Analysis (SCA) and an Indigenous Peoples Plan (IPP) will be prepared prior to project implementation for the project as the final aspect of this ESA/ESMP.

Table 7: IDB's ESPS and Relevancy to the Project

ESPS	Objective	Relevance to Project
Standard 1 – Assessment and Management of Environmental and Social Risk	Identify and evaluate environmental and social risks and impacts of the project and adopt a mitigation hierarchy and a precautionary approach to anticipate and avoid, minimize, and offset risks and impacts to workers, project-affected people, and the environment.	In accordance with the ESMF, the project was listed as a category B and therefore, there will be a need for environmental and social management planning and mitigation measure assessment to: a) Identification of risks and impacts; b) Environmental and social management programs; c) Organizational capacity and competency; d) Emergency preparedness and response; e) Stakeholder engagement; and f) Monitoring and evaluation of the project's environmental and social performance.
Standard 2 – Labour and Working Conditions	To identify and protect the fundamental principles and rights of workers and to promote fair treatment, non-discrimination, and equal opportunity for workers.	The project will have a construction phase and therefore, there will be a need for measures to be implemented to address issues surrounding occupational health and safety, working conditions, terms of employment, and appropriate mitigation measures, such as a worker-specific grievance mechanism and grievance redress. In addition, a workers' code of conduct will be used and contracts for all workers will be used. .
Standard 3 - Resources, Efficiency, and Pollution Principle	To avoid or minimize adverse impacts on human health and the environment by avoiding or minimizing pollution from project activities and promoting more sustainable use of resources, including energy and water.	The construction phase of the project is expected to generate short-term negative environmental, social, and health and safety impacts. These are likely to be small to moderate impacts of short duration (mainly dust, noise, localized waste generation, drainage issues, risks of small accidents with, and nuisances to, the surrounding community, health and safety risks to workers, among others). The project will support enhanced resource efficiency through interventions in energy, water supply and waste management during the operation phase.

ESPS	Objective	Relevance to Project
Standard 4 – Community, Health, and Safety	To anticipate and avoid adverse impacts on the health and safety of the project-affected people during the project life cycle from both routine and non-routine circumstances and ensure that the safeguarding of personnel and property is carried out in accordance with relevant human rights principles and in a manner that avoids or minimizes risks to the project-affected people.	There is a small to moderate potential for construction activities to impact or inconvenience patients at the hospital, residences in the surroundings of the hospital, and disruption of traffic. This is due to the location of the extension at the existing facilities. The ESMP includes specific actions to ensure the health and safety of people in the local communities during the construction and operation phases of the works. The presence of workers in local communities can increase risks of exposure to disease, adverse interactions with local personnel, and risks of using security personnel. These impacts were analyzed, and mitigation measures were identified and included the ESMP. A Code of Conduct applicable to all project personnel will also be prepared. In the event that there are changes or adjustments to the scope of the project, these will be accommodated, and environmental and social assessments as part of the environmental and social audits to be carried out prior to the start of any civil works for the facilities in operation.
Standard 5 – Land Acquisition and Involuntary Resettlement	Identify and avoid, and when avoidance is not possible, minimize displacement by exploring alternative project designs and anticipate and avoid, or minimize adverse social and economic impacts from land acquisition or restrictions on land use.	This standard is not relevant since the proposed construction is expected to occur on the space allocated for extension within the hospital's compound/existing boundaries. Hence, there are no other competing land uses or land use conflicts identified in this project planning phase. If there is any affected party resulting from land acquisition, this information will be submitted to the Bank prior to any construction activities. This will also include the SEP adapted for the sites, which should reflect the process of consultation with relevant Project Affected Parties (PAPs). The project-level grievance mechanism would also be in place. In the event there are changes or adjustments to the scope of the project, environmental and social audits will be carried out prior to the start of any civil works for the facilities in operation.
Standard 6 – Biodiversity Conservation and Sustainable Management of Living Natural Resources	Ensure the protection and conservation of terrestrial, freshwater, coastal, and marine biodiversity and maintain the ecosystem functions to ensure the benefits from ecosystem services.	This standard is not relevant to the project since the proposed land for the construction and extension will not impact biodiversity and natural resources, since the hospital sites are located within existing towns in urban/peri-urban areas or within major settlements/communities in the hinterland (disturbed/brownfield sites). In the event there are changes or adjustments to the scope of the project, these will be accommodated, and environmental and social assessments as part of the environmental and social audits to be carried out prior to the start of any civil works for the facilities in operation.

ESPS	Objective	Relevance to Project
Standard 7 – Indigenous Peoples	To ensure that the development process fosters full respect for the human rights, collective rights, dignity, aspirations, culture, and natural resource-based livelihoods of Indigenous Peoples and to anticipate and avoid adverse impacts of projects on communities of Indigenous Peoples, or when avoidance is not possible, to minimize and/or compensate for such impacts.	There are potential direct and indirect risks and impacts from the renovation and construction of healthcare facilities and additional infrastructure. The communities are known for the presence of Indigenous communities who may rely on these facilities. As such, an SCA is conducted to identify the steps to address any potential adverse impacts on Indigenous Peoples (IPs), along with positive impacts/potential benefits of the project. The SCA would outline requirements for site-specific ESA/ESMP to reflect and document FPIC process and outcomes. At this stage a SCA is prepared. An Indigenous Peoples Plan (IPP) is also prepared prior to project implementation. The project-level grievance mechanism, or one specifically dedicated to the Project-Affected Community of IPs in the ESA/ESMP should be replicated in site-specific ESA/ESMP as applicable. The ESMS will reflect all the steps and details to fulfill these requirements including the completion of a socio-cultural assessment and evaluation to be conducted for the necessary site-specific ESA/ESMP for the project site.
Standard 8 – Cultural Heritage	To protect cultural heritage from the adverse impacts of project activities and support its preservation. And to promote the equitable sharing of benefits from the use of cultural heritage.	The hinterland communities that have been identified for construction and renovations may be associated with archaeological findings and cultural heritage sites, with the possibility of finds that may be of historical value. The ESA/ESMP has therefore provided a summary overview on cultural heritage and includes measures to respond in the event of chance findings (e.g., artefacts unearthed during excavation or demolition works) via reference to applicable national law and Chance Find Procedures. This requirement will also form part of the necessary site-specific ESA/ESMP and SCA.
Standard 9 -Gender Equality	To anticipate and prevent adverse risks and impacts based on gender, sexual orientation, and gender identity, Sexual and Gender Based Violence (SGBV), and when avoidance is not possible, to mitigate and compensate for such impacts and to achieve inclusion from project-derived benefits of people of all genders, sexual orientations, and gender identities.	A Gender Analysis (GA) under this standard was conducted to determine the impact of the project on gender-specific healthcare services, such as maternal health. The scope of works and sections of some of the hospitals which handle specialized care for specific genders such as maternal health, means that there are gender-based risks and impacts specific to women (esp. pregnant women and unborn children) who may be at higher risk from factors such as contact with hazardous materials, exposure to certain diseases, and lack of access to these facilities resulting in inconveniences. The possible large influx of workers into communities can create or exacerbate existing risks of SGBV, such as sexual harassment and exploitation of women and children within the project's immediate area of influence. Opportunities to mainstream gender issues and incorporate specific actions to enhance gender equality within the scope of the project will be explored, including promoting the hiring of women. Semi-annual reports submitted to the Bank providing environmental and social updates during execution will include both qualitative and quantitative information on these gender- mainstreaming efforts.
Standard 10 – Stakeholder Engagement and Information Disclosure	To assess the level of stakeholder interest in and support for the project and to enable stakeholders' views to be	A Stakeholder Engagement and Consultation Plan has been developed and includes stakeholder mapping and reflects the needs of all the different

ESPS	Objective	Relevance to Project
	considered in project design and environmental and social performance, and to promote and provide the means for effective and inclusive engagement with project-affected people throughout the project's life cycle on issues that could potentially affect or benefit them from the project.	stakeholders (beneficiaries and affected). The Plan will integrate the Free, Prior and Informed Consent (FPIC) principle for engagement with indigenous communities relevant to the four regional hospitals. The plan includes a grievance mechanism and procedures to prevent retaliation against any complainant.

3.5 Institutional Framework

3.5.1 Ministry of Health

The Ministry of Health was established under the Ministry of Health Act 2005 and is responsible for the efficient and effective administration and delivery of healthcare in Guyana. The Act empowers the Minister and other officials to manage the business of the Ministry, including health facilities and improvement projects.

The Ministry of Health (MoH) will serve as the implementing agency for this project through its Health Sector Development Unit (HSDU). The HSDU is the managing body for projects in collaboration with its donor partners and will be considered as the Project Implementation Unit (PIU) for the project.
The HSDU/PEU will work in collaboration with the Environmental Health Unit (EHU), Chief Medical Officer (CMO), hospital management, regional administration, and other key stakeholders to ensure effective implementation.

The EHU is mandated to ensure that all risk factors, which adversely affect human health and the environment, are mitigated. Its role is to prevent any hazardous impact on human health and the environment, and functions centrally to provide support to the Regional Environmental Health Departments to assess, correct, control, and prevent those factors in the environment that can adversely affect human health and the environment.

In specific terms, the HSDU will be responsible for performing the following processes in the IDB-financed project:

- Performing environmental, social, and occupational health and safety analyses
- Consulting parties affected by the project in the area of ESHS
- Implementing the environmental management plan
- Implementing the social and occupational health and safety plan
- Implementing the resettlement or compensation plan
- Providing technical ESHS inputs for project procurement
- Processing internal or external complaints in the ESHS area
- Ensuring that contractors comply with ESHS regulations and standards
- Ensuring the contractors comply with the ESMP
- Ensuring the contractor and any subcontractor comply with national laws and regulations

The ESHS impact management processes during execution of the IDB-financed project will be performed by existing staff assigned full-time to the project and newly hired staff assigned full-time to the project. In terms of full-time staff, two personnel will be assigned to the IDB project, namely Ashley Baraka from the MoH Environmental and Social Department. In terms of newly hired staff, at least one staff member will be responsible for managing and monitoring ESHS impacts, assigned to the HSDU.
In the instance where the tasks are to be performed by existing staff in the MoH, these staff members have at least five years' experience in managing ESHS impacts and, in particular, experience with IDB and World Bank projects. Additionally, staff will have the necessary time to allocate to the work required.

3.5.2 Environmental Protection Agency

The EPA oversees effective management, conservation, protection, and improvement of the environment and takes the necessary measures to ensure the prevention and control of pollution, assesses the impact of economic development on the environment, and the sustainable use of natural resources. The Agency is governed by a Board of Directors and falls under the direct supervision of the Office of the President. The Agency was established in 1996 by the

Environmental Protection Act and is responsible for the development and enforcement of national environmental legislation and advises the GoG on the development and implementation of environmental policies and standards. It also undertakes the inspection and enforcement of matters dealing with the environment, conservation and natural resources and administers the environmental permitting process in Guyana.

In Sec. 4 (1) (a), of the Act, the EPA is given the mandate to "take such steps as are necessary for the effective management of the natural environment so as to ensure conservation, protection and sustainable use of its natural resources". In addition, the Agency is given the overall responsibility to ensure management of the natural environment to ensure conservation, protection and sustainable use of its natural resources; assess any developmental activity which may cause an adverse effect on the natural environment before such activity commences; and coordinate and maintain a programme for the conservation of biological diversity and its sustainable use. The EPA is mandated to ensure that any project that may have a significant impact on the environment must acquire environmental authorization from the EPA. Projects are considered to have an environmental impact when they threaten the health, safety, and natural life-supporting systems of humans and other living things.

As previously stated, the EPA issues environmental authorization in the form of Environmental Permits for projects, and these permits cover both the construction and operational phases. The EPA will also monitor the construction and operational activities to ensure compliance and will request the submission of annual environmental reports.

3.5.3 Central Board of Health

The purpose of the Central Board of Health is to promote, protect, and advocate for optimal public health for all Guyanese through consistent, quality services extended to all communities throughout the country. Among the responsibilities are framing regulations and providing advice to the Minister on all matters concerning health. The Board consists of the Chief Medical Officer, who is the Chairman, and representatives from key agencies and regional/municipal authorities.

3.5.4 Regional Agencies

Since 1986, the responsibility for the delivery of health services has lain with the Regional Democratic Councils (RDCs). Funding was through the Ministry of Local Government. The Ministry of Health retained responsibility for vertical health programmes, and the provision of human and technological resources to the RDCs. The Regional Health Officer (RHO) has oversight of all primary health care facilities and the district/regional hospitals. The management of health facilities at the regional level, their budget, and expenditures are done by the Regional Executive Officer (REO). Additionally, all human resources decisions must be initiated at the regional level by the REO and go through the Public Service Ministry (PSM) process.

The Regional Health Authorities Act 2005 gave the Minister of Health authority to create RHAs, a move away from the existing RHO structure, and being autonomous from the RDC in terms of strategic direction and financing, and under the oversight of a board of directors (with representation from the MoH, the RDC, business groups, and provider organizations). It was envisioned that the RHA would be managed by an appointed CEO and have control over its budget, expenditures, human resources, and administrative decisions. In return, it would sign a service agreement with the MoH that binds it to certain targets. The RHA Board, as the signatory to the service agreement, would be accountable to the Ministry of Health for achieving specific performance indicators, with targets as laid out in the service agreement.

3.5.4.1 Regional Democratic Councils

The Regional Democratic Council (RDC) is the body responsible for local government and administration in the Regions and has a mandate to:

- To support the administration of all services required within its boundaries (services such as health, education, and public works, among others). In this regard, relevant duties of RDCs include maintaining and protecting public property, protecting and improving the physical environment, and improving living and working conditions.
- To coordinate the activities of the Local Democratic Councils and provide such cooperation and support as required. It should be noted that the RDC has some power delegated to it by the Minister responsible for Local Government.
- To develop regional facilities, as it deems necessary.
- To identify economic (revenue-earning) projects and assist the Administration in executing works necessary for the development of the region.

3.5.4.2 Village Council

Village Councils for indigenous communities were provided for under the Amerindian Act, where a body comprising a Toshao and Councillors are elected by members of the village to serve as the village administration. The Village Council is responsible for the good governance and well-being of the community and the promotion of the sustainable use, protection, and conservation of village lands and the resources on those lands under the provisions made in the Amerindian Act. The Village Council is responsible for the nomination of members to the NTC.

3.5.5 National Environmental Framework in relation to the IDB ESPF and the Project

As it relates to the implementation of the Health Care Network Strengthening Project, national legislation and guidelines adequately address the potential project impacts. The project impacts are most likely to occur during the construction phase and from construction activities, which include noise and dust generation, waste management, occupational and public health and safety, and community conflict. These are adequately covered by national legislation and guidelines. During the operational phase the likely impacts relate to waste management and occupational safety, which are also covered by national legislation and guidelines. As such, there is no significant gap between the national legislation and guidelines and the IDB's ESPS. However, in some cases, the legislation is dated. In addition, the ESPS are more comprehensive and explicitly favorable to affected parties than the provisions of the national legislation. As such, in the event of divergence between the two, the requirements of the ESPS take precedence.

The Environmental Protection Act sets out the procedures as it regards securing environmental authorization for projects, from the application process and its requirements, screening of the application, and guidance as it regards environmental impact assessments if these are required. Requirements for public disclosure of project applications, the decisions of the EPA, as well as during environmental impact assessment processes, are set out in the Act. Section 3.3.2 also outlines Regulations that have been established under the Environmental Protection Act, and the national standards that have been developed and instituted. In instances where there are no national standards, the Agency is guided by and utilizes guidelines of reputable international organisations such as the World Health Organisation (WHO) and the United States Environmental Protection Agency (USEPA), among others. This is the case, for example, with air quality standards. The guidance provided by the IDB's ESPF and ESPS, which are relevant to the project, was utilized to provide additional guidance on the prevention and management of environmental and social impacts.

A Stakeholder Engagement and Communication Plan (SECP) and Grievance Redress mechanism (GRM) were prepared and included as part of this ESA and ESMP framework. The GRM and Reporting Form are in *Annex 11A*. The SECP is in section *Annex 12*. The SECP includes specific measures for engagement with indigenous communities, including following the FPIC process. The relevant stakeholders are to be engaged prior to and throughout the construction period. A project-level GRM was prepared, and recommendations were made for the preparation of a workers' GRM during project implementation. Specific recommendations will be included for addressing grievances from indigenous communities and those relating to sexual and gender-based violence.

In addition, a Code of Conduct has been prepared to guide the behavior of project workers. Guidance on the areas to be addressed in the Code, including specific measures relating to sexual harassment and acceptable behavior in indigenous communities, is included in several supporting Annex documents.

4 DESCRIPTION OF THE EXISTING ENVIRONMENT

The following sections describe the physical resources, ecological environment, and social information related to the location of the Hospital and the Workers' Camp, which will be used to analyze the impacts associated with the project.

4.1 Physical Setting

4.1.1 The Interior Savannah

The Interior Savannah accounts for about 8% of the country's area and is vegetated by grasses, scrub, and low trees. It is divided into the north and south by the Kanuku Mountains. The savannah itself is generally flat but in places is more dissected with an undulating topography, particularly to the north and east of the Kanuku range. The North Savannah is characterised by large areas of wetlands caused by the backflow of the Takutu and Ireng Rivers during the Amazonian wet season. The South Savannah is composed of pre-Cambrian-aged rocks with a relatively flat plain at a height of 100-120m with granitic inselbergs rising abruptly from the plain to heights of 760m. The Northern Savannah plain lies at an altitude of about 100-110m, and the Pakaraima Mountains rise abruptly from the plain to altitudes of 610m and reach 990m at their highest. The Kanuku Mountains rise to 760-840m.

4.2 Meteorology

4.2.1 Rainfall

Guyana's climate is influenced primarily by the seasonal shifts of the Intertropical Convergence Zone (ITCZ). The seasons and climate are determined mainly by the variation in rainfall patterns. A unimodal annual wet cycle (mid-April to August) is observed over the southernmost part of Guyana – the Rupununi Savannahs, where the Lethem Regional Hospital is located. The average in the Rupununi Savannahs ranges between 1,400 and 1,800 millimetres (see the following two figures for additional details).

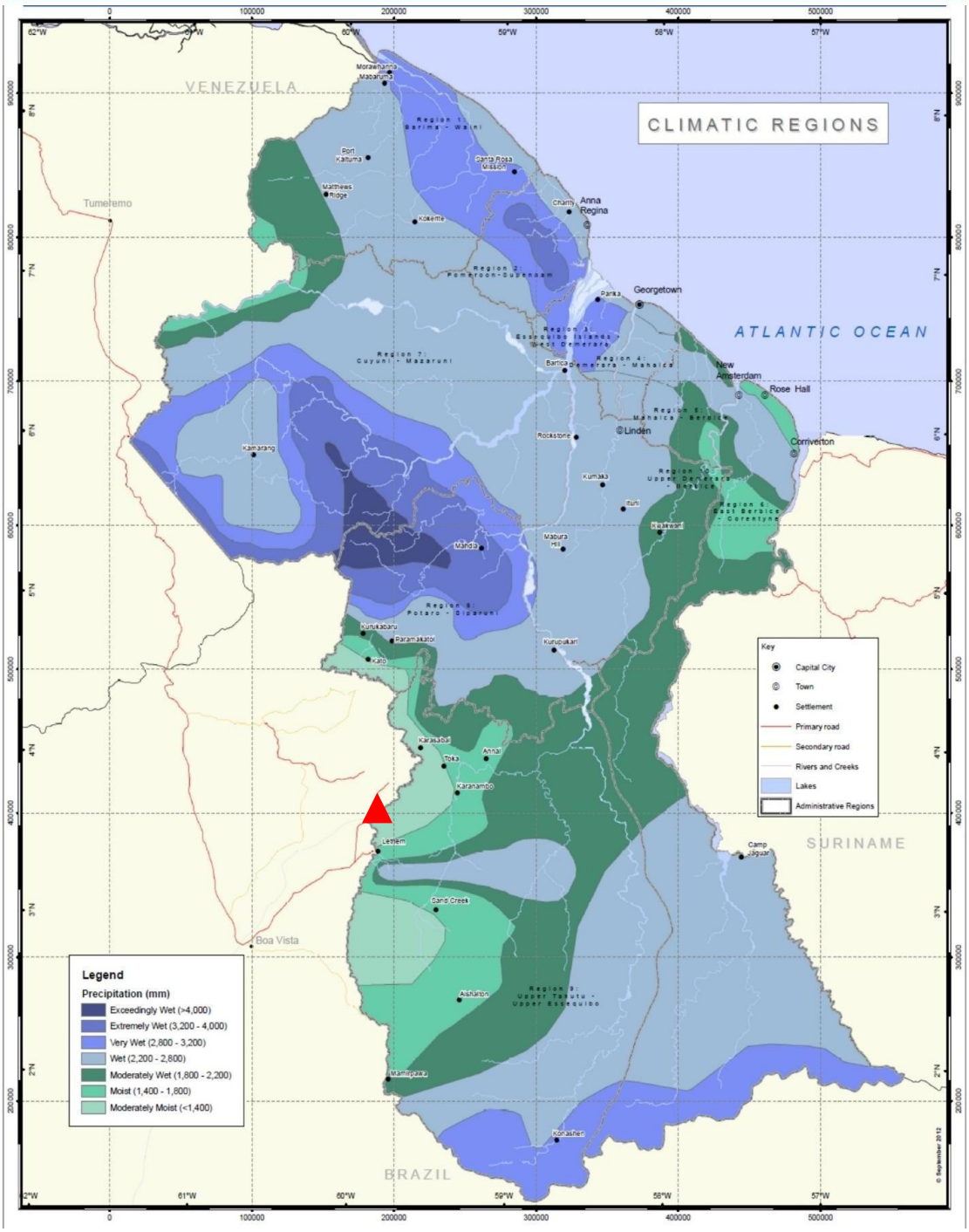


Figure 20: Climatic Regions in Guyana

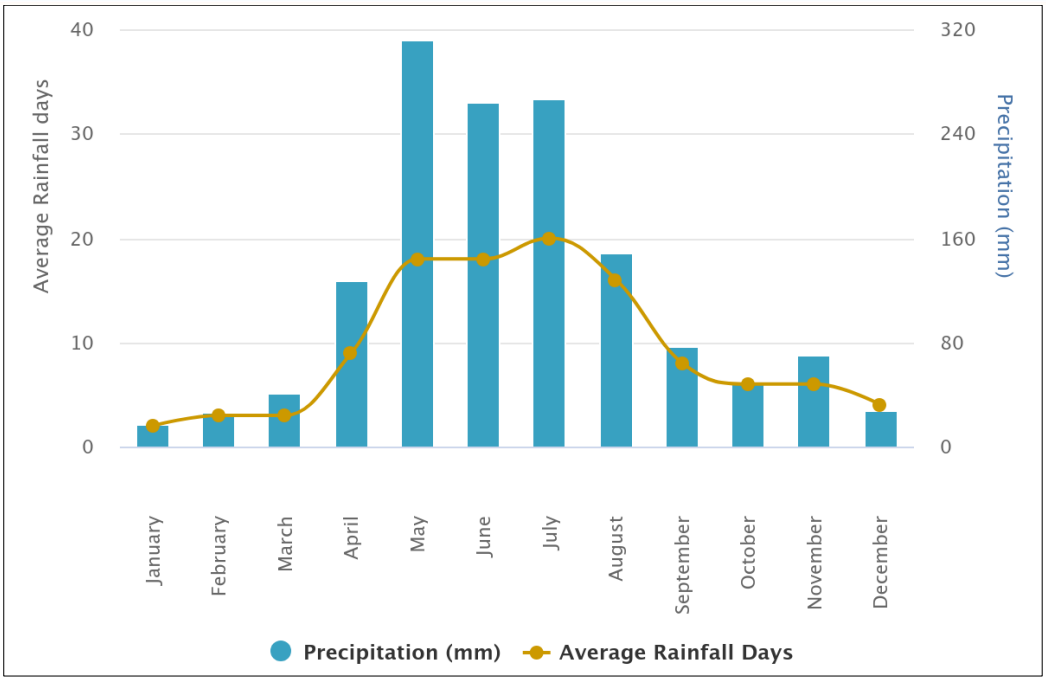


Figure 21: Average rainfall for Lethem
Source: https://www.worldweatheronline.com

4.2.2 Temperature

Across the year, the temperature in Lethem ranges from a low-mercury reading of 23°C during the coldest days to a high of 34°C at the warmest times (See figures below). Unsurprisingly, the town does not experience significant temperature fluctuations throughout the seasons.

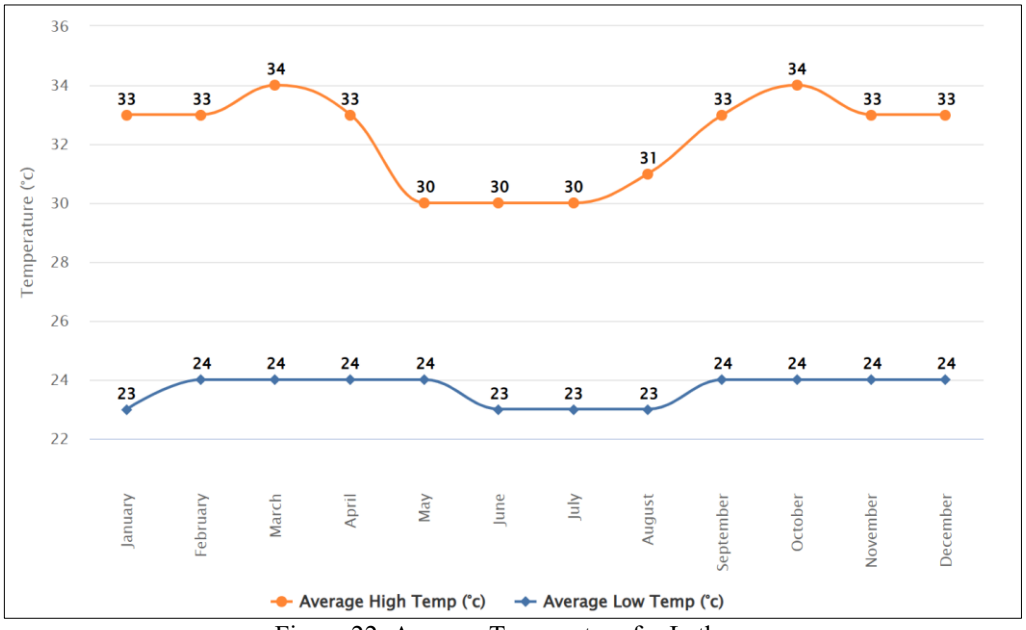


Figure 22: Average Temperature for Lethem
Source: https://www.worldweatheronline.com

4.2.3 Wind

The images below indicate that strong wind speeds in Lethem occur in the dry season from December to March in the region, with an average annual wind speed of 4.5 kmph to 19.5 kmph. The dominant wind direction throughout the year is northeast wind.

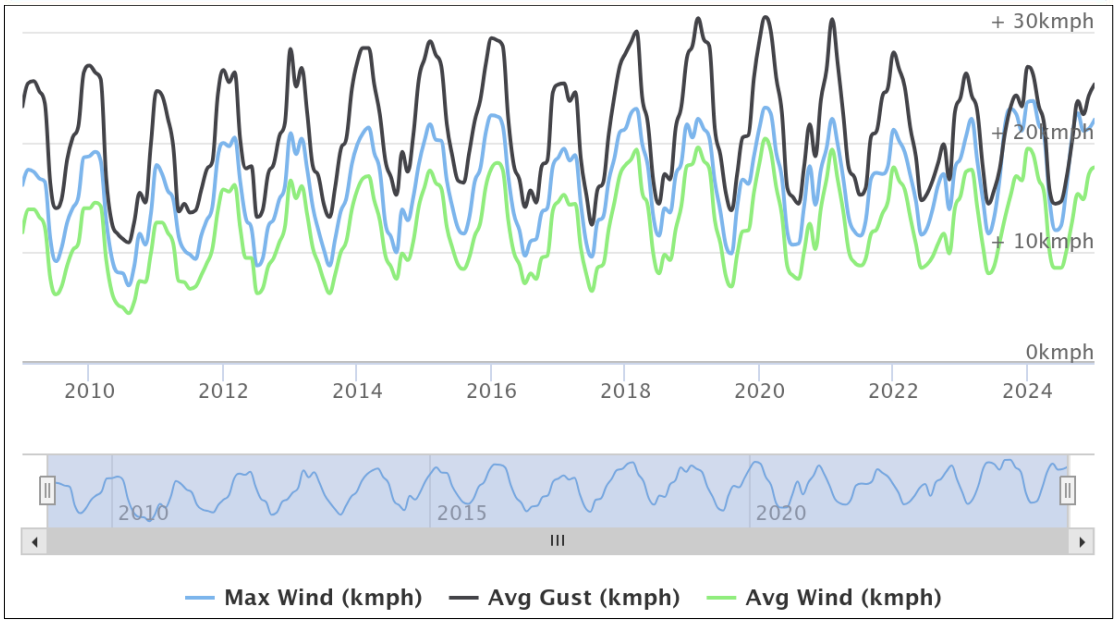
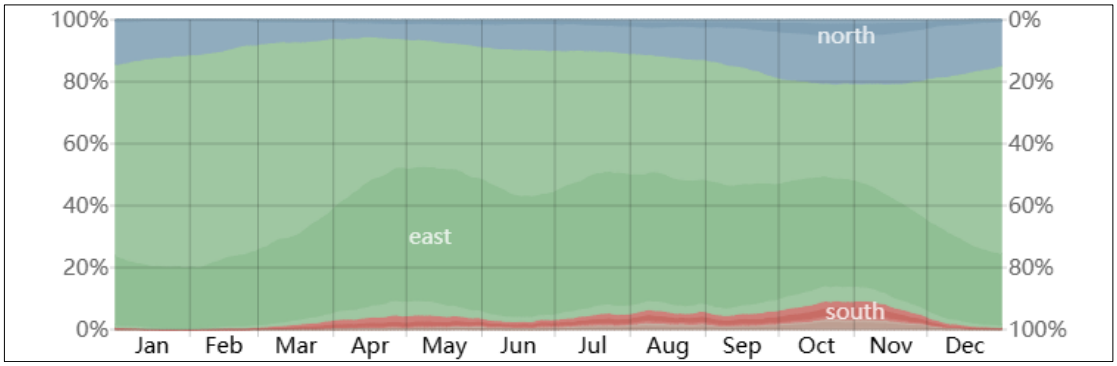


Figure 23: Annual Wind Speed and Wind Gust Averages for Lethem
Source: https://www.worldweatheronline.com



Note: of hours in which the mean wind direction is from each of the four cardinal wind directions, excluding hours in which the mean wind speed is less than 1.6 kph. The lightly tinted areas at the boundaries are the percentage of hours spent in the implied intermediate directions (northeast, southeast, southwest, and northwest).

Figure 24: Wind Direction
Source: https://weatherspark.com/

4.2.4 Humidity

The humidity is relatively high during the rainy season (April to September), with an average humidity of around 80%, as shown in the figure below.

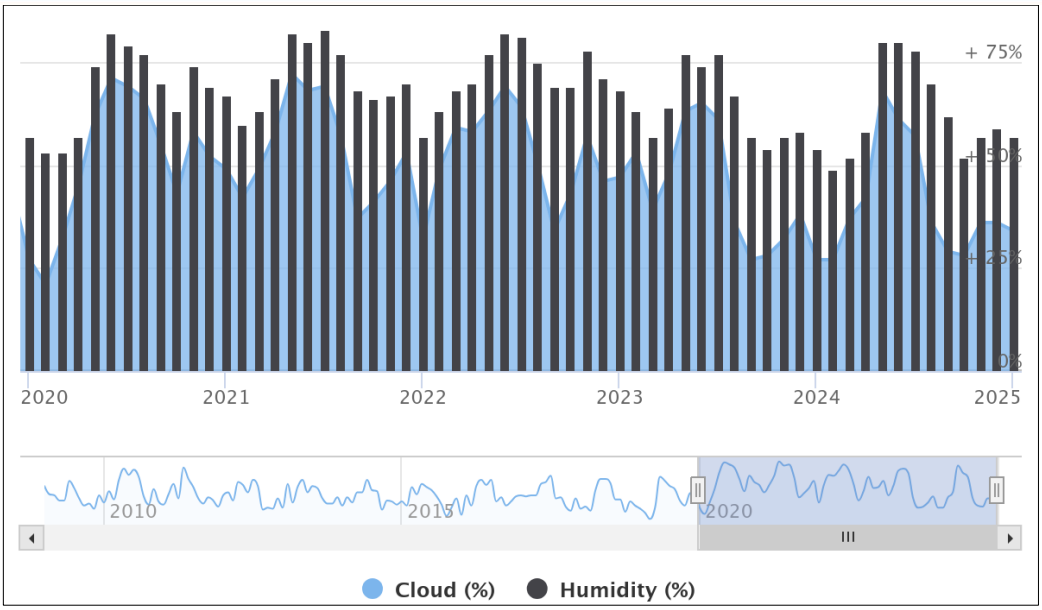


Figure 25: Annual cloud and humidity in Lethem
Source: https://www.worldweatheronline.com

Lethem experiences some seasonal variation in the perceived humidity. The muggier period of the year lasts for 9.6 months, from 8 April to 29 January, during which time the comfort level is muggy, oppressive, or miserable at least 84% of the time. The month with the muggiest days in Lethem is July, with 30.8 days that are muggy or worse. The month with the fewest muggy days in Lethem is February, with 23.4 days that are muggy or worse.

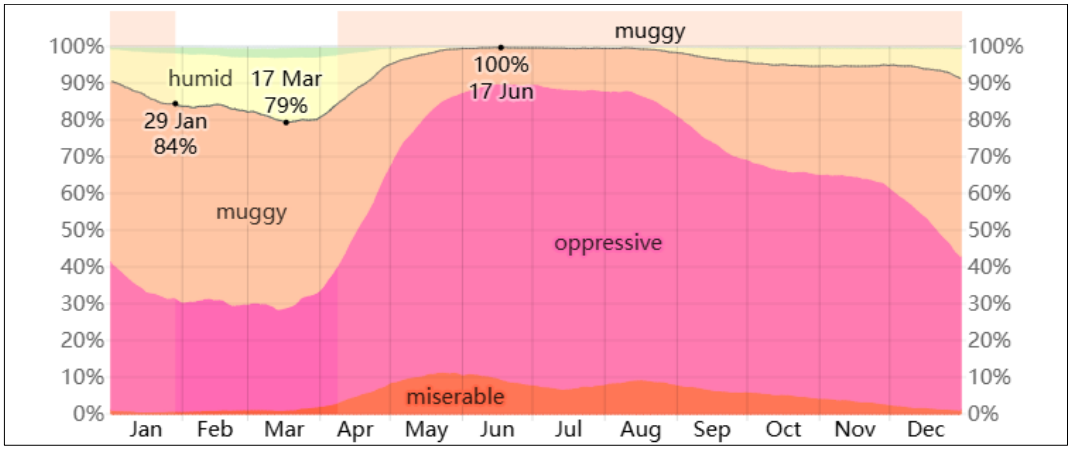


Figure 26: Humidity Comfort Levels in Lethem
Source: https://weatherspark.com/

4.2.5 Sun hour and potential photovoltaic energy

Thanks to ample sunshine, the Lethem area has excellent photovoltaic potential compared to other parts of Guyana. These potential photovoltaic energies can be utilized as renewable energy sources to reduce the consumption of conventional energy and carbon emissions during the construction and operation phases of the project.

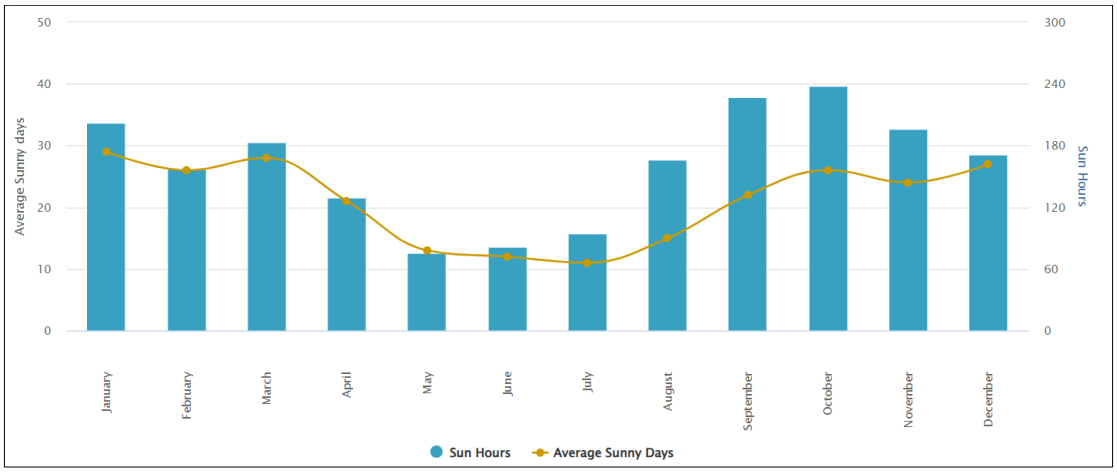


Figure 27: Average Sun Hours in Lethem
Source: https://www.worldweatheronline.com

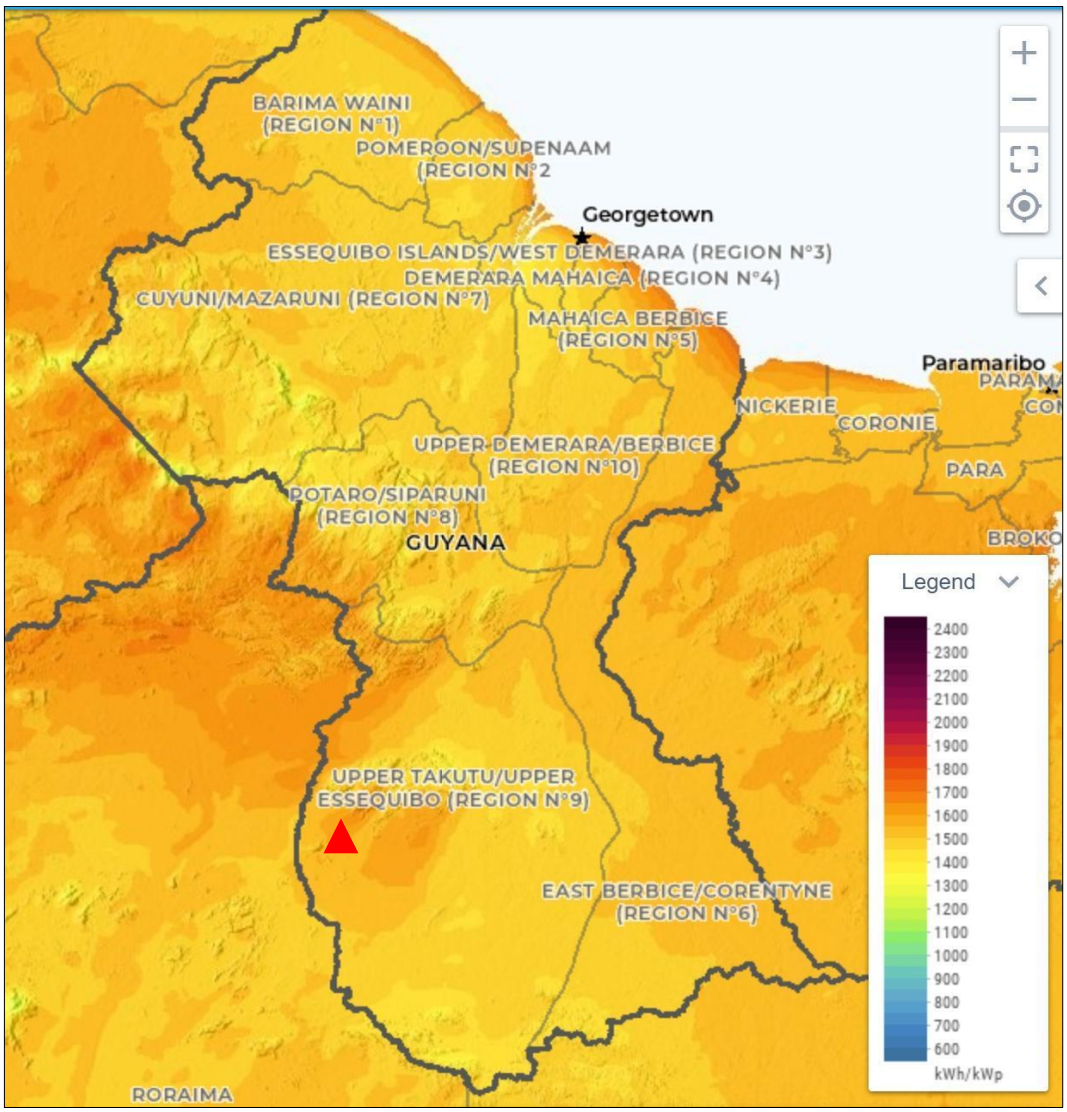


Figure 28: Yearly average of daily totals of potential photovoltaic
Source: http://globalsolaratlas.info/

4.3 Water Resources

4.3.1 Surface Water

The surface water resources are available in moderate to large quantities from April through August in Lethem. Water supply in Lethem consists of both ground and surface water sources. Surface water supply is usually affected during the dry seasons. In the case of surface water shortage, groundwater is used as the main source of water supply to meet the needs of residents and water users.

Notably, there are no major or minor surface water bodies close to the hospital. There are also no man-made drains in the vicinity. This is discussed further in the 'Water Assessment' Section of this document. As is visible in the map below, the Takutu River is the closest major naturally occurring body of water, which is 1,537.45 ft (468.61 m) away from the hospital.

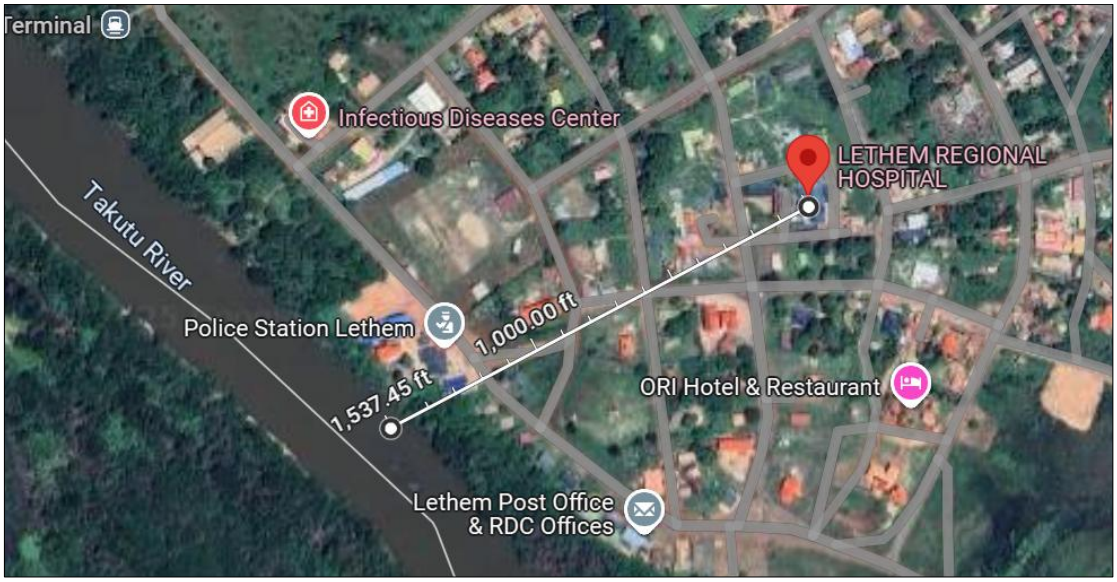


Figure 29: Distance of the Takutu River from the Lethem Regional Hospital

4.3.2 Ground Water

Groundwater resources are available in moderate to large quantities. Fresh water is available from unconsolidated sand and sandstone at depths ranging from 3 to 75 meters in Lethem. The Guyana Water Inc (GWI) in Lethem also uses groundwater as one of the main sources of water supply. The expected water consumption during the construction period of the project is 4m^3 per day, and the water consumption during the operation period is about 40m^3 per day. This water consumption will not have a significant impact on the consumption of groundwater.

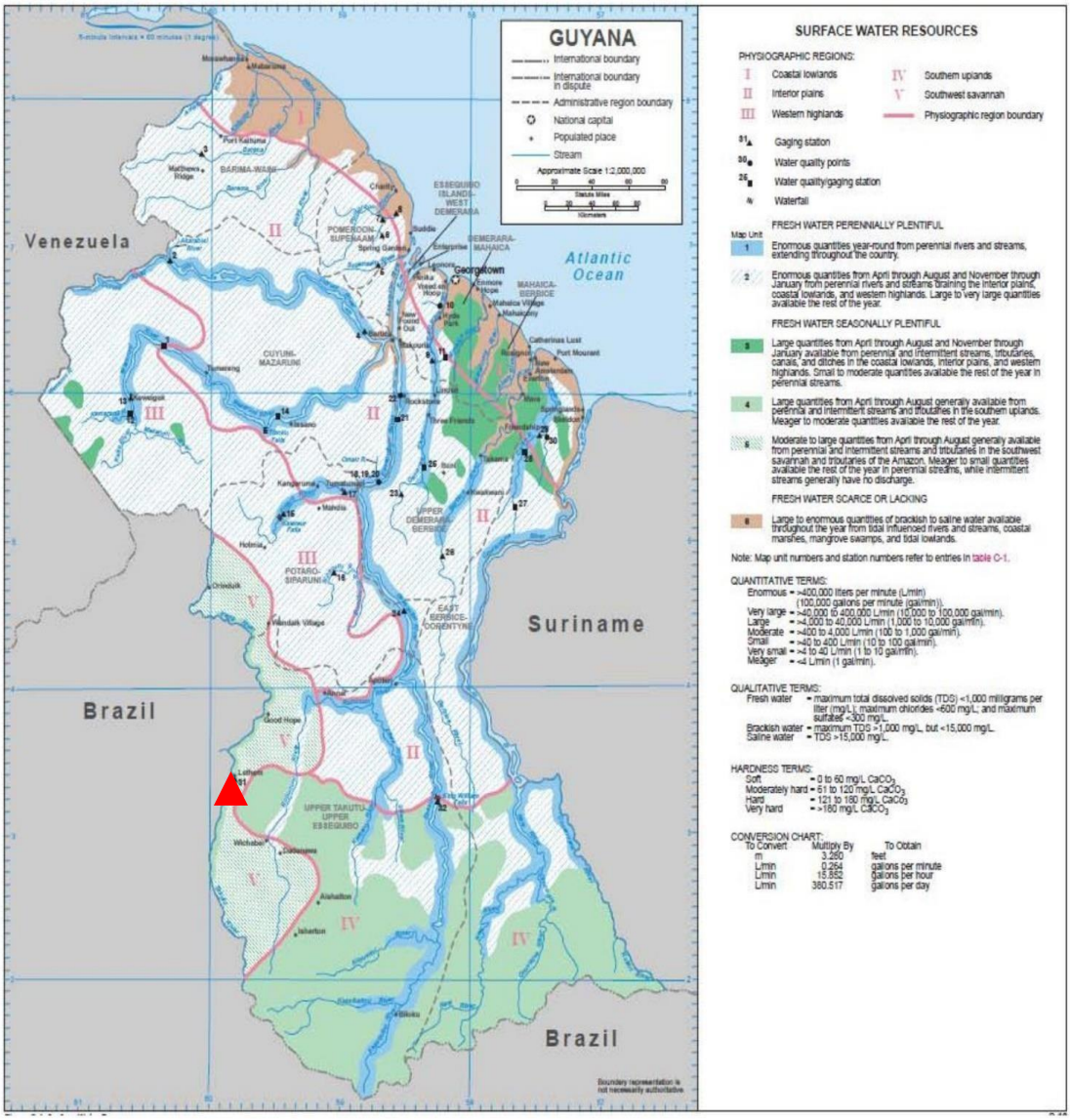


Figure 30: Guyana Surface Water Resources

Source: United States Army Corps of Engineers (1998) as cited in the National Land Use Plan (Draft) 2013

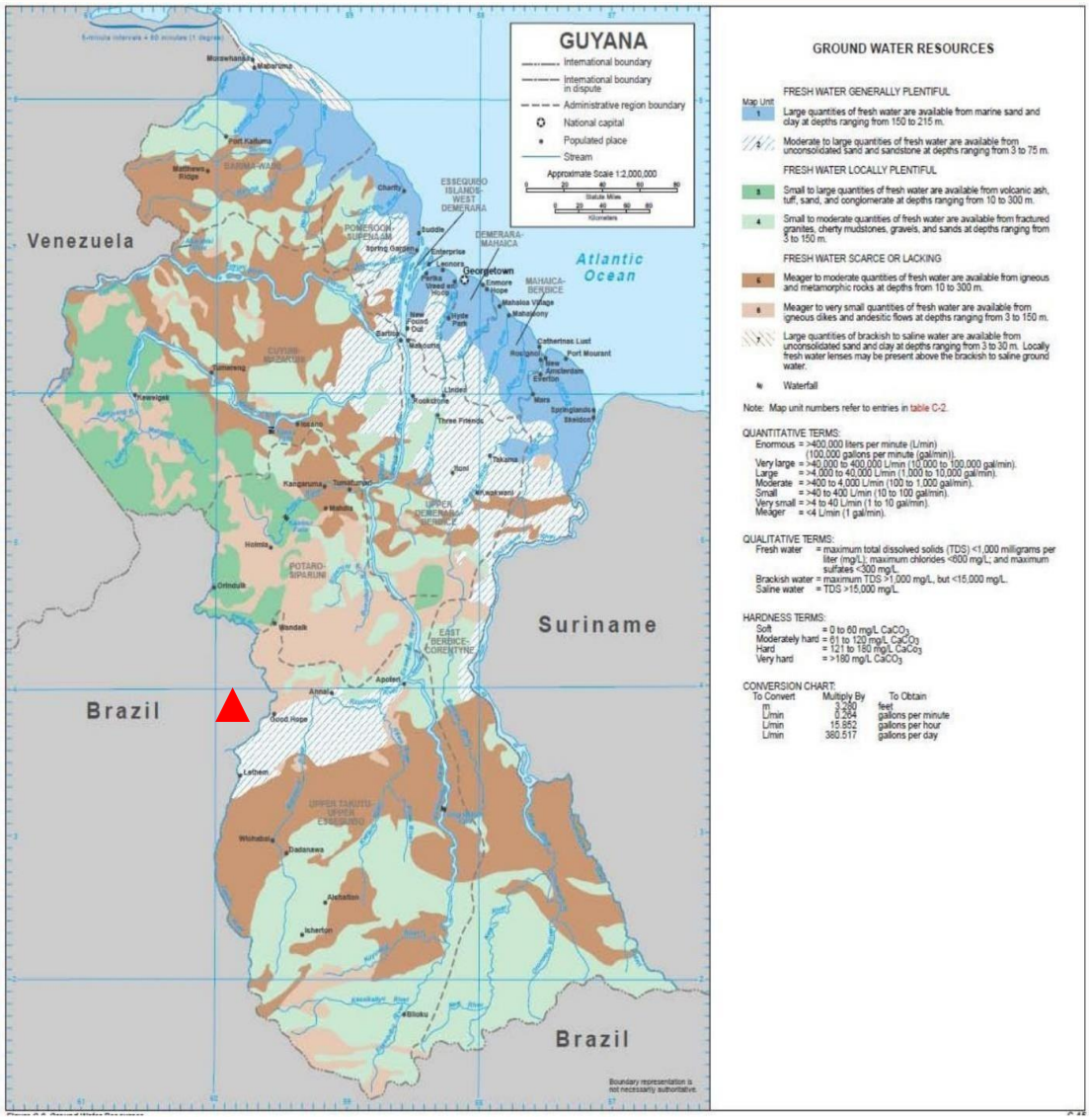


Figure 31: Guyana Groundwater Resources

Source: United States Army Corps of Engineers (1998) as cited in the National Land Use Plan (Draft) 2013

4.3.3 Drinking Water

According to public information, GWI provides water supply services to the residents of Lethem. This water is provided to residents from 5:00 am to 10:00 pm daily from 5 well stations – two in Culvert City, one in Tabatinga, one in Kanuku Drive and one in Bon Success. Testing is done on a monthly basis to ensure that the water supplied from these sources remains safe. It is the company's standard operating procedure to operate 4 of the 5 pump stations, with the fifth station, located in Bon Success, being used to complement the water supply system during dry periods when the other wells are not producing adequately. There are currently two elevated storage facilities in Lethem – one in Culvert city and another in Tabatinga. Both of these storage facilities are utilized to provide residents of those respective communities with water via gravity feed during periods of power outage. (https://www.stabroeknews.com/ *GWI has been providing potable water throughout Lethem which is safe for human consumption*)

4.4 Soil

The soils type in Lethem is mainly the Kanhaplustults (by Dominant USDA Soil Class), which the soils are generally very shallow (though occasionally deep), very gravelly (>70% gravels) and vary from darker coloured gravelly sandy clay loam under forest to lighter coloured gravelly clay loams on the savannas, both of very low fertility and slight erosion risk. The main limitations are the high gravel content, resulting in low water holding capacity and low fertility. Therefore, the soil at the Lethem Hospital location will have low probability of compaction and water retention. The high gravel content in Kanhaplustults reduces the soil's ability to compact effectively. Compacted soils typically have reduced pore space, which limits water infiltration and increases surface runoff. This can lead to increased erosion and reduced soil stability. Due to the low water-holding capacity and poor infiltration rates, Kanhaplustults are more prone to surface runoff. This can result in higher flood risks, especially during heavy rainfall events. The lack of vegetation cover in savanna areas can exacerbate this issue, as there is less vegetation to absorb and slow down the runoff.

4.5 Flora and Fauna

Biodiversity in the South Savannahs forms part of the Guiana Shield, one of the most important places for biodiversity on the planet. It includes the savannah, wetlands, and forests of the Rupununi region and forms part of an extensive, biodiversity-rich region, which is still largely intact (World Wildlife Fund and Global Wildlife Conservation, 2016). This area is separated from the North Rupununi by the forested Kanuku Mountains Protected Area. The savannah ecosystem in the Rupununi, also called Guianan Savannah, is unique and is the largest such ecosystem in Guyana and the wider Guianas. The southern Rupununi savannah supports an incredible diversity of species, many of which are highly endangered or threatened. One of the main reasons why so many species thrive in these areas is because of the high diversity of habitat types. The savannah stores carbon helps to keep forest and freshwater ecosystems healthy and creates large landscape connectivity, which contributes positively to species survival. Despite the importance of the Rupununi savannah, no portion of it has been given national-level protection (World Wildlife Fund and Global Wildlife Conservation, 2016).

Indigenous peoples have inhabited the Rupununi for thousands of years and play important roles in ensuring that the biodiversity of the area is well protected. Today, Wai-Wai and Wapishana peoples (and some Macushi) live in the South Rupununi. Although the biodiversity of the area is generally intact, it is important to strengthen conservation and management actions in the Rupununi savannah, since there are growing threats: gold mining, overharvesting of wildlife, and commercial agriculture. savannah, maintaining some traditional ways of life, although there is a shift toward a cash-based economy. Families rely on fish and a limited variety of food crops, especially cassava, that are cultivated in shifting agriculture plots surrounding villages (World Wildlife Fund and Global Wildlife Conservation, 2016).

4.5.1 Habitats of the South Rupununi Savannah

- **Gallery Forest**

These forests grow on the banks of rivers and streams flowing through the savannah. As the day heats up in the open savannah, gallery forests provide refuge for birds, mammals, and reptiles. The soil here is more fertile and holds a more reliable supply of water, which supports biodiversity and the lifestyles of local people. Gallery forests have been disappearing around the world due to harmful human activities, which prevent seedlings from growing and interfere with water flowing naturally (World Wildlife Fund and Global Wildlife Conservation, 2016).

- **Rocky outcrops**

This unusual feature is only found in the southern Rupununi. They rise out of the ground from

underlying ancient rock and have uncommon, specialized vegetation. Forests are also associated with these outcrops (World Wildlife Fund and Global Wildlife Conservation, 2016).

- **Wetlands**

The southern Rupununi savannah undergoes a remarkable transformation during the rainy season - permanent wetlands expand, reaching their fullest and vast areas flood, becoming huge seasonal wetlands. These wetlands absorb, filter, and store vast amounts of freshwater, recharging aquifers and keeping the surrounding forests and rivers healthy. It provides critical foraging or breeding grounds for many animals such as fish, migratory birds from as far away as North America and southern South America, Jabirus (*Jabiru mycteria*), and Black caimans (*Melanosuchus niger*). Local communities depend on wetlands for food, housing materials, and income (World Wildlife Fund and Global Wildlife Conservation, 2016).

- **Bush islands**

These are patches of forest that grow on higher areas in the savannah. Bush islands bring connectivity to the savannah landscape, which improves the survival of species. Animals moving across the open savannah use them as a stopover point because they are usually cool and full of food resources. They are also home to many birds that do not live in the rainforests bordering the savannah. Without bush islands and open savannah, the status of many birds would be threatened in the Rupununi. Indigenous communities living in the southern Rupununi consider bush islands as a 'storehouse' for valuable resources like food animals, medicinal plants, and firewood. Indigenous families also practice subsistence farming in the larger bush islands – so they can have a steady supply of food (World Wildlife Fund and Global Wildlife Conservation, 2016)**.**

4.5.2 Plant Species of the Southern Rupununi Savannah

More than 1,000 species of plants - trees, grasses, sedges, woody herbs, climbers and vines - are found in the southern Rupununi Savannah. One reason why so many different plants exist in the savannah is that there are a large number of habitat types – rocky outcrops, bush islands, open savannah, forests along rivers and streams, and wetlands. The south Rupununi Savannah contributes greatly to the floristic diversity and species richness of northern South America, since many of its plants are uncommon (World Wildlife Fund and Global Wildlife Conservation, 2016).

The Rupununi Savannah in Guyana features diverse flora, of various types of grasses interspersed with woody plants in clumps called 'bush islands', and various species found in wetland areas and forests. Some specific examples include water lilies, razor grass, Ite palm, and ferns. The region is also known for species-rich genera like Miconia, Psychotria, Rhynchospora, Piper, and Utricularia (Leipzig, 1996 & World Wildlife Fund and Global Wildlife Conservation, 2016).

A rapid biodiversity survey was conducted during the period April 14 to 17, 2025, to record flora species observed within the project site, the Lethem Regional Hospital Compound, within its proximity and its surrounding environs, the open savannahs. The vulnerability of these species was compared against the International Union for the Conservation of Nature (IUCN) Red List and the NatureServe conservation status. Based on this assessment, most of the biodiversity was classified as "least concern" or was not listed.

- **Flora species observed within the project site - Lethem Regional Hospital Compound**

Common Name	*Scientific name*	Image	Conservation status (IUCN)
Mango	*Mangifera indica L. – Anacardiaceae*		Data deficient (DD). Population trend: unknown
Cashew	*Anacardium occidentale L. – Anacardiaceae*		Least concern (LC). Population trend: unknown
Noni	*Morinda citrifolia L. – Rubiaceae*		Least concern (LC). Population trend: unknown
Dunks (local name), indian jujube	*Ziziphus mauritiana Lam. – Rhamnaceae*		Least concern (LC). Population trend: stable
Carrion crow bush (local name), antbush, algarrobilla	*Senna occidentalis (L.) – Fabaceae*		Least concern (LC). Population trend: unknown

Jamoon (local name), jambo	*Syzygium jambos (L.) Alston – Myrtaceae*		Least Conern (LC). Population trend: stable
Canna Lily	*Canna x hybrida Rodigas - Cannaceae*		Not evaluated (NE)
Ramgoat dashalongb uttercup plant, yellow alder, sage – rose	*Turnara ulmifolia L. – passifloraceae*		Least Conern (LC). Population trend: stable
Common wireweed	*Sida acuta Burm. F. – Malvaceae*		Least Conern (LC).
Water lily or Hardy Swamp Lily	*Crinum bulbispermum - Amaryllidaceae*		
French cotton, Giant milkweed or mudar	*Calotropis procera (Aiton). – Apocynacea*		Least concern (LC). Population trend: unknown

Neem	*Azadirachta indica A. Juss. - Meliaceae*		Least concern (LC).
Black sage	*Varronia curassavica Jacq. – Boraginaceae*		Data deficient (DD)
White frangipani	*Plumeria pudica Jacq. – Apocynaceae*		Least Concern (LC)
Leather coat	*Waltheria indica L. - Malvaceae*		Least Concern (LC)
Tropical almond	*Terminalia catappa L. – Combretaceae*		Least concern (LC). Population trend: stable

Karilla vine or bitter gourd	*Momordica charantia L. – Cucurbitaceae*		Not evaluated (NE)
Fine yellow flower grass	*Zornia latifolia Sm. - Fabaceae*		Not evaluated (NE)
Ragoat dashalong	*Turnera ulmifolia L. - Passifloraceae*		Least concern (LC).

- **Flora species photographed/ observed in proximity to the Lethem Regional Hospital Compound**

Common Name	*Scientific name*	Image	Conservation status (IUCN)
Tamarind	*Tamarindus indica L. – Fabaceae*		Least Conern (LC). Population trend: stable
Castor oil plant, bellyache bush	*Jatropha gossypiifolia L. - Euphorbiaceae*		Least concern (LC). Population trend: stable

Flamboyant	*Delonix regia Fabaceae*		Least Concern (LC). Population trend: unknown

- **Flora species observed in the surrounding environs: open savannah areas**

Common Name	*Scientific name*	Image	Conservation status (IUCN)
West Indian cherry	*Malpighia glabra L. – Malpighiaceae*		Least concern (LC). Population trend: stable
Wild passion fruit	*Passiflora foetida L. - Passifloraceae*		Not listed
Wild thyme. Mexican organo	*Lippia origanoides Kunth - Verbenaceae*		Not listed
Velvetleaf	*Cissampelos pareira L. – Menispermaceae*		Least concern (LC).
Dwarf morning glory	*Evolvulus alsinoides (L.) - Convolvulaceae*		Least Concern (LC)

Silver dwarf morning glory	*Evolvulus sericeus sw. – Convolvulaceae*		Not evaluated
Wild petunia	*Ruellia prostrate Poir - Acanthaceae*		Not threatened
Wild hibiscus	*Pavonia cancellata (L,) Cav. - Malvaceae*		Not listed
Wild sage or dove trapper (yellow fruits are used to attrack doves)	*Casearia sylvestris Sw. - Salicaceae*		Least concern (LC). Population trend: stable
Guava berry (local name), cherry guava is eaten by people and savannah animals when ripe (emeral green colour when ripe)	*Psidium cattleyanum Sabine – Myrtaceae*		Not listed
Golden spoon or Mirishi (Macushi name)	*Byrsonima crassifolia (L.) Kunth – Malpighiaceae*		Least Concern (LC)

Locustberry, Merishie (in Mucushi language) is an edible berry and is bright yellow when ripe	*Byrsonima coccolobifolia Kunth - Malpighiaceae*		Not listed
Suckle berry tree, also called machoo in Wapishana is a medicinal plant used in the treatment of enlarged prostate (by drinking a few drops in a glass of water every morning and afternoon)	*Himatanthus obovatus (Mull. Arg.) – Woodson - Apocynaceae*		Least Concern (LC)
Sandpaper tree, rough leaf treeCaimaibe (wapishana's name). Bark is used in treating wounds (it is boiled and left to cooled, when water is warm it is used to clean the wound)	*Curatella americana (L.) - Dilleniaceae*		Least concern (LC). Population trend: unknown
Marula or Eddine (wapishana's name)	*Sclerocarya birrea (A. Rich) Hochst. - Anacardiaceae*		Least concern (LC). Population trend: stable
Firewood tree/ savannah match wood tree (bark is used for producing coal)	*Palicourea rigida Kunth - Rubiaceae*		Not listed.

Horse tail grass (cawrrau dewuu – wapishana's name)	*Bulbostylis paradoxa (Sprengl) Lindm – Cyperaceae*		Not listed.
Spiked crinkleawn	*Trachypogon spicatus (L.f.) Kuntze – Poaceae*		Not listed.
Kyasuma grass	*Cenchrus pedicellatus (Trin.) Morrone*		Least Concern (LC).
Ite palm (local name), Muriti	*Mauritia flexuosa – Arecaceae*		Least concern (LC). Population trend: unknown

4.5.3 Fauna - Animal species of the Southern Rupununi Savannah

There is an incredibly high diversity of animals in the southern Rupununi savannah. This results from the mosaic of habitat types, the mixing of Amazonian and Guiana Shield fauna during events such as seasonal flooding and the relatively intact nature of the landscape. The area provides a good home for many animal species that are highly endangered globally (World Wildlife Fund and Global Wildlife Conservation, 2016).

- ***Mammals:*** In the south Rupununi savannah, 54 species of mammals were documented by the World Wildlife Fund and Global Wildlife Conservation in 2016 in a Biodiversity survey of the Southern Rupununi Savannah. Species included a number of globally threatened ones such as the Giant anteater, Giant armadillo, and the Brazilian tapir, and a new species of insect-eating bat. Hunting pressure has reduced the population densities of some mammals, particularly in areas that are readily accessible to people. Nonetheless, the south Rupununi savannah remains an important area for mammals that face numerous threats in other parts of their range.

No Critically Endangered mammals are known to occur in Guyana. The only Endangered mammal listed by the IUCN for Guyana is the Giant Otter (Pteronura brasiliensis). The Giant anteater (Myrmecophaga tridactyla) is listed as vulnerable, and the white-tailed deer (Odocoileus virginianus) as near threatened.

- ***Bats:*** There are at least 35 species of bats in the southern Rupununi savannah. They disperse seeds and pollinate flowers – two important actions that help forest regenerate itself. Places like rocky outcrops at Kusad and rainforest with patches of savannah in the Parabara may provide important roosting sites and foraging habitats (World Wildlife Fund and Global Wildlife Conservation, 2016).

- ***Birds:*** There are at least 487 species of birds in the southern Rupununi savannah and wider Rupununi region, or about 60% of all birds known from Guyana. The southern Rupununi provides a safe place for many species that are disappearing from other parts of their range due to habitat loss and overharvesting. At the same time, however, song-birds, parrots and others collected for the pet trade need protection in the Rupununi. Birds are a vital part of the southern Rupununi, helping to disperse seeds, control insect populations and remove carrion. They are also a source of food for local indigenous people (World Wildlife Fund and Global Wildlife Conservation, 2016). The Endangered bird species listed by the IUCN in Guyana are the Sun parakeet (Aratinga solstitialis); Hoary-throated spinetail (Synallaxis kollari); and the Red siskin (Carduelis cucullata).

- ***Fish:*** The rivers, ponds, wetlands, and other freshwater habitats of the Rupununi have high fish diversity. This short survey of the southern Rupununi savannahs yielded 168 species. Of these, 18 are likely new to science, 25 are endemic to Guyana and 19 are considered rare. Fishes living in the southern Rupununi range from the tiny aquarium species to mega-fish like the arapaima, which grows to over 3 meters. Fishes are a traditional source of food for communities in the southern Rupununi, but some of the larger species are considered to be overfished (World Wildlife Fund and Global Wildlife Conservation, 2016). Guyana has no listed Critically Endangered or Endangered freshwater vertebrates.

- ***Reptiles:*** 176 species of reptiles are found in Guyana, many of which are threatened globally because of human activities like overharvesting, large-scale land clearing and water pollution. In the southern Rupununi savannah, approximately 20 percent, or 30 species, were recorded. These included: red and yellow-footed tortoises; black, dwarf and spectacled caimans; boas, and lizards like the green iguana and gold tegu. (World Wildlife Fund and Global Wildlife Conservation, 2016). In particular, the Savanna side-necked turtle (Podocnemis vogli) is listed as vulnerable.

- ***Amphibians:*** The amphibian fauna of the southern Rupununi savannah includes frogs and toads. Twenty-seven species were found during our survey but there are certainly many more that are present in the area. Their life cycle depends on both water and land, making them excellent indicators of ecosystem health. Clean, unpolluted water is needed for the complete development of their larval stages and adults are sensitive to land use changes that degrade wetland and forest habitat used for breeding (World Wildlife Fund and Global Wildlife Conservation, 2016).

- ***Insects and other invertebrates:*** Although they are small in size, invertebrates are one of the most important groups of animals in the southern Rupununi savannah. They play a major role in dispersing seeds, pollinating flowers, recycling organic matter and aerating the soil. Without these services, many plants and most animals, including humans, would not be able to exist. Nearly all fruits and vegetables, for example, grow because of the direct action of insects (World Wildlife Fund and Global Wildlife Conservation, 2016).

A rapid survey was conducted during the period April 14 to 17, 2025 to record fauna species observed within proximity to the project site, the Lethem Regional Hospital Compounds, and its surrounding environs, the open savannahs. The vulnerability of these species was compared against the International Union for the Conservation of Nature (IUCN) Red List conservation status. Based on this assessment, most of the biodiversity was classified as "least concern" or was not listed.

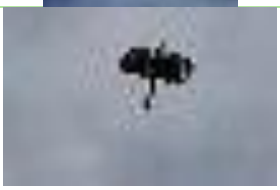
Mammals photographed/ observed in Lethem and surrounding savannah areas during April 14 to 17, 2025

Common Name	Scientific Name	Image	Conservation status (IUCN)
Horse	*Equidae*		Domesticated/ Not evaluated
Sheep	*Artiodactyla*		Domesticated/ Not evaluated
Cat	*Felidae*		Domesticated/ Not evaluated
Dog	*Canis familiaris or Canis lupus familiaris*		Domesticated/ Not evaluated

- **Mammals reportedly observed within Lethem and the savannah area**

Common Name	*Scientific name*	Conservation status (IUCN)
Donkey	*Equus asinis*	Domesticated/ Not evaluated
Cattle	*Bos taurus*	Domesticated/ Not evaluated
Goat	*Capra hircus*	Domesticated/ Not evaluated
Giant ant eater	*Myrmecophaga tridactyla*	Vulnerable (VU)
Puma	*Puma concolor*	Least Concern (LC)
Jaguar	*Panthera onca*	Near threatened (NT)
Ocelot	*Leopardus pardalis*	Least Concern (LC)
Crab dog or Crab-eating Raccoon	*Procyon cancrivorus*	Least Concern (LC)
White-tailed deer	*Odocoileus virginianus*	Near threatened (NT)
Red brocket deer	*Mazama americana*	Data deficient (DD)
Nine-banded Armadillo	*Dasypus novemcinctus*	Least Concern (LC)
Mongoose	*Herpestidae*	Least Concern (LC)
Squirrel monkey	*Saimiri*	Least Concern (LC)
Capuchin monkey	*Cebinae*	Least Concern (LC)
Baboon	*Cercopithecidae*	Least Concern (LC)

- **Birds photographed/ observed in Lethem and surrounding savannah areas during April 14 to 17, 2025**

Common Name	*Scientific Name*	Image	Conservation status (IUCN)
Turkey vulture or carrion crow [eat dead animals]	*Cathartes aura*		Least concern (LC)
Chickenhawk or sharp-shinned hawk or sharpie	*Accipiter striatus*		Least Concern (LC
Greater Kiskadee	***Pitangus sulphuratus***		Least Concern (LC)

Scissor-tailed flycatcher, swallow-tailed flycatcher, scissortail	***Tyrannus forficatus***		Least Concern (population decreasing)
Tropical mockingbird	***Mimus gilvus***		Least Concern (population increasing)
Great egret or great white heron	*Ardea alba - Ardeidae*		Least Concern (LC)
Chicken aka yard fowl, rooster	***Gallus gallus domesticus)***		Domesticated/ Not evaluated
Saffron finch	***Sicalis flaveola***		Least concern (LC)
Buff-necked Ibis (aka Curri Cock in Lethem)	***Theristicus caudatus***		Least concern (LC) (population stable)

- **Birds commonly observed by residents in the area**

Common Name	*Scientific name*	Conservation status (IUCN)
Blue saki or the Blue-Gray Tanager	*Thraupis episcopus*	Least concern (LC)
Pale-breasted Thrush	*Turdus leucomelas*	Least concern (LC)
Sparrow: **Grassland sparrow** **Rufous-collared Sparrow**	 *Ammodramus humeralis* *Zonotrichia capensis*	Least concern (LC) Least concern (LC)
Blackbird called "old witch" bird or Smooth- billed Ani	*Crotophaga ani*	Least concern (LC)
Yellow-beaked toucan or the Channel-billed Toucan	*Ramphastos vitellinus*	Least concern (LC)
Spurwing bird or Wattled Jacana	*Jacana jacana*	Least concern (LC)
Jabiru	*Jabiru mycteria*	Least concern (LC)
Parakeets: **sun parakeet or the sun conure** **Golden-winged Parakeet**	 *Aratinga solstitialis* *Brotogeris chrysoptera*	Endangered (EN) Least concern (LC)
"White eye" parrots, also known as white-eyed parakeets, are a specific type of parrot, the white-eyed parakeet	*Psittacara leucophthalmus*	Least concern (LC)
Wild ducks (seasonal): **Black-bellied whistling-duck** **White-faced Whistling-duck**	*Dendrocygna autumnalis* *Dendrocygna viduata*	Least concern (LC)

- **Fish reported as common in the area**

Common Name	*Scientific name*	Conservation status (IUCN)
Patwa or black acara	*Cichlasoma bimaculatum*	Least Concern (LC)
White piranha	*Serrasalmus brandtii*	Least Concern (LC)
Red-bellied piranha	*Pygocentrus nattereri*	Least Concern (LC)
Black Piranha	*Serrasalmus rhombeus*	Least Concern (LC)
Houri	*Hoplias aimara*	Least Concern (LC)
Lukanani refers to the local name for the Peacock bass (internationally)	*Cichlasoma*	Least Concern (LC)
Pakoo (sweet water)	*Perulibatrachus aquilonarius*	Data Deficient (DD)
Lugo Lugo (in Guyana) or banded knifefish	*Gymnotus carapo*	Least Concern (LC)

Cat fish (many species)	*Zungaro zungaro*	
Gilded catfish, Jau catfish or dourado catfish	*Hemisorubim platyrhynchos*	
Porthole shovelnose catfish or porthole shovelnose catfish or spotted shovelnose catfish	*Phractocephalus hemioliopterus*	Least Concern (LC)
Banana catfish or Redtail catfish	*Acanthodoras cataphractus*	

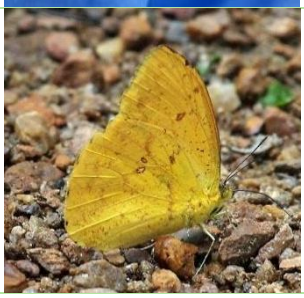
- **Reptiles reportedly observed within Lethem and the Savannah area**

Common Name	*Scientific name*	Conservation status (IUCN)
Rattle snakes	*Crotalus durissus trigonicus*	Least Concern (LC)
Emerald tree boa	*Corallus caninus*	Least concern (LC)
Yellow-bellied house snake	*Lamprophis fuscu*	Least Concern (LC)
Labaria, common lancehead	*Bothrops atrox*	Least Concern (LC)
Horsewhip, Grass snake or Rutherford's vine snake	*Oxybelis rutherfordi*	Not evaluated (NE)
Land camoudi or rainbow boa	*Epicrates cenchria*	Least Concern (LC)
Water camodi, water boa or anaconda	*Eunectes murinus*	Least Concern (LC)
Fire snake	*Chironius scurrulus*	Least Concern (LC)
Parrot snake	*Leptophis ahaetulla,*	Least Concern (LC)
Matamata turtle	*Chelus fimbriata*	Least Concern (LC)
Savanna side-necked turtle	*Podocnemis vogli*	Vulnerable (VU)
Twist necked turtle	*Platemys platycephala*	Not evaluated (NE)
Scorpion mud turtle	*Kinosternon scorpioides*	Least Concern (LC)
Red-footed tortoise	*Chelonoidis carbonaria*	Not evaluated (NE)
Gold tegu	*Tupinambis teguixin*	Not evaluated (NE)
Black caiman	*Melanosuchus niger*	Near Threatened (NT)

- **Amphibians reportedly observed within Lethem and the Savannah area**

Common Name	*Scientific name*	Conservation status (IUCN)
Rain frog or New River South American Rain Frog (comes out about 2 weeks before the rainy season and floods)	*Pristimantis inguinalis*	Least Concern (LC)
Two-toed frog	*Pristimantis*	Least Concern (LC)
Toad: Cane Toad	*Rhinella marina*	Least Concern (LC)
Guyana harlequin frog	*Lysapsus laevis*	Least Concern (LC)
Emerald-eyed frog	*Hypsiboas crepitans*	Least Concern (LC)
Myer's thin-toed frog (specie was officially recorded for the first time in Guyana during the 2016 WWF survey)	*Leptodactylus myersi*	Least Concern (LC)

- **Invertebrates (and/or habitats) photographed/ observed in Lethem and surrounding savannah areas during April 14 to 17, 2025**

Common Name	*Scientific name*	Image	Conservation status (IUCN)
Fire Ants/ Red Ants nest	***Solenopsis invicta***		Not evaluated (NE) - Invasive species status
Termite	***Macrotermes* genus**		Not evaluated (NE)
Black-footed yellow sac spider or the American yellow sac spider	*Cheiracanthium inclusum*		Not evaluated (NE)
Yellow butterfly or Dark Apricot Sulphur	*Phoebis argante*		Not evaluated (NE)

- **Inspects and Invertebrates reported within the open Savannah area**

Common Name	*Scientific name*	Conservation status (IUCN)
Army ants	*Eciton burchellii*	Least Concern (LC)
Bullet ants	*Paraponera clavata*	Not evaluated (NE)
Gliding turtle ants	*Cephalotes atratus*	Near Threatened (NT)
Canopy ants	*Daceton armigerum*	Vulnerable (VU)
Big-eyed ants	*Gigantiops destructor*	Near Threatened (NT)

4.5.4 Flooding

Flooding is the main disaster faced by Guyana and is a significant hazard along the coastal zone of Guyana, particularly since the majority of the population (around 90%), much of the country's infrastructure, and major parts of its economy, such as agriculture, are located in this narrow coastal strip.

Flooding is also a hazard in the flat savannah areas, where the lack of relief means that water only drains back into watercourses slowly and can remain on land for weeks. Lethem is located in a zone that experiences periodic flooding on the lower slopes of the flood plain. Historically, there were occasional floods in Lethem and its environs resulting from excessive rainfalls, causing a backup and constant rise of the Rio Bronco in Brazil, which backs up the Takutu River along the border, thus resulting in flooding. Nonetheless, there were never any events where floods were observed in the Lethem Regional Hospital compound.

According to the stakeholders engaged, the Lethem hospital has never experienced significant flooding during these extreme rainfall events, but conditions on-site were slushy and slippery. They also recalled water accumulating within some sections of the compound for short periods due to blockage in the surrounding community drainage system. Designs relating to drainage are still ongoing and have not been finalized yet. This ESA/ESMP will be updated to reflect such when designs are finalized.

Despite this, the risk of flooding in Guyana remains high due to current trends of extreme weather events and significant precipitation levels in short periods of time.

4.5.5 Drought

Guyana is also at risk from drought, which is heavily influenced by the El-Niño Southern Oscillation. Droughts are expected to see an increase in consecutive dry days due to climate change contributing to the increases in temperature and reduction in rainfall. Recent droughts in 1998, 2009 to 2010 and 2014 t0 2015 resulted in water rationing and extensive crop and livestock losses.

There are concerns that the country as a whole, and the agricultural sector in particular, will suffer. Following an extended period of dry weather in late 2014 and early 2015, the hinterland was facing drought conditions by April 2015. Region Nine (Upper Takutu-Upper Essequibo) and parts of Region One (Barima-Waini) were particularly affected, resulting in a reduction in the agricultural output in the Regions, a reduction in available water supply, and increased dust pollution, among other issues. The lack of rainfall caused decreased water levels in the wells, lakes, ponds, rivers, creeks, and other water sources. Frequent bushfires destroyed several farms at Aranaputa. Local communities experienced limited access to potable water for domestic and agricultural use. Residents were forced to go to local rivers, including the Rupununi River, for untreated water for domestic use. There were reports of an increase in the number of people suffering from vomiting and diarrhoea. The drought conditions were also linked to a resurgence of pests, including acushi ants and caterpillars, which attacked the few remaining crops. Dasheen, cassava, eddo, and other cash crops were particularly severely impacted by the drought. With increases in the number of dry spells, drought conditions, and changing rainfall patterns, stress on Guyana's internal water resources, aquifers, and rivers is increasing.

Region 9 has suffered drought conditions. Considerations of such conditions have been taken on board in the project design in terms of water holding/storage capacity at these facilities and to maximize opportunities for water harvesting.

4.5.6 Wildfires

The Rupununi Savannah experiences two distinct climatic seasons: a wet season (generally May–August) and a dry season (September–April). These seasonal patterns significantly influence the environmental dynamics of the savannah, particularly the occurrence and severity of wildfires. During the dry season, extended periods of high temperatures, low humidity, and strong winds cause vegetation to become extremely dry and combustible. The tall grasses and shrubs characteristic of the Rupununi act as fuel for wildfires. However, there are also anthropogenic factors that can lead to the occurrence of wildfires in the area. Both examples are discussed below:

- **Natural Causes**
  - Lightning strikes during transitional weather conditions are a primary natural ignition source.
  - Prolonged drought-like conditions, sometimes intensified by climate variability, further increase vulnerability.

- **Anthropogenic Factors (Aggravating Natural Hazard)**
  - Traditional land-use practices such as slash-and-burn agriculture and grassland burning by ranchers to promote fresh pasture growth.
  - Improper disposal of burning material (campfires, cigarettes) by locals or travelers.
  - Expansion of agricultural activities in Lethem and surrounding areas.

If improperly managed and preventative measures are not implemented, recurring wildfires in the area can therefore lead to the following impacts:

- **Environmental Impact**
  - **Ecosystem stress:** Frequent or uncontrolled fires can damage biodiversity, especially forest–savannah ecotone areas and wetlands.
  - **Soil degradation:** Intense fires can reduce soil fertility, disrupt microbial communities, and increase erosion.
  - **Air quality degradation:** Smoke from wildfires impacts local and cross-border air quality, with health implications for vulnerable groups.

- **Social and Economic Impact**
  - **Health risks:** Smoke inhalation can cause respiratory illnesses in communities such as Lethem and nearby indigenous villages.
  - **Livelihood threats:** Cattle ranching and subsistence farming, key economic activities in Region 9, are directly affected by the destruction of grazing land and crops. For indigenous communities, controlled burning has traditional ecological knowledge value but shifts in climate and land use are increasing the risk of these fires escaping control.

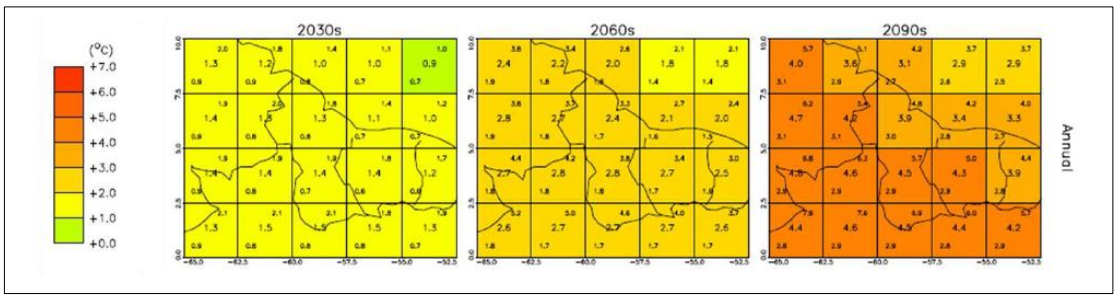


Figure 32: Mean Annual Temperature Projections
Source: *State of the Environment Report 2016 - Government of Guyana with funding from the United Nations Development Programme (UNDP)*

As such, preventative considerations were included in the design of the new hospital through the strategic selection of fire-resistant construction materials. The site will also include multiple routes for the entrance and exit of emergency vehicles such as fire trucks and ambulances, to assist in overall emergency management.

4.6 Social Setting

4.6.1 Background

Lethem hosts a mixed population with a strong Indigenous majority (Macushi, Wapishana; plus, Afro- and Indo-Guyanese minorities). Portuguese is commonly heard due to proximity to Brazil, alongside English and Indigenous languages. Frequently observed is steady daytime foot/vehicular movement linked to the regional hospital complex itself, nearby schools, government offices, retail strips, and the aerodrome; evening activity moderates, with small shops, bars, and eateries active along the main roads.

There is notably a seasonal peak of activities which occurs during the Rupununi Ranchers Rodeo (Easter), drawing large regional and international crowds to the Lethem Rodeo Ground, increasing traffic, temporary vending, music, and night events across the town. However, there is daily movement of shoppers, patients, and traders between Lethem and Bonfim via the Takutu River Bridge, which influences the languages spoken, currency use, and weekend shopping peaks.

However, the present land use immediately surrounding the hospital includes less than ten (10) residential dwellings (with distances from the hospital varying between 108metres – 145metres), one (1) primary school (203metres), two (2) churches (166metres – 140metres), one (1) pharmacy (151metres), one (1) government ministry (93metres), a monument (Combatant's Memorial) (86metres) and several small shops. The Takatu River is 413 meters from Lethem Hospital Compound. The current population number has not been determined at this stage, but will be discussed in more detail (such as gender, age group and education) in the *Socio-cultural Analysis and Indigenous Peoples Plan.*

4.6.2 Provision of Utilities

Electricity is mostly provided by the Lethem Power Company (LPC); however, the supply may be limited to certain times of the day. Therefore, the 200kW generator will be equipped as the backup power. Solar panels will be installed at the workers' camp and the hospital.

The Guyana Water Inc (GWI) supplies pipelines around the hospital with approximately 10 m^3 of water per day, which can meet the project's water demand. This water is provided to residents from 5:00 am to 10:00 pm daily from 5 well stations – two in Culvert City, one in Tabatinga, one in Kanuku Drive, and one in Bon Success. Testing is done monthly by GWI Representatives to ensure that the water supplied from these sources remains safe. However, water supply may only be available for certain times of the day and can be affected by the electricity supply. Water supply in these areas consists of both ground and surface water sources. Surface water supply is usually affected during the dry seasons.

Within indigenous communities, the water supply consists of both ground and surface water sources as well as rainwater harvesting. However, for most communities, pumping and distribution systems are limited, and many residents either have their own wells or travel to surface water sources such as rivers and creeks to obtain water. Electricity supply is also limited, with people utilizing solar power and or small generators.

4.6.3 Project Communities

The current population of Lethem, according to the Mayor and Town Council, is approximately 6,000, with Tabatinga being the largest constituency with 500 households and 2000 people. Lethem is a multi- ethnic and multi-racial town with a mixed population of Amerindians, people of mixed heritage, Coastlanders (migrants from Guyana's coast), and immigrants and descendants from China and Brazil. According to the National Census (2012), 52 percent of the Lethem population is of mixed-race, 28 percent of Amerindian descent, and 10 percent of African descent.

The Township has essential facilities such as the hospital, a Magistrate Court, commercial banks, a Post Office, Police and Fire Stations. Lethem is also considered a trading zone, and trade is the main economic activity, employing over 30 percent of Lethem's population. The other economic activities include civil services (18 percent), municipality (14 percent), agriculture (12 percent), and financial services (10 percent), among others. Tourism is also a significant contributor to the local economy with large numbers of Brazilians crossing the border to visit Lethem during weekends. The Lethem Town Week and the Rupununi Rodeo are the main events that attract visitors from across Guyana, Brazil, and other countries to Lethem. Although most of the food consumed in Lethem is imported from Georgetown and Brazil, some residents practice small-scale domestic and commercial farming. Lethem gets its electricity from the Lethem Power Company. A soon-to-be-commissioned solar farm will contribute to the power supply, which will also be bolstered by planned mini-hydro projects. Potable water is provided by GWI. Internet and cell service is available in the Township and landline services are provided.

The procurement of local living and construction materials, as well as the employment provided during the project period, is expected to have a positive impact on the local socio-economic and resident welfare.

4.6.4 Existing Hospital Services and Specialties

There are currently 23 departments functioning at the Lethem Regional Hospital. These are: Out-Patient, Accident and Emergency, OBGYN, Chronic Diseases, General Service Clinic, Pediatrics, Elderly Care, Family Planning, Maternal and Child Health, Dental Clinic, Physiotherapy, Malaria, Infectious Diseases Department, Ophthalmology, Environmental Health, Pharmacy, X-ray and Ultra-sound, Mortuary, ICU, Theater, Telemedicine, and Blood Bank.

The hospital currently has 45 beds across 9 wards with an occupancy rate at 85 – 100 percent at any one time. However, sometimes the occupancy exceeds the capacity of the hospital. There is a maternal waiting home where expecting mothers are transported at least a month prior to their delivery date to the hospital to await delivery. This is to ensure that expecting mothers in remote areas that are often difficult to access are in close proximity to the hospital, so that their delivery can be handled by a medical professional to ensure the health and safety of both the mother and child.

There is currently an ICU. However, the ICU is currently not functioning due to a lack of trained ICU personnel. Patients who need critical care are housed in the general wards of the hospital. This is especially risky since they do not often receive the standard of care they need while in a critical state.

The Pharmacy/Dispensary is located within the main hospital building. The space is also being

used as a pharmaceutical storage area and is currently inadequate to meet the needs of the hospital. There is often a backup of patients waiting to collect medication on busy clinic days. There is a need for the expansion of this department to fully cater to the needs of the patients and visitors .

There is a laboratory that is certified by the GNBS. The lab is not adequately equipped to carry out some of the more complex testing required. Some of the testing is done manually. The current services offered by the lab are often insufficient to meet the needs of the patients and doctors, especially the long turnaround time for test results. There is no capacity for pathology testing, and samples are therefore sent to GPHC or the National Reference Laboratory for analysis. This prolongs the diagnosis time for patients and may cause additional health complications.

Notably, the hospital is presently single-story, flat, and therefore accessible for people with disabilities.

Table 8: Hospital Beds per Wards

Wards	Beds
Pediatric	6
Male	9
Female	8
A&E	3
Maternity and Child Health	9
Theater	1
Recovery	3
ICU	5
Labour Room	1
Total	**45**

The LRH serves as the main referral hospital for 26 communities within Region 9. Given the limitations of the services and specialties provided by the hospital, the majority of these cases are eventually transferred to the GPHC.

The majority of the outpatients are located within the communities and travel to Lethem for health care services. There has been a move from traditional medicine to modern medicine, which results in more people seeking to access healthcare at the community centers and hospitals. As such, the demand for services has increased both at the community level and at the hospital. While the community centers may not be fully equipped to handle certain cases, such as dental and dermatology, LRH often conducts outreaches in these areas, and only critical patients are admitted to the wards. This helps to ease the burden on the hospital as well as help remote communities access healthcare.
Given that some of the key health care services are not being offered at the LRH, there is a high referral rate of patients to the GPHC. In emergency cases, patients are also medevac to Georgetown or transported to Boa Vista in Brazil.

The hospital has a functioning mortuary. Ambulances are available at the hospital to transport patients. There are staff of the hospital who can speak the indigenous languages of the surrounding communities, as well as Portuguese. This enables easy communication with patients from these communities and Brazil. It should be noted that the LRH has recently commenced the provision of telemedicine services.

4.6.5 Hospital Facilities

The LRH is made up of the main hospital building as well as other buildings that are spread out within the compound. With the exception of the nurses and doctors' quarters, the buildings are one story on raised posts. The current building, depending on its foundation, may be able to support an expansion going upwards. However, there is space in the current compound to facilitate the construction of a new building or further expansion.

The current buildings provide medical services as well as auxiliary services and are important to the effective functioning of the hospital. However, the space allocated to the medical departments is inadequate and does not meet the needs of healthcare professionals or patients. There is also no physical space to accommodate additional specialties and services. Some of the hospital beds in the wards are defective and old.

There is a central oxygen distribution system that was recently installed at the hospital to provide oxygen to the wards. This is further supplemented by bottled oxygen. In addition, nitrogen oxide, compressed air, and vacuum are provided and reach all essential areas of the hospital.

Sterilization is done within each department, and there is a plan to implement a centralized sterilization unit so that there can be a more efficient approach to sterilization. The LRH also sterilizes equipment for various community health centers.

Approximately 65 % of the hospital is air-conditioned, including departments such as the theater, dental, and pharmacy. Air conditioning is provided by individual units. The other departments and wards rely on natural ventilation from windows, doorways, and vents. Some of the newer buildings, such as the maternity waiting home, have ceiling fans that help to cool the surroundings. Wards are generally hot, and there is often poor ventilation due to the retrofitting of the main hospital building. The hospital has an administration block, with general office spaces for conducting clerical and administrative work of the hospital.

The hospital has a kitchen that provides meals to patients and their families who come from the communities. The kitchen is housed in a separate building. The kitchen area is small and ill-equipped to provide meals. There is currently no cafeteria located within the hospital complex. Patients and families are required to travel away from the hospital to source any food or beverage, as there is no vending outside of the hospital's compound.

The laundry department is located within the hospital complex but away from the main hospital building. The laundry department washes and cleans hospital garments such as linens by machine and drying is done in open air within and outside of the laundry house.

There is a designated area for fuel storage for the generator. However, fuel is stored in a haphazard manner, with the risk of contamination from leaks and spills. Residual spills were observed outside of the storage area.

The general layout of the hospital is in an ad-hoc manner since buildings have been added and repurposed over the years. As a result, there is no logical flow of services. Since there is limited space and beds, there is a constant shift of services and designation of wards to accommodate the influx of patients. This usually leads to inconsistencies and disturbances of services.



Figure 33: Access Ramp



Figure 34: Paved Internal Access

The existing hospital building will be renovated and transformed into a logistics support building, including equipment rooms, restaurant, and offices. The remaining auxiliary buildings will also be considered as part of the functional and service processes of the medical complex.

4.6.6 Utilities

4.6.6.1 Electricity

Power to the hospital complex is supplied by the Lethem Power Company and is supplemented by an 85 kVa generator and a 35 kVa photovoltaic system as backup options. The backup power supply system is not adequate to meet the needs of the hospital. While the Lethem Power Company is fairly reliable during its hours of operation, there is a need for a bigger and more efficient generator to supply sufficient power to the hospital. The electrical infrastructure, including the distribution system, requires upgrading. This work will include a 250kVa transformer equipped to upgrade the capacity of the electricity system. Two sets of 500 kW generators are recommended for this activity. A 180kW photovoltaic system (around 20% of the whole load of the hospital) and energy storage (to supply power) to important loads for 30 minutes are designed to be installed at the facility.

4.6.6.2 Water

There are two water supply systems, consisting of an old system and a new system. The hospital's main source of water is from its own well. Rainwater is also harvested for use. There are two water trestles with water storage tanks. One of the trestles is located at the main hospital building, and the other is located closer to the laundry area. Additionally, two reservoirs have the capacity to hold water supply for emergency use. Potable water is bought from a local service provider with a water quality test report and quality management system. The plumbing at the hospital complex is old and needs upgrading. There are currently many leaks resulting in wastage.



Figure 35: Water Storage Tanks

4.6.6.3 Connectivity

Landline and cellular telephone services are available. The landline service is supported by an intercom system. Internet service is available in most sections of the hospital. However, there is a need for more efficient internet at the facility, especially with the introduction of telemedicine.

4.6.7 Waste Management

Medical waste, such as sharps, needles, and infectious waste, is separated at the collection point but is eventually mixed with domestic waste in skip bins and is transported to the community dumpsite for open-air burning and subsequent burial. Garbage is also disposed of in this

manner. The waste is taken to the dumpsite by the Lethem Town Council three times per week. Expired pharmaceuticals are written off and also transported to the dumpsite for burning and then burial. This is especially dangerous since the dumpsite is located in proximity to other residents. Placenta and body parts are buried in a designated area within the hospital complex.

Two incinerators were used to dispose of the waste types mentioned above in the past, including one that is located within the hospital compound. However, none is currently operational. It should be noted that when the incinerator within the compound was operational, there were complaints from neighbouring residents about the emissions. However, the MOH has made recent improvements in healthcare waste management. The MOH has procured new technology of incinerators, which are designed to achieve minimal emissions through advanced engineering, including high-temperature secondary combustion chambers and optional filtration systems like Venturi wet scrubbers and acid scrubbers, ensuring compliance with stringent international standards and producing sterile ash and clean emissions. One of the ten incinerators procured is identified for Lethem Hospital. Upon completion of the new hospital, this incinerator will be installed.

Liquid medical waste, such as blood, effluent from the mortuary, and other fluids, is disposed of by a sluice sink. For sewage, each building has an individual septic tank that is connected to the building and which discharges to the soakaway. Domestic liquid waste from the kitchen and bathrooms is disposed of via soakaways.



Figure 36: Incinerator



Figure 37: Medical Waste Skip

4.6.8 Occupational Safety and Health Administration

The hospital receives funding from the RDC, Region 9, for the administration and day-to-day functioning. The Regional Health Officer has direct oversight of the LRH and is responsible for the overall planning and administration of the hospital. The day-to-day administration is conducted by an Administrator who oversees the general functioning of the hospital and regulates the services.

There is an Environmental Health Officer who is attached to the RDC and functions as the effective Health, Safety, and Environment Officer for the hospital. The LRH is currently working on a Health and Safety Committee focusing on health and safety, and environmental health. There is an adequate supply of PPEs, which are utilized by staff in an effective and correct manner.

4.6.9 Emergency Response

There is currently no emergency preparedness plan for the LRH. There are several fire extinguishers in place at strategic points, especially within the new building. However, some of the extinguishers require servicing. In addition, there is a sprinkler system installed in the new building. There is also a fire alarm system in place. However, there are no assembly or muster points identified should a fire occur. It should be noted that the Guyana Fire Service now has a presence in Lethem.

There is currently no disaster risk management plan for the LRH. However, a disaster risk management plan has been developed as part of the construction ESMP.

4.6.10 LRH Grievance Redress Mechanism

The LRH has a Grievance Redress Mechanism (GRM) in place to hear and address grievances brought by both patients and staff of the hospital. Complaints or suggestions are usually lodged directly with the Administrator of the hospital, who practices an open-door policy. Once a grievance is brought to the hospital's attention, a solution is explored almost immediately. Grievances can also be received via telephone. Additionally, there is a suggestion box located at the reception area for those who wish to offer a suggestion, register a complaint, or make a recommendation anonymously. A record of the grievance collected is kept by the hospital.

Notably, there is a GRM for the project managed by the Ministry of Health, which is included in the Annex and was also presented in the recent consultation exercise. CMEC will also have a Workers GRM and Reporting Form, which is included as Annex 11A and Annex 11B.

5 ENVIRONMENTAL AND SOCIAL IMPACT ASSESSMENT

5.1 Impact Assessment Methodology

This chapter aims to identify and evaluate the potential impacts that the project (during construction and operation) may have on environmental and social receptors. As such, this impact assessment adopted a scientific approach to impact identification and analysis. To the extent possible, the impact assessment is also informed by the findings of site visits and feedback from stakeholder engagements, as well as information provided by the MoH.

The impact assessment was done by identifying and rating potential impacts that could occur as a result of the proposed project activities. The analysis included two aspects. The first was having a clear understanding of the activities of the project and the Area of Influence (AoI). The primary AoI of the project is defined as the footprint of the hospitals, essentially the boundaries of the facility, and a 50metre fringe in all directions around each hospital. The secondary AoI encompasses the area considered as the catchment of each facility, including the wider community around the hospitals and, by extension, the Administrative Regions within which the hospitals are located. The second aspect was to predict potential impacts that might reasonably be expected to occur during the construction and operational phases and their significance. Significant impacts will need to be managed, mitigated, and/or monitored to reduce potential adverse impacts and enhance positive impacts. The approach to the ESA involves a standard impact assessment methodology as outlined below:

- *Stage 1 – Impact Identification*: To determine the potential impacts associated with project activities. This was achieved through professional judgment, site visits to the hospitals, desktop analysis and review of relevant literature, and consultations with project stakeholders.
- *Stage 2 – Impact Assessment*: To identify the importance of the issues identified by rating their significance and likelihood to occur.
- *Stage 3 – Mitigation and Management*: To recommend appropriate mitigation measures and management or monitoring controls to address potential significant negative impact

5.1.1 Stage 1 - Impact Identification

The potential impacts of the project are those that can change existing environmental and social conditions within the AoI in a negative or positive way.

The potential impact of the project is identified based on the social and environmental conditions of the hospital, as well as the activities related to the project. Potential impacts are considered as positive or negative, direct or indirect, short-term or long-term, localized or extended, regional and cumulative. The table below provides definitions for each type of impact considered.

Table 9: Definitions of Types of Impacts

Impact Type	Definition
Positive	An impact that results in a positive effect on the receiving environment or resource from activities performed at or by the project.
Negative	An impact that results in a negative effect on the receiving environment or resource from activities performed at or by the project.
Direct	An impact created as a direct result of the project.
Indirect	An impact which may be caused by the project, but will occur in the future or outside the project's AoI.
Short-term	An impact or activity that is expected to dissipate shortly after the cause ceases
Long-term	An impact or activity that is expected to continue for a significant time after the cause ceases
Cumulating	The effect resulting over time from the interaction between the environmental modifications brought on by the same project.
Localized	Impact which is limited to the project's AoI.
Extended	Impact which extends outside the project's immediate AoI, but is contained within the general vicinity of the project.
Regional	Impact that has extended beyond the vicinity of the project's AoI.

5.1.2 Stage 2 - Impact Assessment

The approach to assessing impacts can be either qualitative or quantitative, depending on available information and historical site-specific experience. Both are important in normal impact analyses. The importance of an impact has been assessed by combining two impact elements:

- The **significance** of the impact on the resources should the impact occur; and
- The **likelihood** of that impact occurring.

In determining the significance level, consideration was given to the types of impacts from each project activity relative to existing baseline environmental and social conditions. This is described in the table below

Table 10: Impact Significance Level Descriptors

Significance Level to Potentially Impacted Environmental or Social Resources				
Negligible	**Minor**	**Moderate**	**Major**	**Extreme**
Minimal impact in a localized area of little or no consequence.	Low impact in a localized or regional area with a functional recovery within one year.	Medium impact in a localized or regional area with a functional recovery of 1 to 5 years.	High impact in a localized or regional area with a functional recovery within 5 to 10 years.	Very high impact in a broad regional area or area of national significance with functional recovery in greater than 10 years, if at all.

In determining the likelihood levels, consideration was given to the probability of an identified environmental or social resource being impacted by the project. The anticipated likelihood of occurrence of an impact was identified to range from Rare to Certain, as outlined in the table below

Table 11: Impact Likelihood Levels

Likelihood of Impact to Environmental or Social Resources				
Rare	**Unlikely**	**Likely**	**Almost Certain**	**Certain**
Highly unlikely to occur but theoretically possible.	May occur within the life of the Project or activity.	Likely to occur more than once during the life of the Project or activity.	Very likely to occur during the life of the Project or activity.	Expected to occur as a result of the Project or activity.

Utilizing the outcomes of both the impact significance ranking and the identified likelihood of impact, the effect of each impact-causing action on the receiving environment is evaluated. The risk level (or importance) is assessed by combining the significance column and the probability row in the following Risk Assessment Matrix.

Table 12: Risk Assessment Matrix

		Significance				
		Negligible	**Minor**	**Moderate**	**Major**	**Extreme**
Likelihood	**Rare**	Low	Low	Low	Medium	Medium
	Unlikely	Low	Low	Medium	Medium	High
	Likely	Low	Medium	Medium	High	High
	Almost certain	Low	Medium	High	High	Critical
	Certain	Low	Medium	High	Critical	Critical

Note: Where the Significance of an impact is indicated to be positive, the importance will also be positive.

5.2 Main Potential Environmental Impacts – Construction Phase

Most of the potential environmental impacts are expected to occur during the construction phase of the project, although minor impacts may also be associated with operations. The environmental factors that could be potentially impacted during these stages are the following:

- Soil
- Water Resources
- Ambient Noise Levels
- Ambient Air Quality

5.3 Soils

5.3.1 Soil Disturbance and Erosion

Construction period

(1) Soil Disturbance and Erosion caused by topsoil cleaning and earth excavation work

Identification: Project construction activities require soil disturbing activities, including the clearing of topsoil to facilitate the construction of new buildings, earth excavation for the foundation treatment of the buildings, and for the provisioning of essential services, such as the installation of water storage reservoirs to enhance water supply. Soil disturbing activities may increase the risks of erosion, especially in the rainy season.

The soil at the Lethem Hospital location has a low probability of compaction and water retention due to the high gravel content in Kanhaplustults. This reduces the soil's ability to compact effectively, leading to decreased pore space, limited water infiltration, and increased surface runoff. Consequently, this can cause higher flood risks, especially during heavy rainfall events, and increased erosion and reduced soil stability. The lack of vegetation cover in savanna areas exacerbates the issue by providing less absorption and slowing of runoff.

However, the Lethem Hospital Project targets areas located on slightly elevated terrain, which are not highly susceptible to erosion. Furthermore, given the planned interventions under the project, the disturbed area is expected to be minimal and confined within the existing hospital compounds.

Assessment:
As a result, potential impacts of soil disturbance, including topsoil removal and erosion are **negative, direct, short-term, not cumulating and localized and of negligible significance**. However, soil disturbance is **certain** to occur. As such, soil disturbance and erosion are **Low Risk**.

5.3.2 Soil Contamination

Construction period

(1) Soil contaminated by the hazardous materials (fuel and oil) from construction machinery

Identification: To a limited extent, soils may be contaminated by small quantities of hazardous materials and waste such as fuels used for construction machinery such as cement mixers, skid steer loaders, etc., as well as waste oils from planned or unplanned maintenance of construction machinery.

After the amount of petroleum substances seeping into the soil exceeds its self-purification capacity, the accumulated oil substances will remain in it for a long time, damaging the soil structure and affecting soil permeability. After sticking to the plant roots, it will hinder the

absorption of nutrients and water by the plant roots, causing root rot and affecting crop growth. However, there is no large-scale cultivated land and agricultural activities around the project, which is actually an urban area.

Assessment: The use of construction equipment and fuel is limited during construction activities. As a result, the potential impacts of soil contaminated by the fuel and oil used for construction machinery are **negative, direct, short-term, and localized, cumulating, and of major significance**. The likelihood is **almost certain** to occur. As such, the risk level is **high**

(2) Soil contaminated by non-treated effluents and sewage

Identification: During the construction activities, dozens of workers will be working and living on site, generating a certain amount of wastewater. Domestic sewage consists mainly of excreta from toilet discharge, sewage from the shower, washing clothes, and cooking. Additionally, temporary buildings that accommodate hospital personnel, patients, and visitors might further contribute to this type of contamination.

Assessment: As a result, the potential impacts of soil contaminated by non-treated effluents and sewage is **negative, direct, short-term, cumulating and localized and of major significance**. The likelihood is **likely** to occur. As such, the risk level is **high**

(3) Soil contaminated by solid waste

Identification: During the construction activities, workers working and living on site will generate domestic waste, including food waste. In addition, construction materials empty packaging such as plastics, wood, cardboard, and other construction materials that may contaminate the soil.

Assessment: As a result, potential impacts of soil contaminated with solid waste are **negative, direct, short-term, cumulating, and localized, and of moderate significance**. The likelihood is **almost certain** to occur. As such, the risk level is **high**

(4) Soil contaminated by medical waste

Identification: Construction activities may lead to potential accidents or jeopardize the storage of medical waste.

Assessment: these potential impacts are **negative, direct, short-term, cumulative, and localized, and of major significance**. The likelihood is **likely** to occur. As such, the risk level is **high**

5.4 Water Resources and Assessment

Surface waters or groundwater resources may be accidentally or intentionally contaminated by the discharge of fuels, waste oils, construction waste, or other hazardous wastes during the construction phase of the project, including any demolition that may be required. Therefore, the risks and impacts on water are identical to those discussed for soil, except for an additional potential impact related to sedimentation during the construction period.

The quality of water is generally used as an indication of the health of the ecosystem it supports. This is determined by measuring important chemical, physical, and biological parameters of the water, such as total coliforms, pH, turbidity, dissolved oxygen, total dissolved solids (TDS), total suspended solids (TSS), biological oxygen demand (BOD), chemical oxygen demand

(COD), and the concentration of various ions. These parameters can also indicate whether water is safe for consumption and how effluent from industries or other environmental factors may be affecting the environment itself.

Within the Lethem Regional Hospital compound and environs, there are no surface water drains. All effluent discharges are currently channeled into various septic tanks throughout the hospital compound, and the new Lethem Regional Hospital, similarly, will discharge wastewater effluents via septic tanks. As a result, there were no sources available for surface water quality testing. Nevertheless, the concern for possible contamination of groundwater through seepage exists. As GWI has several groundwater wells throughout Lethem and surrounding areas, water quality results were sourced from GWI wells within the Lethem Regional Hospital compound and the Arapaima Primary School, just outside of the hospital compound.

GWI does monthly assessments at these various wells for turbidity, iron, apparent color, and total coliform. Based on the listed parameters, the following standards were used as the basis for assessing the water quality from the two identified sample points: -

a) GNBS Interim Guidelines for Industrial effluent discharge into the Environment, GYS 207:2002
   - Sector: General Environmental Guidelines

b) WHO Drinking-Water Quality Guidelines

Table 13: GNBS and WHO Water Quality Standards

Parameter	GNBS (GYS 207:2002)	WHO
Turbidity (NTU mg/L)	<15	<5.0
Iron (mg/L)	< 0.30	<0.30
Apparent Colour (Hazen Units)	Not specified	<15
Total Coliform (MPN per 100ml)	400	0-60

The results of these tested parameters served as the baseline data for this project to determine the extent to which any effluent discharge from the operation via the septic tanks in the Lethem Hospital compound may affect these wells in the future. The results are outlined in Table 14.

Table 14: Water Quality Results of GWI groundwater wells within the Project Site and environment

WHO Guideline Values					**<5.0**	**<0.30**	**clear (<100)**	**Low (0-60)**
Locations	**Sampling Date**	**Reception Date**	**Date Analyzed**	**Time**	**Turbidity (NTU)**	**Iron (mg/L Fe)**	**Apparent Colour (Hazens)**	**Total Coliform** (CFU)
Arapaima Primary School	21-Jan-2025	21-Jan-2025	22-Jan-2025	9:00	0.30	0.02	6	
	5-Feb-2025	5-Feb-2025	6-Feb-2025	9:00	-	0.0	56	
	11-Mar-2025	11-Mar-2025	12-Mar-2025	15:00	0.42	0.04	20	16
	8-Apr-2025	8-Apr-2025	9-Apr-2025	11:35	0.41	0.02	10	4.56
Lethem Regional Hospital	21-Jan-2025	21-Jan-2025	22-Jan-2025	11:26	0.19	0.02	21	
	5-Feb-2025	5-Feb-2025	6-Feb-2025	11:00	-	0.03	0	
	11-Mar-2025	11-Mar-2025	12-Mar-2025	14:52	0.26	0.00	80	TNTC
	8-Apr-2025	8-Apr-2025	9-Apr-2025	11:43	0.30	0.00	19	TNTC

The samples were collected once a month from the period January to April 2025, from Lethem Regional Hospital and Arapaima Primary School (located just outside of the Lethem Regional Hospital). All water samples analyzed were submitted in acceptable condition to the laboratory. The analyses of these samples were done by GWI at lot 48 Commercial Block, Lethem. The methods used for these analyses are stated below:

Table 15: Methods used to Analyze Water Quality Parameters

Parameter	Method
Turbidity	HACH Nephelometric Method 8195
Iron	HACH Ferrover Method 8008
Colour	HACH Platinum-Cobalt Method 8025
Total Coliform	HACH Membrane Filtration Method 10029 / DelAgua Kit
Sampling	SMEWW 1060

5.4.1 Data Results

The following table shows the results of water quality data obtained by GWI during the period January to April 2025 for Lethem Regional Hospital and the environment. As the water quality of these wells is already regularly monitored (every month) by GWI, these wells will also be considered permanent monitoring sites for the project, since, if there are any impacts on water quality by the operation of the hospital, the impacts can be detected by testing the wells in these locations

5.4.2 Discussion

The results of the water quality analysis conducted by GWI of its ground water wells within the Lethem Regional Hospital compound and nearby Arapaima Primary School would serve as the baseline data for this project prior to commencement of any construction or operations of the new project, and to determine the extent to which any effluent discharge from the operation via the septic tanks may affect these wells in the future. The results of the parameters analyzed were as follows:

- **Turbidity** - The turbidity level of the water samples ranged from 0.19 to 0.42 NTU and were below the WHO guideline value of <5.0 NTU. mg/L.
- **Iron** – iron results of the water samples collected ranged from 0.00 to 0.04 mg/L and were much lower than the WHO guideline value of <3.0 mg/L.
- **Apparent Colour –** was considered clear by WHO guidelines for water samples for both wells during the period January to April, 2025.
- **Total Coliform** - when measured, was either low or not detectable and were within the WHO guidelines for drinking water.

Table 16: Water Results Impact Assessment

Parameter	Locations	
	Lethem Regional Hospital	**Arapaima Primary School**
Turbidity - The turbidity level of the water samples ranged from 0.19 to 0.42 NTU and were below the WHO guideline value of <5.0 NTU. mg/L.	**Turbidity (0.19–0.30 NTU):** Very good (well below limit). ● **Impact type:** Positive (direct). ● **Significance:** Negligible. ● **Likelihood:** Certain.	**Turbidity (0.30–0.42 NTU):** Well below guideline. ● **Impact type:** Positive (direct, short-term assurance of water safety). ● **Significance:** Negligible. ● **Likelihood:** Certain (values consistently low).
Iron – iron results of the water samples collected ranged from 0.00 to 0.04 mg/L and were much lower than the WHO guideline value of <3.0 mg/L.	**Iron (0.00–0.03 mg/L):** Within limits. ● **Impact type:** Positive. ● **Significance:** Negligible. ● **Likelihood:** Certain.	**Iron (0.0–0.04 mg/L):** Well below limit. ● **Impact type:** Positive, long-term benefit (no taste/discoloration). ● **Significance:** Negligible. ● **Likelihood:** Certain.
Apparent Colour – was considered clear by WHO guidelines for water samples for both wells during the period January to April, 2025	**Colour (19–80 Hazens):** All within <100 Hazens but values up to 80 indicate high apparent colour, possible dissolved organic matter. ● **Impact type:** Negative (aesthetic/acceptability). ● **Significance:** Minor to Moderate. ● **Likelihood:** Likely	**Colour (6–56 Hazens):** All <100 Hazens. One higher value (56). ● **Impact type:** Neutral to minor concern (direct, localized). ● **Significance:** Minor. ● **Likelihood:** Likely (periodic).
Total Coliform - when measured, was either low or not detectable and were within the WHO guidelines for drinking water.	**Total Coliform:** ● Jan & Feb: 0 CFU (positive). ● Mar & Apr: TNTC ("Too Numerous to Count") → extreme contamination. ● **Impact type:** Severe negative (direct, localized, regional significance since the hospital is a critical care facility). ● **Significance:** Major to Extreme. ● **Likelihood:** Certain (repeated TNTC).	**Total Coliform (0, 16, 4.56 CFU):** Generally low and within acceptable limit, except **16 CFU** (March), which indicates occasional contamination. ● **Impact type:** Negative (direct, short-term). ● **Significance:** Moderate (since schoolchildren are sensitive receptors). ● **Likelihood:** Likely (recurring but not constant).
Results Summary	The hospital supply presents an unacceptable health risk due to consistent fecal contamination, undermining patient safety and public health. This is a major–extreme impact, almost certain occurrence without intervention	Water quality is generally good, but episodic microbiological risk is a localized, moderate impact requiring mitigation (chlorination or periodic flushing).

Notably, the results are not from construction activities. However, if construction activities are poorly managed, the list below presents some likely pathways that can lead to water contamination of the identified wells:

5.4.3 Plausible impact pathways

- **Sediment & organic load:** Earthworks, dewatering and runoff can carry fines and organic matter to the well capture zone → colour/turbidity rises.
- **Hydraulic/pressure disturbances:** Valve isolations, line breaks, or pump shutdowns during works can cause negative pressure/back-siphonage → ingress of contaminated water → coliform spikes (including TNTC if severe).
- **Wellhead integrity:** Vibrations/excavation near an inadequately sealed annulus, cracked apron, or open sanitary seal can create a direct entry for surface water and microbes.
- **Sanitation on site:** Poorly managed portable toilets, wash-down, or waste pits within the well's capture zone can introduce faecal bacteria.
- **Chlorination lapses:** Temporary bypasses or tank work that interrupts residuals make any intrusion show up as TNTC quickly, especially in complex hospital network

5.5 Ambient Noise Levels

5.5.1 Baseline Noise Assessment

The construction industry, whether a small renovation exercise or a new large-scale construction project, is widely known to cause noise. As a result of the physiological and psychological issues that may result from noise pollution, it is imperative that all noise-producing activities be conducted in a manner that minimizes the risk of associated impacts. This requirement has resulted in the regulation of noise-producing activities by way of national legislation and guidelines that specify allowable noise limits for specific sectors and/or zones.

Baseline measurements of noise levels during project development can provide important and realistic estimations of the daily noise exposure to receptors in the community of interest prior to the project's implementation. This is an important step in any project since it provides an opportunity for the project proponent to establish the noise levels receptors are exposed to and understand the project's contribution to noise levels in the community as a result of the construction activities. The baseline values serve as a reference for future noise assessments, especially those measured during demolition and construction activities. As such, baseline noise measurements were conducted to allow for the understanding of the acoustic environment through quantification of noise levels, considering the multiple sources of noise which are present in the area. Noise levels were therefore quantified through a series of noise assessments at selected locations, during the GNBS stipulated daytime and nighttime periods.

5.5.2 Noise Assessment Objectives and Methodology

Objectives

The overarching objective of the noise assessment was to conduct a baseline measurement of the acoustic environment in the absence of construction activities, with the aim of:

- Assessing the existing acoustic environment through quantification of noise levels, against which future noise measurements can be assessed
- Identifying pre-construction contributors to noise levels in the area
- Providing insights on how the existing environment may impact noise levels in the hospital and therefore ensure appropriate sound attenuation measures are in place
- Ensuring the limits specified in the GNBS guideline can be realistically achieved. This is particularly important in areas where baseline noise levels may already be above the guideline values and therefore will likely remain so when construction activities commence
- Determining the measures which need to be implemented to ensure noise remains at baseline level where practical and reasonably possible.

5.5.3 Methodology

The baseline noise in the vicinity of the hospital was monitored at four areas, two of which house critical receptors, i.e. the Arapaima Primary School, situated 115 m from the project, and a residential property, situated 171 m from the project site. Apart from the patients at the hospital, residents and school children are most at risk for impacts associated with noise from the construction activities. Noise levels were also measured at a nearby pharmacy and a bus shed situated 127 m and 193 m from the hospital, respectively.

Two REED 8080 sound level meters, bearing serial numbers 220106871 and 220605250, were used for the noise assessment (see calibration certificates in Annex). Prior to their use in the field, the meters were successfully calibrated on April 12, 2025, using a REED 8090 sound level calibrator (serial number 230829536). The meters were set to measure sound levels in decibels (dB), specifically an A-weighting (dBA), which essentially gives more weight to sound frequencies within the range of human hearing, and is more aligned with human perception of

noise. This was a critical aspect since the reconnaissance of the area indicated that human receptors are primarily at risk. The noise levels were logged every five seconds, producing a total of approximately 720 individual noise measurements for the duration of each assessment.

The noise meters were placed on tripods at a height of approximately 1.5 meters and the sound levels were measured at each monitoring location for approximately one hour. For each site, 2 sound level datasets were obtained, one representing levels measured during the GNBS stipulated daytime period (i.e., 06:00 -18:00 h) and the other during the nighttime (i.e., 18:00 - 06:00 h).

The GNBS Guidelines for noise emissions into the environment specifies in section 4.1, that noise levels be taken at noise receptors located at the property boundary and 15 meters from the source. However, since the construction activities have not commenced, and the noise was being measured to provide an idea of pre-construction noise levels, the measurements were taken at the receptors likely to be affected by noise from the project.

The Guyana National Bureau of Standards (GNBS) has developed guidelines for noise emissions into the environment in support of the Environmental Protection (Noise Management) Regulations, 2000, which requires permissible limits to be defined for noise emanating from commercial, residential, institutional, educational, industrial, construction, transportation and recreational activities. The permissible limits, which have been specified for daytime and nighttime periods, are included in the Table below
Upon completion of the assessments, the logged data was retrieved using the R8080 software and downloaded for further analysis.

Category	Day-dB (A)	Night-dB (A)	
Residential, Institutional, Educational	75	60	
Industrial	100	80	
Commercial	80	65	
Construction	90	75	
Transportation	100	80	
Recreational	100	18:00h-01:00 h	100
		01:00h-08:00 h	70

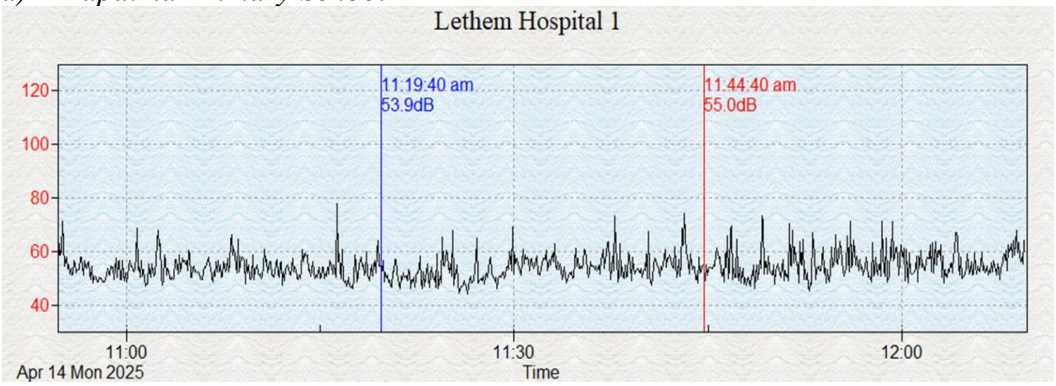
Table 17: GNBS Day and Nighttime Permissible Limits

Table 18: Lethem Hospital Noise Assessment Results

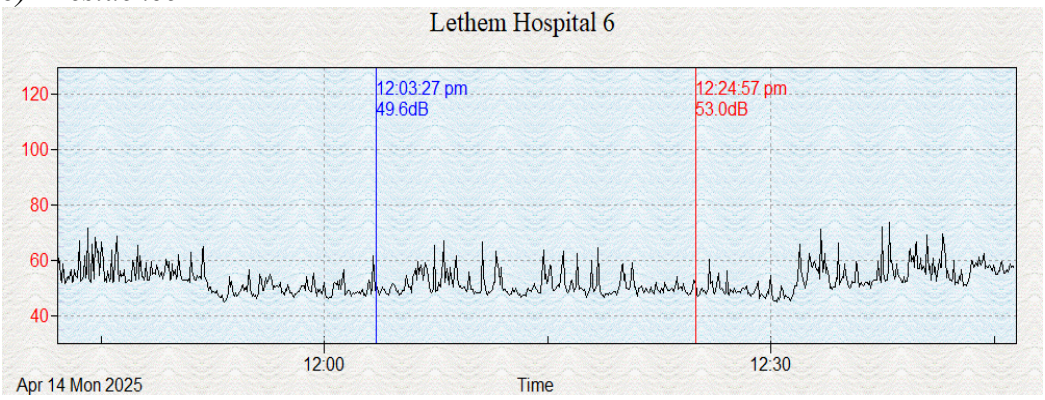
Date	Location	GPS-Coordinates	Start Time	End Time	Noise Levels (dB)		
					Minimum	Maximum	Average
Daytime- GNBS Construction Limit- 90 dB							
April 14, 2025	Arapaima Primary School	21N 0188659 UTM 0373533	10:54	12:09	44.1	77.8	54.2
	Residence	21 N 0188677 UTM 0373265	11:42	12:46	44.9	73.6	52.5
	Pharmacy	21N 0188776 UTM 0373368	14:00	15:00	41.2	76.0	54.8
	Bus Shed	21N 0188521 UTM 0373311	15:19	16:19	51.5	82.3	60.7
Nighttime- GNBS Construction Limit-75 dB							
April 14, 2025	Arapaima Primary School	21N 0188659 UTM 0373533	18:55	19:56	52.9	78.9	59.5
	Bus Shed	21N 0188521 UTM 0373311	19:00	20:00	41.0	91.3	46.2
	Pharmacy	21N 0188776 UTM 0373368	20:08	21:03	50	73.4	56.1
	Residence	21 N 0188677 UTM 0373265	20:10	21:10	42.0	69.2	46.6

Daytime Noise Assessment Graphs

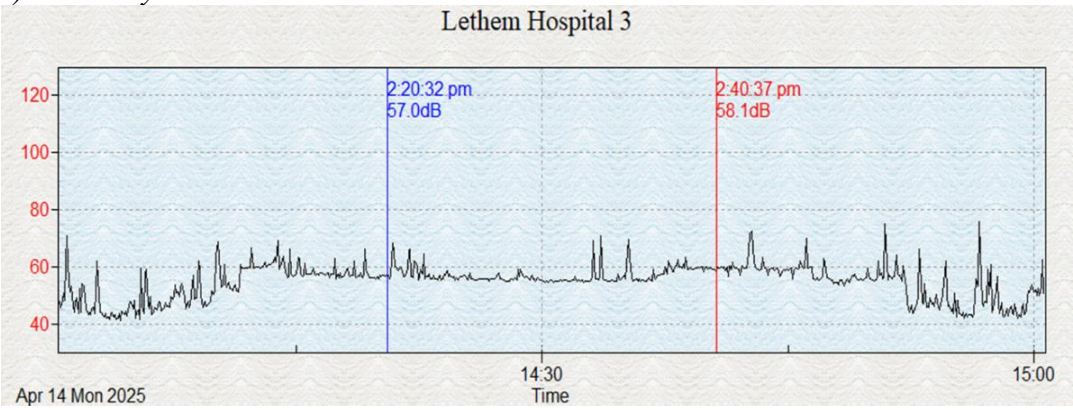
a) Arapaima Primary School



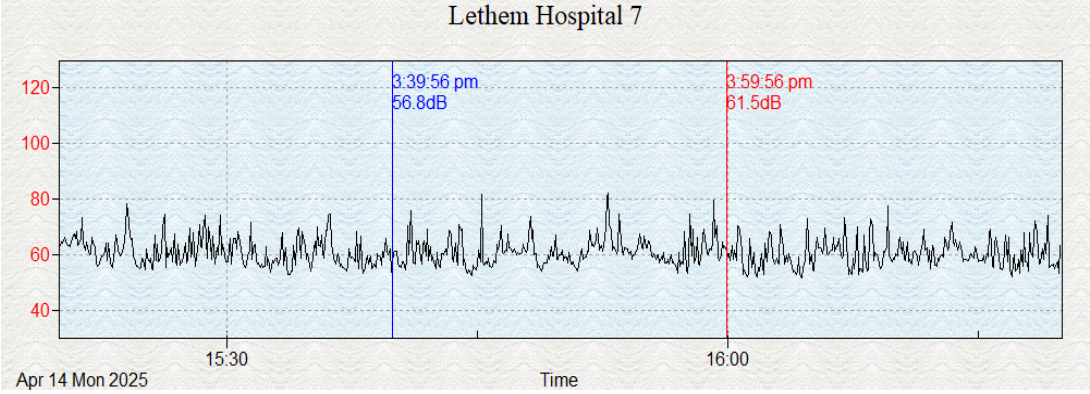
b) Residence



c)Pharmacy

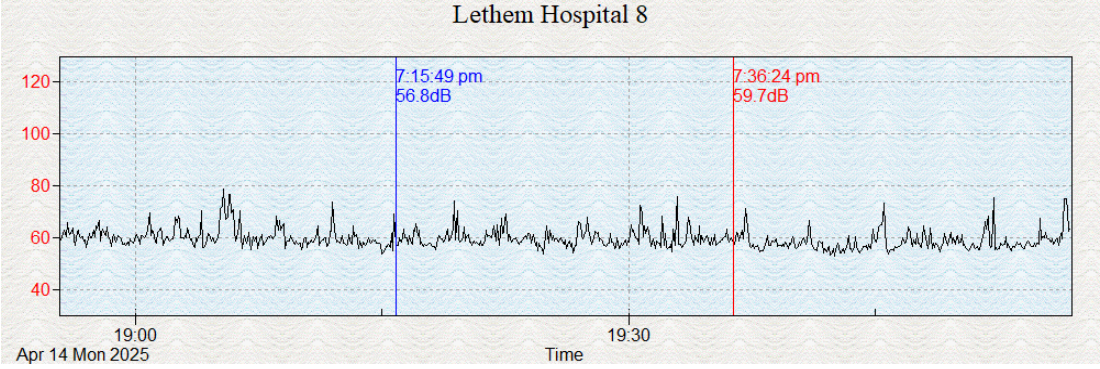


d) Bus Shed

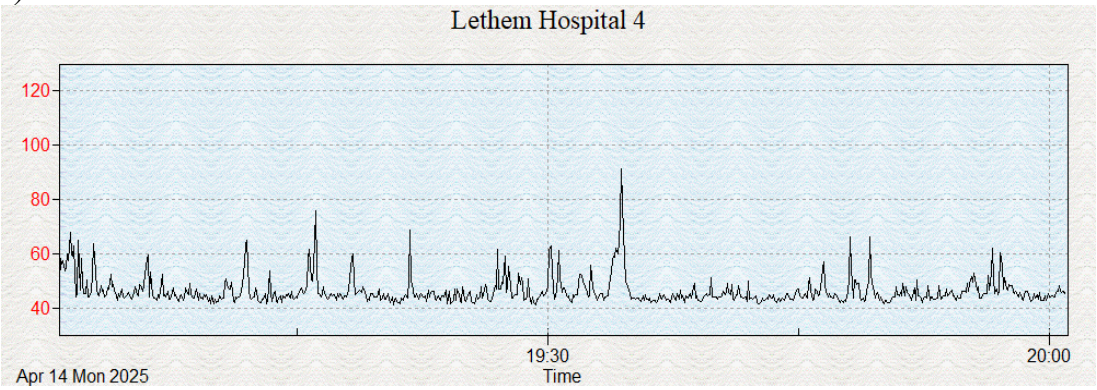


Nighttime Noise Assessment Graphs

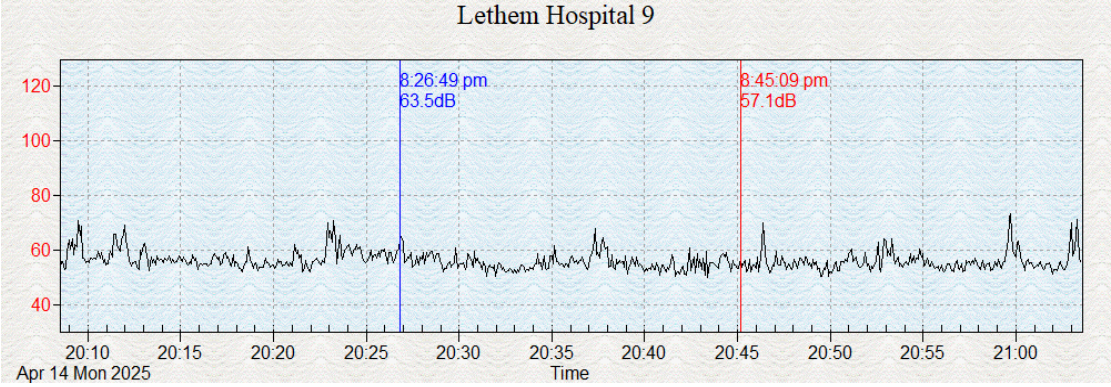
a) Arapaima Primary School



b) Bus Shed



c) Pharmacy



d) Residence

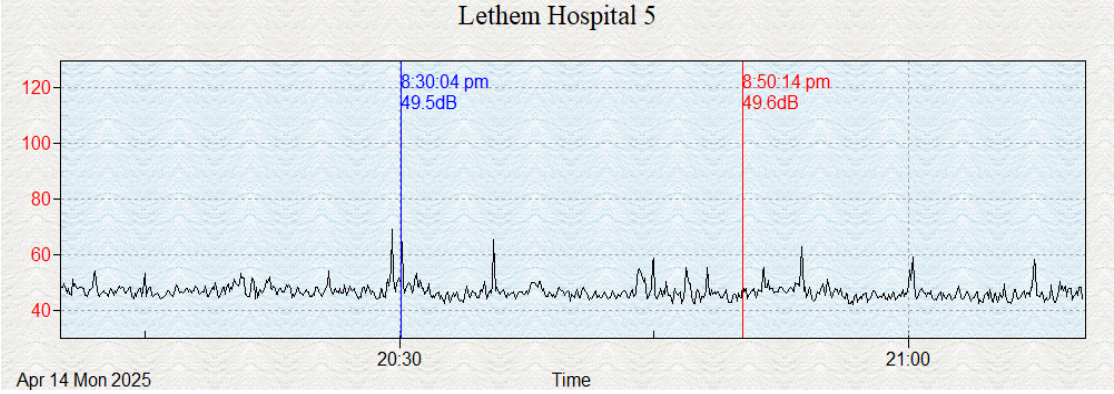
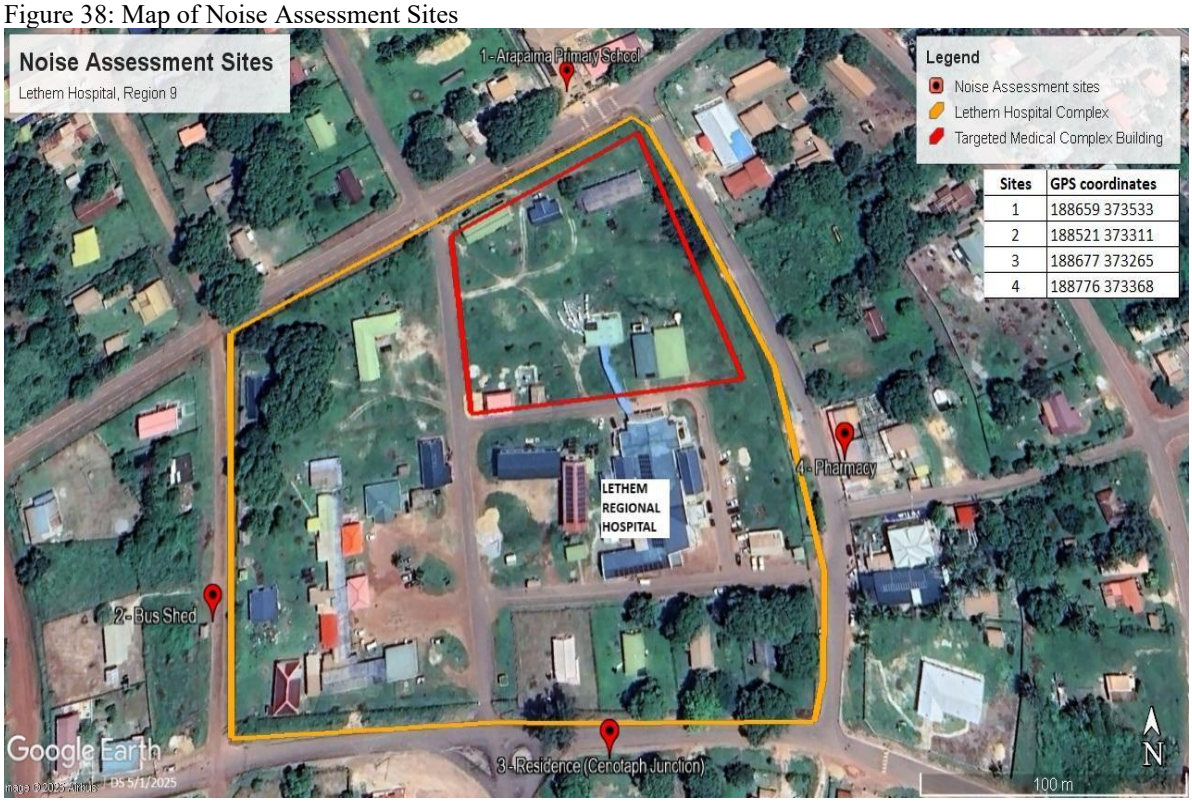


Figure 38: Map of Noise Assessment Sites



Construction period

(1) Workers' health is affected by the noise generated during construction activities

Identification: Baseline ambient noise levels are expected to increase during the construction phase of the project as a result of use of construction equipment and machinery. Ambient noise levels may also be influenced by cultural behaviours of some contractors' workers, for example, playing of music on loudspeakers or speaking loudly when on-site.

For project workers, according to the standard from the US Department of Labour, Occupational Safety and Health Administration, workers are at risk of adverse effects of noise exposure, including hearing loss, when noise exposure is at or above 85 decibels averaged over 8 working hours, or an 8-hour time-weighted average.

Assessment: Risks of occupational exposure to high noise levels may be mitigated with the use of appropriate hearing protection.
As a result, potential impacts of workers' health affected by noise generated during construction activities is **negative, direct, short-term, cumulating, and localized and of moderate significance**. The likelihood is **almost certain** to occur. As such, the risk level is **High Risk** from project activities.

(2) Hospital's staff, patients, and visitors' health affected by noise generated during construction activities

Identification: Baseline ambient noise levels are expected to increase during the construction phase of the project as a result of use of construction equipment and machinery. Ambient noise levels may also be influenced by cultural behaviours of some contractors' workers, for

example, the playing of music on loudspeakers or speaking loudly when on-site.

Given the range of sensitive receptors in proximity to and within the hospitals, noise levels during construction would have to remain within the decibel limits established by the GNBS for construction activities, which are a daytime limit of 90 dB and a nighttime limit of 75dB. Even at these levels, significant noise and vibration by the use of power tools, construction activities, etc. can affect close-by receptors such as staff and visitors, and especially certain categories of patients. This situation can be exacerbated when work is being done within the existing buildings which are still being utilized by the hospitals.

Assessment: Considering these factors, the potential impact to Hospital's staff, patients, and visitors' health affected by noise generated during construction activities is **negative, direct, short-term, cumulative, and localized, and of moderate significance**. The likelihood is **almost certain** to occur. As such, the risk level is high.

5.6 Air

Due to the lack of pre-existing air quality data for the Lethem area, a rapid air quality assessment was conducted to determine the baseline air quality of the area. The objectives and methodology of the baseline are outlined below.

5.6.1.1 Objectives and Methodology

The general objective of the air quality assessment was to establish pre-construction concentrations (i.e. baseline) of air parameters likely to be emitted during the construction phase of the project. More specifically, the objectives of the baseline air quality measurements were to:

- Determine the existing air quality within the project's area of direct influence (ADI)
- Quantify the minimum, maximum and average concentrations of air quality parameters in the existing environment and therefore identify pre-existing "hot-spots" for specific air quality parameters
- Estimate the level of exposure to sensitive receptors, prior to construction
- Identify sources of emissions in the project area which, though similar to those anticipated from construction, result from other activities apart from the construction of the hospital
- Understand the extent of mitigation measures required to ensure that air quality during construction remains as close to the pre-construction baseline as reasonably practicable

Pre-construction baseline air quality measurements were conducted for particulate matter (PM10 and PM2.5), carbon monoxide (CO), sulphur dioxide (SO2), and nitrogen dioxide (NOx) at the most critical receptors external to the hospital compound. i.e. at the Arapaima Primary School and a residential property, both within 200 meters of the project site.

Both locations were selected since they represented the location of the closest sensitive receptors to the site apart from patients i.e., children ages 6-12 at school and residents who spend a large part of their day. The assessment was therefore conducted to define the existing air quality conditions more accurately and to have a sense of the concentration of the individual air parameters these sensitive receptors may be potentially exposed to on a daily basis.

The air quality assessments were conducted using the Aeroqual 360, which is a portable air quality meter with a pump and calibrated interchangeable sensors for the parameters being measured. The meter was mounted on a tripod, to ensure that the inlet on the air quality monitor was approximately 5-6 feet above ground level, since this represents the height at which most

people breathe.

Each parameter was measured for approximately one hour. As is commonly the case at construction sites, particulate matter was anticipated to be the contaminant of greatest concern during the construction period and was therefore measured twice at each sensitive receptor (once during the daytime, and again at night). The gaseous parameters were each measured once at each location. A logging interval of one minute was set for all assessments, resulting in 60 individual concentration measurements for each assessment. During the baseline measurement, observations which could result in elevations in concentrations of specific air quality parameters were noted. Upon completion of the assessment, all logged data were downloaded for further analysis.

Air Quality Monitoring Results

Particulate Matter

Date	Location	Start Time	End Time	Concentration (ppm)					
				PM 2.5			PM10		
				Min	Max	Avg	Min	Max	Avg
April 14, 2025	Arapaima Primary	10:52	11:33	7.3	11.5	8.8	21.2	38	27.3
April 15, 2025		16:37	17:37	8.1	12.2	9.5	25	55.4	29.1
		18:57	19:57	6.5	43.7	14.7	16.9	124.6	36.8
April 16, 2025	Residence	07:53	08:53	3.5	6.8	5	9.1	20	13.8
		18:21	19:21	1.1	3.7	2.3	3.4	10.8	6.9

Gaseous Emissions

Date	Location	Start Time	End Time	Concentrations (ppm)								
				Carbon Monoxide			Sulphur Dioxide			Nitrogen Dioxide		
				Min	Max	Avg	Min	Max	Avg	Min	Max	Avg
April 15, 2025	Arapaima Primary	14:13	15:13	-	-	-	-	-	-	0	0.004	0
		15:29	16:29	-	-	-	0	0.02	0	-	-	-
		17:39	18:39	0	0	0	-	-	-	-	-	-
April 16, 2025	Residence	09:02	10:02	-	-	-	-	-	-	0.001	0.047	0.010
		10:04	11:04	0	0	0	-	-	-	-	-	-
		11:06	12:06	-	-	-	0	0.11	0.04	-	-	-

-

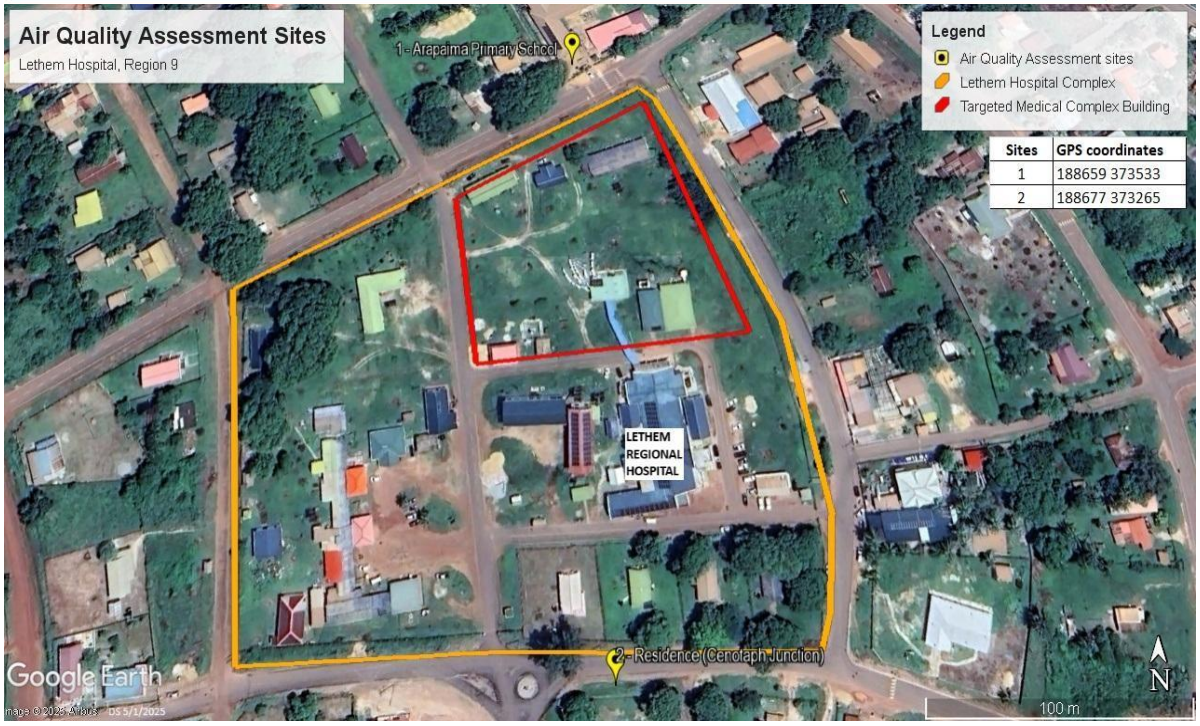


Figure 39: Air Quality Baseline Assessment Sites

Construction period

(1) Ambient air quality

Identification: During the construction phase of the project there is likely to be an increase of particulate matter from soil disturbing activities, particularly if these activities are conducted during the dry seasons. Increased particulate matter loads may be associated with stockpiling dry materials, such as sand, during the cement mixing process, and cutting of concrete walls, floors and blocks, and demolition of existing structures or parts of existing structures.

According to the standard from the US Department of Labour, Occupational Safety and Health Administration, workers are at risk of adverse effects of exposure to particulate matter (dust) with maximum exposure limits of 15 mg/m3. Given the works which are likely to be conducted, it is not expected that occupational levels will rise above this threshold. However, if these levels are to be exceeded, risks to workers may be mitigated by use of protective masks and goggles.

Given that the works will be conducted within the existing compound of the hospitals, and in some cases within existing buildings being utilized, or close to buildings being used to provide health care services, the impact of dust generation will be a concern. Poor air quality, and the presence of molds and any hazardous materials which may be found such as asbestos etc. could affect health facility workers, patients, and visitors and can result in either minor or severe health impacts depending on the level and duration of exposure. Certain patients, such as those who are asthmatic, are more at risk.

Particulate matter and gases from fuel combustion are likely to disperse rapidly, given the open areas in which construction works will be located, and community receptors are not expected to be adversely impacted.

Assessment:
As a result, the potential impacts of dust produced by soil disturbing and exposure of construction materials are **negative, direct, short-term, cumulative, and localized, and of moderate significance**. The likelihood is **almost certain** to occur. As such, the risk level is **High**.

(2) Emission of greenhouse gases caused by the use of construction machinery

Identification: The primary direct sources of greenhouse gas emissions from the project will be emitted during the construction phase from the combustion of fuel by construction machinery and vehicles to be used by the contractor. These emissions are not expected to be significant, given that the use of these machineries will be periodic during the construction phase.

No significant vegetation clearing will be required since the sites are within the existing hospital compounds. In addition, the project sites are not considered to be forested areas based on the definition of forests, which has been adopted by the Guyana Forestry Commission (GFC) of crown cover of 30 percent, mature stand height of 5 meters, and coverage of 1 hectare.

It should be noted that IDB's Environmental and Social Policy Framework (ESPF), Environmental and Social Performance Standard (ESPS) 3 – Resource Efficiency and Pollution Prevention, requires "For projects that are expected to or currently produce more than 25,000 tons of carbon dioxide (CO2)-equivalent annually, the Borrower will quantify gross emissions from the project, including direct and indirect emissions associated with the project." Based on information regarding the seven hospitals operations these do not exceed 25,000 tons. The estimated Gross GHG emissions (tCO2e) during construction at the GPHC, LHC and NARH is 2,288 tons while the estimated annual Gross GHG emissions (tCO2e) during operation is 397 tons. While the emissions levels during construction and operation at the Lethem hospital have not yet been determined, the levels are expected to be lower.

There is a possibility that second-hand medical equipment may be considered for procurement, and as such it may not be possible to meet best practice standards due to physical or cost restraints. However, final design considerations will include the use of more energy-efficient demand-side equipment (e.g., A/C units, fans, and lighting fixtures).

Assessment: Considering these factors, the potential impacts to climate change from greenhouse gas emissions from this project are **negative, direct, long-term, cumulative, localized, and of negligible significance**. The likelihood is **certain** to occur. As such, the risk level is **low.**

5.7 Biological Resources

The project will not impact biological resources. These lands are all cleared of primary vegetation and, therefore, hold no ecological value. There are no species of importance (Rare, Endangered, and Endemic) inhabiting these locations, and there is no area that can be considered a critical habitat since they are all urban/peri-urban areas and disturbed/brownfield sites. The hospitals are not located in close proximity to any protected or sensitive areas.

5.8 Main Potential Social Impacts

The project is expected to have both positive and negative impacts to social resources through the different phases of the project.

5.8.1 Disruption of Services

Construction period

- Disruption of existing hospitals' service caused by the construction of new buildings and the rehabilitation, extension and repurposing of existing buildings

Identification: At the construction stage, project activities will generally occur within the existing compounds and therefore some current activities and services will be disrupted.

For the Lethem Hospital, the construction of new buildings and the rehabilitation, extension, and repurposing of existing buildings will likely lead to disruptions of existing operations and the need to relocate services. At the Lethem Hospital, a laundry room, kitchen, and maternity waiting home are currently housed in the building to be demolished to facilitate the construction of the new maternal and child health building. The services of the buildings will be disrupted by the new building construction and the activities will have to be conducted elsewhere.

There will be the disruption of existing services to facilitate rehabilitation, repurposing, and expansion of existing facilities. Since the health facilities will continue to provide health care to the public during the construction period, they could experience shortages of working space, and some services may have to be relocated. It may also necessitate moving patients or equipment from one area or room to another and could lead to temporary disruption of health care services. However, these impacts can be mitigated by careful planning during the construction period. The new buildings should be constructed first, then existing services should be relocated to those buildings, and once this is done, work can commence within the existing space.

Assessment: As a result, the potential impacts of disruption of service are **negative, direct, short-term, non-cumulative, and localized and of major significance**. The likelihood is **almost certain** to occur. As such, the risk level is **high**

5.8.2 Improvement of health service and employment

Construction period

- Improvement of employment and welfare

Identification: Positive socio-economic impacts are expected to occur whenever there is construction activity, especially in hinterland communities, where employment opportunities are limited. This brings more opportunities for employment and, consequently, income, which can be used to improve welfare and quality of life. However, it should be ensured that persons are not discriminated against based on age, race or gender, and all workers are remunerated fairly in accordance with Guyana's labour laws. In addition, the project will also contribute to the indirect employment of the local population, including indigenous villages, through food vendors, transportation providers, etc.

Assessment: As a result, potential impacts of improvement of employment and welfare are **positive, direct, short-term, non-cumulating and local and of minor significance**. The likelihood is **certain** to occur. As such, it is considered to result in a **medium likelihood** of creating a Beneficial Impact from project activities.

5.8.3 Community Conflicts

Construction period

- Community conflicts caused by the influx of a large number of non-local labor and improper behavior

Identification: The presence of non-local project workers during the construction could have a negative impact on these local communities if not properly managed. Non-local workers could also lead to bad relations, particularly between the male workers, when females are shown increased attention that is perhaps unwanted. Interpersonal relationships with married people could lead to the breakup of families, thereby disrupting the community dynamic. There could also be cases of unwanted pregnancies, particularly affecting the younger women of the communities. The abuse of alcohol and other drugs can be detrimental to the community when introduced and encouraged by non-local workers. There could be an increase in the risk of transmission of sexually transmitted diseases with the migration of workers into the communities who will have purchasing power and can use that power to influence persons to engage in unsafe sexual practices.

In addition, the presence of a non-local construction crew to the area can create security fears among local residents. Further, non-local workforce may be reluctant to comply with the communities' rules and norms. Given that works under the project will be conducted in communities with a significant Indigenous population, at this stage, an Indigenous Peoples Plan (IPP) and Socio-cultural Analysis (SCA) have been prepared respectively.

Assessment: As a result, potential impacts of community conflicts caused by the influx of a large number of non-local labor and improper behavior is **negative, direct, short/long-term, localized, non-cumulating and of moderate significance**. The likelihood is **likely** to occur. As such, the risk level is **Medium Risk** of project activities. A Labour (Influx) Management Plan is discussed in *Annex 1: Workers' Camp Management Plan (Temporary Facilities).*

5.8.4 Traffic

If the facilities are expanded without adequate provisions for parking to cater for increased visits and activities, this could lead to congestion during the operational phase. As such, potential impacts of traffic congestion during the construction and operation phases are negative, direct, long-term, local, of moderate significance, and will likely occur. As such, this presents medium risks

Construction period

- Traffic jam caused by the transportation of construction equipment, materials, and personnel

Identification: For the construction works, construction materials, equipment, and personnel will have to be transported to work sites, resulting in increased traffic around the project site. This can lead to minor traffic congestion, especially around the hospital sites, which are already congested. Construction activities could also affect parking access, ambulatory response and access and non- medical emergency response vehicles which may need to respond during an emergency e.g. fire onsite, or police presence required onsite during the course of construction works.

- **Assessment:** As a result, potential impacts of traffic jams caused by transportation of construction equipment, materials, and personnel are negative**, direct, long-term, cumulating and local and of moderate significance**. The likelihood is **likely** to occur.

As such, the risk level is **Medium Risk** of project activities.

- Risk increasing of traffic accident caused by transportation of construction equipment, materials, and personnel

Identification: There are operating entities such as the hospital, school, shops, and football field around the project. By planning transportation routes during the construction period, the probability of traffic accidents can be minimized to the greatest extent possible. However, due to the negligence of drivers, vehicles, and pedestrians, as long as transportation activities exist, the risk of traffic accidents cannot be avoided.

Assessment: As a result, the potential impacts of risk of traffic accidents caused by transportation of construction equipment, materials, and personnel is **negative, direct, long-term, and cumulative local and of major significance**. The likelihood is **likely** to occur. As such, the risk level is **high risk** of project activities.

5.9 Health and Safety

5.9.1 Occupational Health and Safety

Identification: Health and safety is a key concern at any construction site. Workers are usually exposed to situations which can result in serious accidents, some of which can be fatal, if established guidelines and practices are not properly communicated or complied with. Risks can result from the improper use of construction machinery and equipment or accidents on the work sites. The health and safety of workers are therefore major concerns during the construction period.

The following are possible health and safety risks which are likely to be encountered at the construction site:

- Illnesses from exposure to dust and noise.
- Serious Injuries or death caused by falling from working at heights.
- Injuries or death from a vehicular accident or use of construction tools/equipment.
- Injuries from slips, trips and falls.
- Injuries or ill health caused by heat-related illnesses such as sunburn, heat stress, heat exhaustion or heat stroke as a result of working under extremely hot conditions.
- Exposure to vectors such as termites, mosquitoes etc.
- Exposure to hazardous materials, including molds, biomedical waste, asbestos, etc. as well as hazardous areas at the hospitals.

While training and monitoring should be conducted to reduce the risk of any serious incidents, and accidents can still occur. Risks may include accidents during site preparations, transporting and offloading of construction materials, improper use of equipment, improper use of harness and lanyard, slip or trip while traversing the work sites, etc. In such cases, these exposures can result in physical injuries such as cuts, bruises, loss of limbs or can even be fatal. However, given that the project sites are within existing health care institution, any injury or illness can be tended to in a timely manner.

Assessment: Potential impacts to workers' health and safety are **negative, direct, short-term and localized** and of **major** significance; the likelihood is **likely** to occur. This presents a **high risk**.

5.9.2 Health, Safety and Security of Hospital Staff, Patients and Visitors

Identification: The work under the project will be done within the existing hospital setting and, as such, there are potential impacts to the health, safety, and security of staff, patients, visitors, and nearby residents and villagers.

These potential impacts include:
- noise and dust nuisance,
- unsafe work conditions in material stockpile areas and construction zones, and
- sexual harassment by construction personnel.

As previously discussed, to the extent possible, services that are within or close to the construction zone should be relocated prior to the commencement of construction in those areas. Other measures can also be implemented to reduce risks, such as fencing or cordoning off the construction sites, installing dust screens and noise barriers, use of alternative access and parking It is also expected that the works will be monitored by the health and safety personnel at the hospital to ensure that the contractors comply with the health and safety requirements.

Assessment: Potential impacts to the health, safety and security of staff, patients and visitors are **negative, direct, short-term and localized, non-cumulating and of moderate significance** and are **likely** to occur. As such, these are **Medium Risks** from the project activities.

Table 19: Assessment of identified potential environmental impacts during construction

Factor	Impact	Impact identification				Impact assessment		Cumulating	Risk Level
		Positive /Negative	Direct/ Indirect	Short/ Long term	Localized/Local/ Regional	Significance	Likelihood		
Construction period									
Soil	Soil Disturbance and Erosion caused by topsoil cleaning and earth excavation work	Negative	Direct	Short-term	Localized	Negligible	Almost certain		Low risk
	Soil contaminated by the hazardous materials (fuel and oil) from construction machinery	Negative	Direct	Short-term	Localized	Major	Almost certain	●	High risk
	Soil contaminated by non treated effluents and sewage	Negative	Direct	Short-term	Localized	Major	Likely	●	High risk
	Soil contaminated by solid waste	Negative	Direct	Short-term	Localized	Moderate	Almost certain	●	High risk
	Soil contaminated by medical waste	Negative	Direct	Short-term	Localized	Major	Likely	●	High risk
Water	Water contaminated by the hazardous materials (fuel and oil) from construction machinery	Negative	Direct	Short-term	Localized	Major	Almost certain	●	High risk
	Water contaminated by non-treated effluents and sewage	Negative	Direct	Short-term	Localized	Major	Likely	●	High risk
	Water contaminated by solid waste	Negative	Direct	Short-term	Localized	Moderate	Almost certain	●	High risk
	Water contaminated by medical waste	Negative	Direct	Short-term	Localized	Major	Likely	●	High risk
	Water sedimentation	Negative	Direct	Short-term	Localized	Moderate	Likely	●	Medium risk

Noise	Workers' health affected by the noise generated during construction activities	Negative	Direct	Short-term	Localized	Moderate	Almost certain	●	High risk
	Hospital's staff, patients and visitors' health affected by noise generated during construction activities	Negative	Direct	Short-term	Localized	Moderate	Almost certain	●	High risk
Air	Ambient air quality	Negative	Direct	Short-term	Localized	Moderate	Almost certain	●	High risk
	Emission of greenhouse gases caused by the use of construction machinery	Negative	Direct	Long-term	Localized	Negligible	Certain	●	Low risk
Biological Resources	NA								
Water	Water contaminated by the fuel and oil used for generator maintenance	Negative	Direct	Short-term	Localized	Negligible	Likely	●	Low risk
	Water contaminated by non-treated effluents and sewage	Negative	Direct	Short-term	Localized	Major	Rare	●	Medium risk
	Water contaminated by solid waste	Negative	Direct	Short-term	Localized	Moderate	Rare	●	Low risk
	Water contaminated by medical waste	Negative	Direct	Short-term	Localized	Major	Rare		Medium risk
Noise	Noise generated by the use of generators, pumps and compressors	Negative	Direct	Short-term	Localized	Minor	Likely	●	Medium risk

Table 20: Assessment of identified potential social impacts

Factor	Impact	Impact identification				Impact assessment		Cumulating	Risk Level
		Positive /Negative	Direct/ Indirect	Short/ Long term	Localized /Local/ Regional	Significance	Likelihood		
Construction period									
Disruption of Services	Disruption of existing hospitals' service caused by the construction of new buildings and the rehabilitation, extension and repurposing of existing buildings	Negative	Direct	Short-term	Localized	Major	Almost certain		High risk
Improvement of health service and employment	Improvement of employment and welfare	Positive	Direct	Short-term	Local	Minor	Certain	●	Medium positive
Community Conflicts	Community conflicts caused by the influx of a large number of non-local labor and improper behavior	Negative	Direct	Short/Long-term	Localized	Moderate	Likely		Medium risk
Traffic	Traffic congestion caused by the transportation of construction equipment, materials, and personnel	Negative	Direct	Long-term	Local	Moderate	Likely	●	Medium risk
	Risk of traffic accidents caused by the transportation of construction equipment, materials, and personnel	Negative	Direct	Long-term	Local	Moderate	Likely	●	High risk
Gender and Disadvantage or Vulnerable Groups	Health, safety, and convenience of women and vulnerable groups affected during the construction phase	Negative	Direct	Short-term	Local	Major	Unlikely		Medium risk

Factor	Impact	Impact identification				Impact assessment		Cumulating	Risk Level
		Positive /Negative	Direct/ Indirect	Short/ Long term	Localized /Local/ Regional	Significance	Likelihood		
Health and Safety	Occupational Health and Safety: ▪Illnesses from exposure to dust and noise. ▪Serious Injuries or death caused by falling from working at heights. ▪Injuries or death from vehicular accidents or the use of construction tools/equipment. ▪Injuries from slips, trips, and falls. ▪Injuries or ill health caused by heat-related illnesses such as sunburn, heat stress, heat exhaustion or heat stroke as a result of working under extremely hot conditions.	Negative	Direct	Short-term	Localized	Major	Likely		High risk
	Health, Safety and Security of Hospital Staff, Patients and Visitors: ▪ noise and dust nuisance, ▪ unsafe work conditions in material stockpile areas and construction zones, and ▪ sexual harassment by construction personnel.	Negative	Direct	Long-term	Localized	Moderate	Likely		Medium risk

Factor	Impact	Impact identification				Impact assessment		Cumulating	Risk Level
		Positive /Negative	Direct/ Indirect	Short/ Long term	Localized /Local/ Regional	Significance	Likelihood		
Operation of the Hospital									
Health and Safety	Accidents/infectious diseases for hospital staff	Negative	Direct	Short and long-term	Localized	Low	Unlikely		Low risk
Traffic	Additional traffic (vehicle and pedestrian) as more people go to the hospital	Negative	Indirect	Long-term	Localized	Low	Unlikely		Low risk
Waste Management	Burning/disposal of hospital waste (medical and non-medical)	Negative	Direct	Long-term	Localized	Moderate	Likely		Medium
Access to Services	Increased access to medical services for the population	Positive	Direct and Indirect	Short and long-term	Local and Regional	High	Almost certain		NA

Table 21: Assessment Summary of Identified Hazards for the various Project Phases

Worker's Camp Establishment	
Type of Hazard	**Description**
Environmental – Waste Generation and Management	The temporary camp may produce significant amounts of solid waste (including food waste, packaging, and plastics) and sanitary waste, potentially leading to local pollution if not managed properly.
Environmental – Water Usage and Contamination	Intensive water usage for cooking, sanitation, and general camp activities, as well as the potential for sewage discharge, may impact local water quality and availability.
Environmental – Air Quality and Noise Pollution	Generators, cooking, use of equipment/machines and other activities can cause emissions and noise levels that adversely affect air quality and the local environment.
Social – Community Relations and Cultural Impact	The sudden influx of a large workforce may strain local resources and affect community dynamics, potentially leading to conflicts or social tension.
Social – Public Health	Overcrowding and the introduction of transient populations can increase the risk of communicable disease spread.
Safety – Emergency Preparedness	Temporary structures and camps may be more vulnerable to fire outbreaks due to cooking activities, electrical faults, or improper storage of flammable materials.
Safety – Structural Stability and other Site Hazards	Inadequate foundation as well as improper installation work for temporary structures can lead to structural failures or accidents.
Hospital Construction Phase	
Type of Hazard	**Description**
Environmental – Dust, Particles, and Air Emissions	Planned construction activities such as demolition, earthworks, movement of heavy-duty vehicles, and material handling often generate dust and particulates.
Environmental – Soil Erosion and Water Runoff	Site grading and earthworks can lead to soil destabilization and increased sedimentation in local waterways or water catchment areas
Environmental – Waste Management of Construction Debris	Construction generally produces large volumes of waste such as concrete, packaging, and hazardous materials (paints, solvents). This will have to be strategically managed to avoid dumping and build up in and around the facility
Social – Traffic and Transportation Disruptions	Increased movement of heavy machinery and construction vehicles can disrupt local traffic and lead to road safety concerns, such as possibly leading to the deterioration of roadways
Social – Community Impact and Stakeholder Engagement	Construction noise, dust, and other disruptions can lead to temporary discomfort among local residents.
Safety - Construction Incidents	Based on the construction planned, hazards may likely include falls from height, struck-by incidents, and machinery-related injuries.
Safety – Electrical and Chemical Hazards	The use of construction equipment and materials (e.g., solvents, adhesives) carries risks of electrical shock, chemical burns, or poisoning.
Safety – Heavy Machinery and Vehicle Operation	Accidents involving cranes, excavators, and other heavy machinery can result in serious injuries or fatalities.
Decommissioning of the Site	
Type of Hazard	**Description**
Environmental – Residual Contaminants and Pollutants	Equipment, materials, or by-products from the hospital construction may leave behind residual chemicals or hazardous substances.
Environmental - Waste Disposal Challenges	The demolition and clearing of temporary or permanent structures can create large quantities of debris and hazardous waste.
Social – Disruption to Local Services and	The decommissioning phase could result in temporary disruption to local services, such as road closures or noise disturbances during

Communities	demolition.
Social – Post-Project Land Use and Community Transition	Once decommissioning is complete, the site may be left in a state that does not suit immediate re-use, leading to community or stakeholder dissatisfaction. This will be discussed in several stakeholder engagement activities planned throughout the project
Safety – Demolition and Removal Risks	The demolition of constructed facilities can be dangerous due to unstable structures, falling debris, and the handling of heavy equipment. A special demolition team may be recruited for this stage of the project
Safety – Residual Energy Sources and Utilities	Leftover utilities or energy sources (e.g., electrical, gas lines) can cause accidental releases or explosions if not properly secured.
Safety – Handling and Transportation of Demolition Debris	The process of transporting demolished materials off-site poses risks of vehicle collisions, spillages and handling accidents.
	During the Operation of the Hospital
Environmental – Dust, Particles, and Air Emissions	During hospital operations, emissions from generators, HVAC systems, sterilization processes, and vehicular traffic can contribute to localized air pollution. Dust and particulate matter may also arise from ongoing maintenance works, affecting air quality for staff, patients and nearby communities.
Environmental – Soil Erosion and Water Runoff	Hospital activities, particularly maintenance of landscaping, stormwater management, and wastewater discharges, may cause soil erosion or contaminate runoff. Poor drainage systems can increase sedimentation and pollutants in nearby water bodies, impacting local ecosystems.
Environmental – Waste Management of Medical Waste	Operational phases of hspitals generate hazardous waste and infectious medical waste, including sharps, contaminated materials, and pharmaceuticals. Improper segegration, storage, handling or disposal poses risks of infection, environmental contamination, and public health hazards.
Social – Traffic	Hospital operations draw significant vehicle movement from staff, patients, suppliers, and emergency services. Increased traffic flow can cause congestion, road safety risks, noise and air pollution in surrounding communities.
Social – Community Impact and Stakeholder Engagement	Hospital operations directly affect surrounding communities, requiring continuous engagement to address concerns related to service delivery, safety, noise, waste management, and access. Poor communication or lack of engagement can lead to mistrust, grievances and reputational risks.

6 PUBLIC CONSULTATION AND INFORMATION DISCLOSURE

From the project's inception, it has been important to engage all relevant stakeholders at every stage. As such, various forms of engagement and information disclosure have been utilised to convey the intention and updates of the project's phases. Therefore, outlined below are the consultation activities conducted to date.

- Meetings with health authorities: Engagements were held with the Regional Health Officer (RHO) and the Regional Executive Officer (REO) in Region 9 to discuss the hospital's role and service delivery needs.
- Community-level engagements: Meetings and discussions were held with representatives of the Lethem Town Council, community leaders, and local residents to understand expectations and concerns about the new hospital facility. This consultation was conducted on October 26, 2022
- Discussions with hospital staff: Consultations included doctors, nurses, and administrative staff of the existing Lethem Regional Hospital, capturing their views on current gaps, service limitations, and infrastructure challenges. This consultation was conducted on January 10, 2023.
- National-level consultations: Officials from the Ministry of Health and other agencies provided input on the proposed hospital upgrade, ensuring alignment with national health strategies and IDB requirements.

These consultations aimed to identify key healthcare delivery challenges, infrastructure needs, staffing requirements, and community priorities, ensuring the project reflects both technical health standards and local stakeholder input. Details on these engagements can be found in the *Baseline Assessment Report – Health Care Network Strengthening Project (March 2023)* document.

Additionally, several one-on-one engagements, led by the CMEC Social Representative, were conducted with key community representatives in Lethem from April 14 to 15, 2025. Further, consultations were also conducted with several Toshaos from the Region 9 location during the National Toshaos Council Conference on May 22, 2025. Details on these engagements are outlined further in the Socio-cultural Analysis (SCA) and the Indigenous Peoples Plan (IPP) documents, available for reference in the Annexes.

More recently, consultations were conducted with the immediate residents surrounding the hospital to discuss the expectations of the construction of Temporary Facilities and related Pre-Construction Activities of the project. This consultation was conducted on July 4, 2025. Extensive details of this activity and the outcomes are outlined in **Annex 21: Consultation Report – Phase 1.**

Following the community engagement consultations, key feedback, concerns and recommendations were documented. The ESA/ESMP has been updated to integrate these inputs into relevant sections to ensure the project remains considerate of stakeholders' needs and that applicable mitigation measures are incorporated to prevent and manage potential risks. The incorporation process follows these steps:

1. Review and Categorization: each recommendation from the consultations was reviewed and categorized under the relevant ESA/ESMP thematic area (e.g., labour management, waste management, cultural heritage and community health and safety).

2. Determination of Action: for each recommendation, a corresponding mitigation measure was developed, or existing measures were strengthened. Where relevant, responsibilities, timelines, and monitoring were assigned.
3. Integration into ESA/ESMP: the updated or new measures have been inserted into the following sections of the ESA/ESMP as outlined in the table below.

Table 22: Public Consultation (Phase 1) Outcomes

Consultation Topic / Recommendation	ESA/ESMP Section Updated	Incorporated Action
Ensure local labour participation with emphasis on 60% quota	-Annex 1: Workers' Camp Management Plan (which includes the Labour Management Plan (Worker Influx) and the Hiring/Employment Policy)	Included provisions that requires Contractor to comply with 60% local labour quota, provided labour meets contractor requirements.
Prevent child labour and human trafficking	-Annex 1: Workers' Camp Management Plan (which includes the Labour Management Plan (Worker Influx) and the Hiring Policy) -This is also discussed in Section 6.7.12. Forced Labour and Section 6.7.13. Child Labour of the main ESA/ESMP -Anti-human trafficking is also discussed in Annex 2: Community Health and Safety Plan and the Hiring/Employment Policy -This is also addressed in the Socio-Cultural Analysis (SCA)	Integrated zero child labour and anti-human trafficking measures into contractor obligations and monitoring protocols.
Provide procurement opportunities for community members	-Socio-Cultural Analysis (SCA)	Included provisions for local procurement engagement measures and transparent bidding processes for local suppliers. See SCA, Section/Chapter 25: Sourcing of Materials
Continuous communication with the Town Council and the community	-The Stakeholder Engagement Plan: sections - Approach to Stakeholder Engagement, Approach to Stakeholder Engagement and Methodology, Public Consultation and Disclosures	-Strengthened the Communication Plan to ensure real-time updates to Town Council for dissemination to the community. -Also strengthened to include Ministry of Amerindian Affairs and the National Toshao Council.
Maintain buffer zone between the community and the stockpile area	-Environmental and Social Management Plan (ESMP) mitigation measures -Details outlined in Section 6.3 – Storage Yards and Laydown Areas for the Lethem Hospital Project	Included a site layout plan incorporating a designated buffer zone. See Section 6.3 – Storage Yards and Laydown Areas for the Lethem Hospital Project and Figures 39 and 40 within the same section
Noise management in sensitive hospital environment	-ESMP mitigation measures -See Table 20 in Section 6.2-Prevention and Mitigation Measures: Noise	Include noise monitoring for day and night, buffers in high sensitivity, and maintenance of machinery.
Enforce the covering of aggregate materials during transport	-See the Traffic Management Plan (TMP): 7.4-General Traffic Management	Include aggregate transport protocol with driver training and monitoring.
Engage Town Council on traffic and waste management	-See the TMP: 7.4-General Traffic Management -See the Hazardous Waste Management Plan: Section 9 – Hazardous Waste Handling	-See the TMP: 7.4-General Traffic Management -See the Hazardous Waste Management Plan: Section 9 – Hazardous Waste Handling

Extend drainage to entire hospital environment	-Will be addressed in updated finalized hospital engineering designs	-Will be addressed in updated finalized hospital engineering designs
Respect cultural and spiritual significance of trees	-This is addressed in the Socio-Cultural Analysis (SCA)	A commitment to 'no tree-cutting' will be included in the SCA
Ensure morgue operations remain unaffected	-Will be addressed in updated hospital engineering designs	Design accommodation to avoid disruptions.

The ESA/ESMP will be treated as a living document. Any new recommendations arising from further consultations or during project implementation will be assessed and integrated using the same approach.

7 ENVIRONMENTAL AND SOCIAL MITIGATION MEASURES)

This chapter provides guidance to ensure project activities comply with legislation and meet the requirements of the MoH and IDB. It outlines measures to mitigate the potential environmental and social impacts for the design phase, actions before construction, mitigation strategies during construction, and measures for the MoH and hospital management post-construction. The focus is on addressing significant, likely impacts with medium to high risk.

7.1 Design Phase Considerations

Here are recommendations that should be considered in the project design, including for the various interventions at the hospital.

- Incorporate Guyana National Building Codes in the hospital designs.
- Construct the ground floor above ground level and improve drainage designs to minimize flooding risk.
- Consider regular maintenance of essential systems (electrical, air-conditioning, oxygen supply, vacuum, sewage, wastewater, plumbing, drainage, potable water, and medical waste management).
- Assess the liquid waste management system's capacity and effectiveness for potential upgrades.
- Include provisions for water harvesting, universal access, landscaping features to offset flood risk, drainage improvements, and energy-saving infrastructure.
- Consider natural ventilation, ensuring proper design and installation.
- Explore using renewable energy sources, especially solar energy, adhering to the Bank’s guidelines for solar equipment sourcing.
- Improve parking design to accommodate increased staff, patient, and visitor loads.
- Share specific intervention designs with hospital management for review and input before finalization.
- Carefully plan construction to prevent or minimize service disruption, involving MoH and hospital management. Construct new buildings first, relocate existing services, then commence work within the existing space.

7.2 Prevention and Mitigation Measures During Construction Phase

Table 23: Considerations for environmental prevention and mitigation measures during the construction phase

Factor	Impact	Risk Level	Prevention and mitigation measures
Construction Period			
Soil	Soil Disturbance and Erosion caused by topsoil cleaning and earth excavation work	Low	• Install silt fences, sediment barriers, and erosion control blankets to minimize sediment runoff during earth excavation and topsoil clearing. • Construct temporary diversion channels to direct surface water away from disturbed areas. • Re-vegetate disturbed areas as soon as possible to stabilize the soil. Use native grass species and shrubs that are well-adapted to the local climate and soil conditions. • Apply soil stabilizers or binders to increase soil cohesion and reduce erosion potential, especially in areas with high gravel content. • Compact soil layers adequately to improve water retention and reduce surface runoff. • Design and implement a robust drainage system to manage surface water runoff and prevent waterlogging in construction areas. • Install temporary sediment basins to capture and treat runoff before it leaves the construction site. • Plan construction activities to avoid the peak rainy season, reducing the risk of erosion and sediment transport. • Phase construction work to limit the extent of exposed soil at any given time. • Conduct regular inspections of erosion control measures to ensure they are functioning correctly and make adjustments as needed. • Maintain records of all soil disturbance and erosion control activities to identify potential issues and implement corrective actions.
	Soil contaminated by the hazardous materials (fuel and oil) from construction machinery	High	• Ensure the availability of an environmental kit consisting of sand, sawdust or shavings, shovels, plastic bags, and temporary containers (drip trays/pans) to respond to potential spills. • The design of the equipment locations must include safety measures for emergencies or spills: underneath the equipment or storage tanks, there should be a concrete platform.

Factor	Impact	Risk Level	Prevention and mitigation measures
			• Maintenance of machinery and vehicles should be conducted off-site at authorized workshops.
	Soil contaminated by non-treated effluents and sewage	High	• Utilize portable toilets and bathrooms during the construction phase and ensure permanent facilities are in place for the operational phase. • Maintain separate toilets for men and women, adhering to the standard of 20 men or 15 women per toilet. Sanitize superficially at least three times a day and conduct in-depth cleaning twice a week. • Ensure proper disposal of waste through certified companies. • Ensure that all waste disposal companies are certified by the relevant environmental authorities (e.g., EPA and/or Ministry of Health).
	Soil contaminated by solid waste	High	• Implement a waste segregation system on-site to separate domestic waste, recyclables, and hazardous waste. • Provide labeled waste bins for different types of waste (e.g., food waste, plastics, cardboard, glass, hazardous) to encourage proper disposal. • Ensure waste storage areas are equipped with appropriate containment measures to prevent waste from spilling or spreading to surrounding soil. • Establish designated waste storage areas with clear signage to prevent unauthorized disposal. • Arrange for regular waste collection and disposal through authorized waste management services. • Conduct training sessions for construction workers on proper waste disposal practices and the importance of maintaining a clean work environment. • Display informative posters and guidelines about waste management and soil contamination prevention at prominent locations on-site. • Regularly monitor and inspect waste storage areas and construction sites for any signs of improper waste disposal or soil contamination. Implement corrective actions promptly if any issues are identified during inspections. • Encourage the use of eco-friendly and biodegradable materials for construction to reduce the risk of soil contamination. • Opt for construction materials with minimal packaging to reduce waste generation. • Implement erosion and sediment control measures, such as silt fences and sediment traps, to prevent contaminated runoff from affecting the soil.

Factor	Impact	Risk Level	Prevention and mitigation measures
			• Stabilize exposed soil surfaces with vegetation or other erosion control techniques. • Develop and implement an emergency response plan to address accidental spills or significant waste-related incidents. • Equip the site with spill containment kits and train workers on their proper use.
	Soil contaminated by medical waste	High	Set up reminders or protections in front of medical waste storage facilities that may be damaged by construction nearby, and train mechanical operators and workers to identify medical waste. As a medical facility, the drainage is complex. To protect the environment, pre-treatment facilities are set up for different types of sewage and wastewater. Indoor special medical sewage and oily wastewater are discharged separately and pre-treated, while other domestic sewage and wastewater use a combined drainage system. All sewage from this project will be pre-treated and then discharged into a newly built sewage treatment station for treatment and disinfection
Water	Identical with the soil except for water sedimentation	Medium	• Implement erosion control measures, such as silt fences, sediment traps, and stabilizing exposed soil surfaces with vegetation, to minimize soil disturbance and reduce sediment runoff. • Design and install effective drainage systems to manage surface runoff and prevent sediment from entering water bodies. • Conduct regular monitoring of water quality in nearby water bodies to detect any changes in sedimentation levels and take corrective actions if necessary. • Schedule construction activities during dry seasons to reduce the risk of increased sediment transport due to surface runoff during the rainy season. • Educate construction workers on best practices for minimizing soil disturbance and managing sediment runoff. • Establish temporary storage areas for construction materials away from water bodies to prevent accidental sediment transport.
Noise	Workers' health affected by noise generated during construction activities	High	• Conduct regular quarterly noise level monitoring on-site to ensure compliance with established safety standards and/or as mandated by the EPA permit(when received). Conduct quarterly day and night testing in high-sensitivity zones • Implement noise control measures, such as using quieter construction equipment and machinery and/or installing noise barriers around high-noise areas. • Provide all construction workers with appropriate hearing protection devices, such as
	Hospital’s staff, patients and visitors health affected by	High	

Factor	Impact	Risk Level	Prevention and mitigation measures
	noise generated during construction activities		earplugs or earmuffs. • Schedule noisy construction activities during times when fewer patients, visitors, hospital personnel and workers are present on-site or outside of peak working hours to minimize exposure. This will be done in coordination with the hospital's administration team • Implement rotating work schedules to limit individual workers' exposure to high noise levels. • Conduct regular training sessions for workers on the risks of noise exposure, the importance of using hearing protection, and proper use and maintenance of hearing protection equipment. Training will be conducted at staff orientation and during task-specific activities, with a likelihood of exposure to high noise levels • Display informative posters and signage about noise hazards and protection measures at prominent locations on-site. • Provide designated quiet areas where workers can take breaks away from high-noise environments to reduce overall noise exposure. Ensure rest areas are well-insulated and located away from noisy construction zones. • Regularly Monthly maintenance and servicing of construction equipment and machinery to ensure they operate efficiently and produce minimal noise. Replace or repair any faulty equipment that generates excessive noise. • Establish and enforce guidelines for contractors' workers regarding cultural behaviors that contribute to noise, such as playing loud music or speaking loudly. • Promote a culture of noise awareness and encourage workers to be mindful of their noise levels on-site.
Air	Ambient air quality	High	• Implement dust suppression techniques such as water spraying on exposed soil, stockpiles, and construction areas to minimize particulate matter. • Cover stockpiles of dry materials like sand and debris to reduce wind-blown dust. • Use enclosures or dust extraction systems during activities that generate significant dust, such as cutting concrete walls, floors, and blocks. • Ensure construction equipment and vehicles are well-maintained and comply with emission standards to minimize particulate matter and gas emissions. • Restrict idling of vehicles and machinery to reduce emissions. • Provide personal protective equipment (PPE), such as masks and goggles, to workers

Factor	Impact	Risk Level	Prevention and mitigation measures
			to protect them from dust exposure. • Conduct regular bi-annual health checks and monitoring for workers exposed to dust and particulate matter. • Maintain a clean construction site by promptly removing waste and debris. • Establish designated areas for storage and handling of construction materials away from active work zones and sensitive receptors. • Schedule soil-disturbing activities during periods of low wind speeds and avoid dry, windy conditions to reduce dust generation. • Plan construction activities during non-peak hours to minimize exposure to surrounding communities and hospital occupants. • Implement an air quality monitoring program to assess particulate matter levels at quarterly intervals on-site and in the surrounding area, or as mandated in the EPA permit when issued. • Take corrective actions if particulate matter levels approach or exceed the maximum exposure limits. • Provide training for construction workers on best practices for reducing dust and managing emissions. • Communicate with hospital staff, patients, and visitors about potential air quality impacts and mitigation measures being implemented.
	Emission of greenhouse gas caused by the use of construction machinery	Low	• Schedule and plan construction activities to minimize the use of machinery, thus reducing fuel consumption and emissions. • Use energy-efficient and low-emission construction machinery and vehicles whenever possible. • Ensure regular maintenance and servicing (out of the project area) of construction machinery and vehicles to maintain optimal fuel efficiency and minimize emissions. • Replace or upgrade outdated machinery with more efficient models to further reduce greenhouse gas emissions. • Implement efficient fuel management practices, such as proper fueling techniques and regular checks to prevent fuel wastage. • Use cleaner fuels, such as low-sulfur diesel, to reduce emissions from combustion. • Enforce strict policies to limit idling of construction machinery and vehicles to reduce unnecessary fuel consumption and emissions.

Factor	Impact	Risk Level	Prevention and mitigation measures
			• Educate operators on the importance of turning off engines when machinery is not in use. • Invest in carbon offset initiatives, such as tree planting or supporting renewable energy projects, to compensate for the emissions generated during construction. • Partner with local environmental organizations to develop and implement offset programs. • Optimize the construction design and plan to reduce the need for extensive site preparation and earthmoving, which can lead to higher emissions. • Implement a monitoring system to track greenhouse gas emissions from construction activities. • Report emissions data to relevant authorities and stakeholders, and take corrective actions if emissions exceed acceptable levels. • Prioritize the procurement of energy-efficient demand-side equipment (e.g., A/C units, fans, lighting fixtures) to reduce emissions during the construction and operational phases. • Consider the lifecycle emissions of equipment and materials when making procurement decisions
Biological Resources	NA		

Table 24: Considerations for social prevention and mitigation measures during the construction phase

Factor	Impact	Risk Level	Prevention and mitigation measures
Construction period			
Disruption of Services	Disruption of existing medical services caused by the construction of new buildings and the rehabilitation, extension, and repurposing of existing buildings	High	In the construction organization design phase, considering not to affect the normal operation of existing hospitals, the construction and renovation of hospitals should be carried out in the following order: • Relocate essential services (dormitories, kitchens, maternity waiting room, and laundry facilities) before starting construction to maintain normal hospital operations. • Relocate existing services to the newly constructed buildings. • Begin rehabilitation, extension, and repurposing of existing buildings. •Site Management: Set up fences and necessary signage in construction areas to ensure the safety and accessibility of hospital staff, patients, and visitors. • Arrange construction activities to minimize disruptions to the daily operations and ensure safe passage on existing roads. • Coordination and Communication: Maintain close communication with hospital management throughout the project construction phase. • Jointly develop a detailed relocation plan and timeline with hospital management to ensure minimal disruption of medical services. • Contingency Planning: Develop and implement contingency plans to address any unexpected disruptions or challenges during construction. • Ensure flexibility in construction schedules to accommodate urgent medical needs and minimize patient inconvenience.
Improvement of health service and employment	Improvement of employment and welfare	Medium positive	• Ensure non-discriminatory hiring practices based on age, race, or gender. • Adhere to Guyana's labor laws for fair wages and benefits. • Provide training programs to enhance local workers' skills and employability. • Engage with local communities to identify employment opportunities and promote local hiring. • Support local vendors and service providers by creating opportunities for them to supply goods and services during construction.

Factor	Impact	Risk Level	Prevention and mitigation measures
Community Conflicts	Community conflicts caused by the influx of a large number of non-local labor and improper behavior	Medium	- The following documents have been developed to facilitate the proper management of such issues, notably an Employee Code of Conduct, an IPP, and a Community Health and Safety Plan. These can be viewed in the Annex • Prioritize hiring local workers to reduce the influx of non-local labor and strengthen the local economy. • Provide cultural sensitivity training for non-local workers to promote respect for local customs, norms, and practices. • Establish and enforce a code of conduct for all workers, outlining acceptable behavior and consequences for violations, particularly regarding interactions with local communities. • Maintain open lines of communication with local communities to address concerns and mitigate potential conflicts. Regularly update community members on project activities and progress. • Conduct awareness programs on health, safety, and the prevention of sexually transmitted infections (STIs) for both workers and local communities. • Implement strict policies to prevent the abuse of alcohol and other drugs on-site and provide support for workers struggling with substance abuse. • Enhance security measures to ensure the safety of local residents and workers. This may include increased patrolling, installation of security cameras, and collaboration with local law enforcement. • Provide appropriate accommodation for non-local workers to minimize their interaction with local communities and reduce potential conflicts. • Establish a conflict resolution mechanism to address and resolve any disputes between workers and local community members promptly and fairly. • Create employment opportunities for local women within the project to promote gender equality and economic empowerment.

Factor	Impact	Risk Level	Prevention and mitigation measures
Traffic	Traffic jams caused by transportation of construction equipment, materials, and personnel	Medium	- A Traffic Management Plan (TMP) has been developed to manage all traffic-related issues throughout the life of the project. This can be viewed in the Annex. • Develop and implement a transportation plan to manage the movement of construction equipment, materials, and personnel. Schedule deliveries during off-peak hours to minimize traffic congestion. • Coordinate with local authorities to implement traffic control measures, such as temporary traffic signals or road closures, to ensure smooth traffic flow around construction sites. • Designate temporary parking areas for construction vehicles and personnel to prevent blocking access to hospital facilities and emergency response routes. • Inform local residents and hospital staff about construction schedules and potential traffic disruptions to allow for alternative arrangements.
	Risk of traffic accident caused by the movement of construction equipment, materials, and personnel	High	Risk of Traffic Accidents • Provide safety training for drivers and construction personnel on road safety and defensive driving techniques to reduce the risk of accidents. • Plan and designate specific transportation routes that avoid high-traffic areas, schools, and residential zones to minimize the risk of accidents. • Install clear signage and safety warnings along transportation routes and around construction sites to alert drivers and pedestrians. • Monitor and enforce speed limits and traffic regulations for construction vehicles to ensure safe driving practices. • Ensure that emergency response routes are kept clear at all times and that construction activities do not hinder access for ambulances, fire trucks, and other emergency vehicles.
Health and Safety	Occupational Health and Safety: ▪Illnesses from exposure to dust and noise. ▪Serious Injuries or death caused by falling from working at heights. ▪Injuries or death from vehicular	High	• Conduct comprehensive health and safety training for all workers to ensure they are aware of potential risks and proper procedures. • Provide appropriate PPE, including helmets, gloves, safety goggles, ear protection, and protective clothing to all workers. • Implement dust suppression techniques and noise control measures to reduce exposure to dust and noise.

Factor	Impact	Risk Level	Prevention and mitigation measures
	accidents or improper use of construction tools/equipment. ▪Injuries from slips, trips and falls. ▪Injuries or ill health caused by heat-related illnesses such as sunburn, heat stress, heat exhaustion or heat stroke as a result of working under extremely hot conditions.		• Ensure workers use proper safety harnesses and lanyards when working at heights and provide training on safe practices. • Implement the TMP to minimize the risk of vehicular accidents, including designated pedestrian pathways and vehicle routes. • Provide shaded areas, adequate hydration, and regular breaks for workers to prevent heat-related illnesses. • Implement vector control measures to reduce exposure to mosquitoes, termites, and other pests. • Properly handle and dispose of hazardous materials, including molds, biomedical waste, and asbestos, following established safety guidelines. • Conduct regular weekly safety inspections to identify and address potential hazards promptly. • Develop and implement an emergency response plan to address accidents and incidents promptly and effectively. • Ensure that first aid kits and medical facilities are readily available on-site to provide immediate care for injuries and illnesses. • Establish a monitoring and reporting system to track safety incidents and implement corrective actions as needed.
	Health, Safety and Security of Hospital Staff, Patients and Visitors: ▪ noise and dust nuisance, ▪ unsafe work conditions in material stockpile areas and construction zones, and ▪ sexual harassment by construction personnel.	Medium	• Relocate hospital services that are within or close to the construction zone before the commencement of construction to minimize disruption. • Install fencing or cordon off construction sites to prevent unauthorized access and ensure safety. Use dust screens and noise barriers to reduce the impact of construction activities. • Provide alternative access routes and parking areas for hospital staff, patients, and visitors to avoid construction zones. • Health and safety personnel at the hospitals should monitor construction activities to ensure contractors comply with health and safety requirements. • Implement measures to control noise and dust, such as water spraying for dust suppression and scheduling noisy activities during less sensitive times. • Install clear and visible safety signage around construction sites to warn staff, patients, and visitors of potential hazards.

Factor	Impact	Risk Level	Prevention and mitigation measures
			• Establish and enforce a zero-tolerance policy for sexual harassment. Provide training for construction personnel on appropriate behavior and respect for hospital staff and visitors. • Develop and implement an emergency response plan to address accidents or incidents that may occur during construction. • Community Engagement: Maintain open communication with nearby residents and villagers to inform them of construction activities and potential impacts. Address any concerns promptly. • Conduct daily safety inspections to identify and mitigate potential hazards in material stockpile areas and construction zones.

7.3 Storage Yards and Laydown Areas for Lethem Hospital Project

To support the construction of the Lethem Hospital, the Contractor has identified and received approval for the temporary use of three (3) designated storage yards/laydown areas within Lethem. The Lethem Mayor's Town Council has approved each site, with corresponding approval letters attached in Annexes SMP1A, SMP1B, and 19**.**

Storage Yard 1
This approved storage yard is located directly opposite the Lethem Hospital site, with approximately 0.27 acres of area to be used for storage. The distance to the site is in immediate proximity and will be used for the storage of containers, equipment, steel structures, and other heavy materials. The Letter of Approval to use this site is attached in **Annex 18.**

Storage Yard 2
This approved storage site is located near the Lethem Checkpoint, with approximately 0.75 acres of area to be used for storage. The distance from this site to the construction site is 2,500 meters, and will be used for storage of sand, gravel, cement, and other materials during the rainy season. Approval for this site is attached in **Annex SMP1B.**



Figure 40: Map Overview of Storage Yards and Laydown Areas for Temporary Material Storage

Storage Yard 3 – Tabatinga Mixing Plant Site
This approved site is located in the Tabatinga community (see Figure 40), near the Takutu River, with approximately 0.30 acres of area to be used for storage. The distance to the construction site is 630 meters and will only be used during the dry season. Activities to be conducted at this site include:

- Cement Mixing
- Gravel Storage
- Sand Storage
- Cement Storage
- Diesel Generator

- Water and Diesel Storage

Hazardous materials such as fuels will be handled under the Contractor's Hazardous Materials Management Plan (**See Annex 10).** The Lethem Town Council has stipulated the following conditions for the Tabatinga site approval:

- **Duration:** site may be used for a maximum of three (3) years from the date of approval.
- **Exclusivity:** use restricted to hospital project-related mixing plant and storage operations.
- **Perimeter Safety:** temporary fencing and signage required before operations.
- **Restoration:** site must be restored to original condition after use, including removal of temporary structures

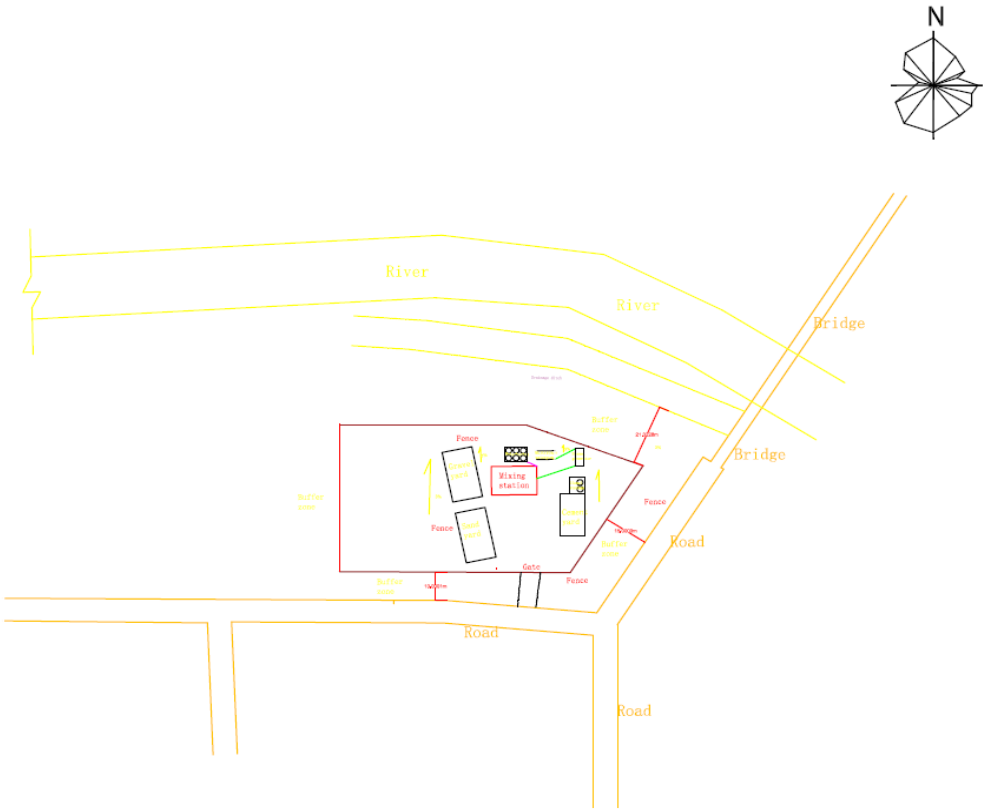
At the consultations on July 4 (**See Consultation Report - Phase 1 in Annex 21)**, the Town Council requested that a buffer zone be maintained at the Tabatinga site. The Contractor has submitted a revised site plan to include the buffer zone. This buffer zone is validated by the Town Council (**see Annex 19 for validation of buffer zone).** The buffer zone at the Tabatinga site can be seen in **Figure 40.**

Due to proximity to the Takutu River, the Tabatinga site presents a flood risk during the wet season. During consultations, the Town Council advised that the river was recently dredged near the site, and they do not anticipate any floods. Though the site may still present a flood risk during the wet season, the Contractor has committed that operations and storage at Tabatinga will be limited strictly to the dry season. During the wet season, operations and materials will be shifted to Storage Yard 2 near the Lethem checkpoint, which is outside the flood-risk zone. This ESA/ESMP records this commitment as follows:
"Storage and mixing operations at the Tabatinga site shall only be conducted during dry season months. During wet season months, materials and storage will be relocated to Storage Yard 2. Any delays resulting from non-compliance with this requirement will remain the responsibility of the Contractor".

Legend rable

Legend	Notes
	Fence
	River
	Aggregate storage site
	Existing roads and bridge
	Cables
	Water inlet pipe
	Access road
	Drainage ditch
	Drainage direction
	Buffer zone

Description:
1. The mixing station is located 600 meters north of the project's north gate. Surrounding it are municipal roads and a river, which meet the station's water needs. The absence of residential buildings in the surrounding area reduces noise and dust from the station's operation.
2. The mixing station will be equipped with a forced concrete mixing plant, a diesel generator, two oil storage tanks, a multi-stage pump, two aggregate storage yards, and a temporary cement storage yard.
3. The mixing station will have two distribution boxes: one for the mixer and one for the water pump. Electricity will be supplied by the diesel generator. Water will be pumped from the river using a multi-stage pump and stored in a water storage tank.
4. The west side of the site will be used for the aggregate storage area, where crushed stone and white sand will be stored. A temporary cement storage yard and diesel tank storage area will be constructed on the east side using pipe scaffolding, covered with a rainproof awning for shade and rain protection.
5. The temporary fence is built around the area using wood and wire mesh, and the gate is closed with a pipe frame.



Mixing Plant General layout

Figure 41: Tabatinga Mixing Plant

Each storage yard will have the following safeguards:

- Fencing and signage will be installed around the perimeter
- Covered storage and waterproofing measures will be applied for cement and sensitive materials
- No permanent structures to be constructed
- The Contractor will comply with all Occupational Health and Safety protocols for workers at the site.

The PEU will include monthly updates with photographs in its monitoring reports, documenting which yard is in use and confirming seasonal compliance.

8 ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN

8.1 Environmental and Social Management Plan Guiding Principles

8.1.1 Plan, Do, Check, Review

Industry good practice follows the general principles of the "Plan, Do, Check, Review" cycle as described below.

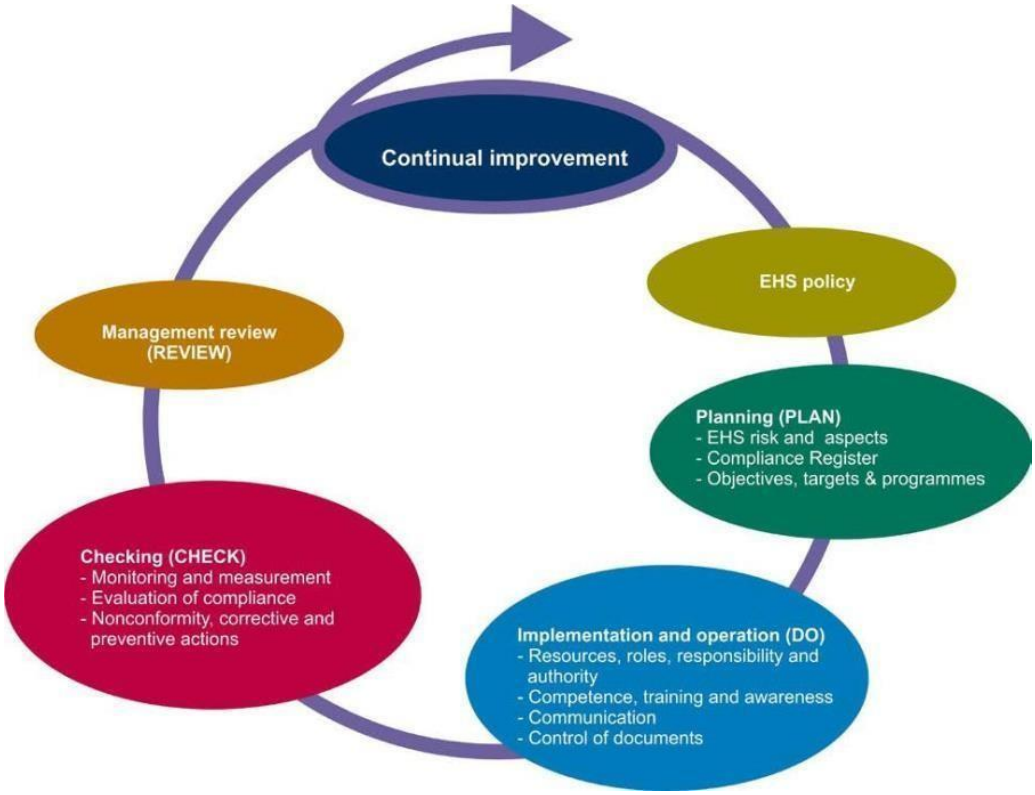


Figure 42: Plan, Do, Check, Review Cycle

8.1.1.1 Plan

- Define policies and objectives for environmental and social performance.
- Identify environmental and social impacts and risks of the operations.
- Develop management and operational controls to address impacts and risks.
- Develop a management plan to achieve these objectives.

8.1.1.2 Do

- Implement a management plan.
- Implement management and operational controls.

8.1.1.3 Check

- Monitor performance against policies and objectives.
- Check that management and operational controls are effective.

8.1.1.4Review

- Make corrections to plans, management, or controls in response to performance

monitoring or out of control events.

8.2 Mechanism for Reviewing, Adjustments, and Reporting

The parties involved in overseeing the day-to-day activities of Project implementation will conduct continuous monitoring to ensure that all Project personnel (contractors) are fulfilling their obligations under this ESMP. Monitoring will be conducted to ensure compliance with the commitments in this document and to evaluate the effectiveness of controls and other measures intended to mitigate potential impacts. Project monitoring activities are summarized below.

- Environmental incidents or non-compliances observed and corrective actions taken concerning contract requirements, including waste management, contamination, noise and dust control, traffic management, etc.;
- Health and safety incidents, accidents, injuries, and all fatalities that require treatment and actions taken to improve conditions. Information on the number of workers, work hours, PPE provided and usage, and worker violations and follow-up actions taken (if any);
- Grievances by workers and community, including grievances received, how resolved, those unresolved and plan for resolving these.

In addition to the monthly reports, CMEC will provide immediate notification to the Supervisory Consultants of incidents in the following categories:

- confirmed or likely violation of any Environmental Authorisation conditions or any relevant legislation;
- any fatality or serious (lost time) injury;
- significant adverse effects or damage to private property, e.g. vehicle accident;
- damage to public utilities; or
- any allegation of sexual harassment or sexual misbehavior, child abuse, defilement, or other violations involving children.

Full details of such incidents shall be provided to the Supervisory Consultants' Project Manager within the timeframe agreed with the Project Manager.

8.2.1 Training

All Project personnel will be qualified to do the particular job that they are performing and undergo further training to meet the needs of the working environment, as required. All personnel, regardless of position, will be given specific job-oriented HSE training prior to starting work and as necessary thereafter. All personnel will be trained on general awareness of environmental and social issues and specific procedures aimed at the avoidance of environmental damage, as well as human health and safety. New staff, contractors, and visitors will be given basic induction training and follow Project HSE procedures.

8.2.2 Organization and responsibility

To ensure the environmental, social, health and safety management measures are implemented, several players will have major roles to play.

Table 25: Summary of Environmental and Social Related Responsibilities

Pre-Construction Phase	
MoH	Constitute project unit within HSDU and assign an Environmental and Social Specialist
	Hire Supervisory Consultants

	Completion of pending Manuals and Plans
	Developing a budget for the ESHS implementation
	Engage the EPA on obtaining environmental authorisation for the construction works
	Conduct site-specific ESAs and develop ESMPs
	Conduct SCA and prepare IPP
Supervisory Consultants	Assign ESHS Personnel as part of the Supervision Team
	Prepare construction bidding documents to include environmental, social, health and safety requirements for review by the IDB prior to execution
	Ensure that the contractor's CESMP is prepared and approved.
Contractors and Sub-Contractors	Assign responsibilities for environmental, social, health and safety compliance to a competent team member or hire an ESHS personnel
	Prepare the CESMP and update as necessary
	Conduct workers orientation and training on health and safety practices to be followed at the construction site
Construction Phase	
MoH	General oversight of the project's environmental, social, health and safety compliance
Supervisory Consultants	Guidance and support to the MoH in securing the necessary environmental and other permits and licences for the project's activities prior to the commencement of construction and to develop a process framework for this, including steps and procedures, requirements and timelines.
	General oversight of the contractors and sub-contractors environmental, social, health and safety performance
	Monitor project activities to ensure health, safety, environmental and social compliance
	Identify non-conformances and recommend corrective actions
	Participate in stakeholder engagements and take the lead in addressing/responding to stakeholder grievances
	Convene meetings and discuss the status of contractors' compliance with ESHS requirements, including relevant permits.
Contractor and Sub-Contractors	Implement the CESMP, and environmental, social, health and safety mitigation and management measures and corrective actions to ensure compliance with permits and licences
	Participate in the project's progress meetings to discuss environmental, social, health and safety compliance
	Monitor for non-compliances and the effectiveness of mitigation measures
	Engaging with stakeholders and addressing any grievances that might arise
	Conducting regular refresher training for workers on environmental, social and health and safety requirements and compliance with relevant permits.

8.3 Management Plan

8.3.1 Overview

This Section provides details on the Environmental and Social Management Plan and defines how we will implement and manage environmental matters.

8.3.2 Roles and Responsibilities

All positions across the Project have environmental responsibilities to some extent; everyone has a base level duty of care to prevent environmental harm. Project roles include Project Implementation Unit, Engineer from MOH, DB contractor and other subcontractors as needed.

Table 26: Project Roles, Responsibilities and Contact Details

Position	Responsibilities	Name	Contact Details*
Project Manager	Responsible for the overall preparation and implementation of CEMP	Brendon Inniss	lethem.hospital.01@gmail.com
Site Supervisor	Responsible for supervising the implementation of CEMP	Hu Yunlong	lethemhospital@cmec.com
Environment Consultant	Responsible for identifying and evaluating corresponding risks and impacts, preparing CEMP, and compiling reports.	Jenell Williams Pinder	jenellwpinder@brinsjensds.com
HSE Representative	Responsible for training and managing GRM related to social, environmental, and health issues	Travis Watson	lethem.hospital.01@gmail.com

8.3.3 Training, Awareness and Competency

To ensure the relevant aspects of this EMP are communicated to the project team and front-line staff (including contractors and sub-contractors) in compliance with the local labor laws and regulations, periodic training will be conducted throughout the project's duration. Examples include:

- Site Environment Induction
- Daily Pre-Start Meetings
- Environmental Toolbox Talks
- Incident bulletins
- Subcontractors kick-off meeting
- Contractor and client site kick-off meeting

8.3.4 Environmental Management

This section presents a summary of the environmental risks and controls that have been identified for the proposed construction project. However, specific risk assessments or job hazard analysis will be conducted as needed. The controls listed in the table are not exhaustive. When necessary, developed risk management strategies, controls, etc. that suit the scale/nature of finalized construction project.

Air Quality and Dust Management

AIR QUALITY AND DUST MANAGEMENT			
Objective(s)	1. To obtain baseline readings on air quality and particulate matter. 2. To ensure the impacts of air quality and dust on adjacent areas and the community are minimized.		
Management Strategy	Air quality and dust issues will be managed principally by emission controls at the source, and administrative controls during works. Necessary monitoring devices will be installed to enable everyone to monitor environmental indicators		
		Responsibility	Timing
Control(s)	Prior to the start of construction, the contractor collected data through Air Quality monitoring, which included the assessment of PM_{10} and $PM_{2.5}$, NOx, SOx. Monitoring can be done quarterly or as mandated by an issued EPA permit; The air quality impacts could be minimized using the following measures: ● Maintain all construction equipment in accordance with the manufacturer's specifications; keep service logs of equipment up to date. ● Suppress dust as needed in unpaved areas (e.g., use of water sprays). ● Where dust is identified as an issue, dust control measures will be implemented. These will primarily be the use of water carts but may include surface treatments and covering of materials. ● Prohibit burning non-vegetative wastes (refuse, etc.) at construction sites. ● Avoid unnecessary idling of construction equipment or delivery trucks when not in use. ● Keep work vehicles clean (particularly tires) to avoid tracking dirt around and off the site. ● Cover work vehicles transporting friable materials to prevent materials being spread around and off the site. ● Minimize drop heights of materials. ● Implement the external grievance mechanism to follow-up on dust and/or exhaust emissions complaints being received by the community and workers. ● Vehicle movements controlled, optimized signaling to reduce traffic congestion (Implement the Traffic Management Plan) and kept to established tracks and haul roads. ● Enforcement of speed limit and other traffic laws at the site ● Refrain from conducting outdoor activities, including transport, when wind conditions are unfavorable ● Use of dust masks by workers (Number of workers wearing them) ● Provide dust and air quality awareness talks as part of the environmental induction process.	HSE Representative	Bi-annually or as mandated by an issued EPA permit
Performance Indicator(s)	No. complaints from adjacent commercial premises, workers and/or community. No. of workers wearing PPE against dust Air quality readings below maximum limits per EPA and WHO standards. Percentage of equipment and vehicles with their service documents up to date.		

<table>
<tr>
<td>Monitoring</td>
<td>Baseline information and quarterly monitoring of air quality will be compared against WHO maximum limits and EPA Standards (Air Quality Regulation 2000). The contractor will aim to comply with the most stringent limit.

<table>
<tr><th>Parameter</th><th>Averaging period</th><th>Maximum Limit per EPA, 2000 (µg/m^3)</th><th>Maximum Limit per WHO (µg/m^3)</th></tr>
<tr><td>PM $_{2.5}$</td><td>24 hours/1 hour</td><td>15</td><td>25</td></tr>
<tr><td>PM $_{10}$</td><td>24 hours/ 1 hour</td><td>-</td><td>50</td></tr>
<tr><td>SOx</td><td>24 hours/ 1 hour</td><td>-</td><td>20</td></tr>
<tr><td>NO$_x$</td><td>1 hour</td><td>-</td><td>200</td></tr>
<tr><td>CO</td><td>8 hours/ 1 hour</td><td>10 mg/m^3</td><td>-</td></tr>
</table>
*Source: World Health Organization (WHO). Air Quality Guidelines Global Update, 2005. PM 24-hour value is the 99th percentile. Environmental Protection Agency (2009) and the US EPA National Ambient Air Quality Standard (NAAQS) (2010).

Daily inspection of works sites to occur, including:
● visual check for dust crossing the site boundaries.
● visual check of high potential dust areas, such as haul roads, stockpiles and operational areas.</td>
<td></td>
</tr>
<tr>
<td>Reporting</td>
<td>Any complaints or incidents to be reported to the project manager. Monitoring reports for baseline air quality and bi-annual monitoring (or a determined time period determined by the EPA via the permit)</td>
<td>HSE Representative, Project Manager</td>
</tr>
<tr>
<td>Corrective Action(s)</td>
<td>● Assess weather conditions before commencing outdoor activities.
● Investigate the cause of excessive dust or emissions that go over the maximum allowed limits within the averaging period assessed.
● Implement controls immediately (e.g., water carts, corrective maintenance of potentially malfunctioning equipment).
● Implement corrective measures prior to the recommencement of site works.
● Implement administrative controls if required, such as rescheduling of dust generating activities to more favourable weather conditions.</td>
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</table>

Noise Management

NOISE MANAGEMENT			
Objective(s)	1. To obtain baseline readings on noise in/around the Project area 2. To minimize the impacts of noise on the amenity of the surrounding areas. 3. Construction activities undertaken in accordance with best practice controls.		
Management Strategy	Noise to be managed primarily through administrative and equipment controls during the construction phase.		
		Responsibility	Timing
Control(s)	Noise baseline data was retrieved from four strategic points in proximity to the Lethem Hospital to capture day and night time readings(see Section 4 for additional details). Monitoring through the various phases will be done in compliance with the recommended GNBS Construction Day and Nighttime limits (or as otherwise advised by an issued EPA permit) During construction, noise impacts associated with the Project components could be minimized using the following measures: ● Whenever possible, use equipment that produces the least amount of noise during construction. ● Maintain all construction equipment in accordance with manufacturer's specifications. ● Schedule construction and rehabilitation work during daylight hours when increased noise levels are more tolerable. ● If possible, schedule construction and rehabilitation work to minimize activity during peak periods of tourism and recreation (weekends, holidays, etc.). ● Avoid unnecessary idling of construction equipment and trucks ● Include communications regarding construction as part of the external communication mechanisms to stakeholders to inform adjacent receptors (e.g., commercial and industrial businesses) of construction activities. ● Pre-start checks and maintenance schedules to ensure equipment performance as required. ● Noise-dampening equipment to be used on equipment with excessive noise generating characteristics. ● Implementation of community grievance mechanism ● Use of auditive equipment by workers ● When possible, use noise barriers	HSE Representative	Bi-annually or as mandated by an issued EPA permit
Performance Indicator(s)	No complaints from adjacent commercial premises, workers and/or community. Percentage of workers wearing auditive protection on site 100% Percentage of equipment and vehicles with their service up to date.		
Monitoring	● Service logs for equipment/machinery used on site. ● Grievance logs ● Noise monitoring bi-annually (or as recommended by the issued EPA permit)		
Reporting	Any complaints or incidents to be reported to the Project manager.	HSE Representative, Project Manager	
Corrective Action(s)	● Investigate the cause of excessive noise. ● Implement corrective measures prior to the commencement of site works. ● Reschedule of noise-generating activities to reduce noise annoyance.		

Sediment and Erosion Control

SEDIMENT AND EROSION CONTROL			
Objective(s)	1. To ensure that the effects of erosion and sedimentation on the environment are minimized. 2. Minimize soil disturbance, degradation and erosion.		
Management Strategy	Ensure that direct impacts (land disturbance) are limited to the works area, and that indirect impacts do not impact adjacent areas.		
		Responsibility	Timing
Control(s)	Measures to be applied include: ● Disturbance area will be minimized and clearly demarcated. ● Works will only be conducted within the works zone. ● Vehicle movements will be restricted to the defined roads/tracks. ● Where possible, works area will be designed to ensure stormwater runoff drains into the site. ● Where required, sediment controls will be put in place. These will include, but not be limited to, rock check dams, sediment basins, sediment fences and silt socks. ● Sediment controls will be reviewed during site inspections and/or after significant rainfall (more than 10mm in 24hrs resulting in site runoff). ● Strategic location of detention basins to separate sediments in surface water runoff from water discharged to drains ● Locate material stockpiles away from waterways and with perimeter berm ● Periodic cleaning of drainage canals per maintenance guidelines ● Landscaping and revegetation measures	Environmental Consultant	Weekly inspection (or as needed)
Performance Indicator(s)	No evidence of significant sediment deposition outside the works area. No evidence of significant rilling, gullies or other instances of run-off erosion.		
Monitoring	● Weekly inspection (or as needed) of work sites to occur. ● Sediment controls will be reviewed during site inspections and/or after significant rainfall (more than 10mm in 24hrs resulting in site runoff). Review will include removal of accumulated sediments as required.		
Reporting	● Incident report for non-conformance of sediment control. ● Logging of sediment control structures - location and condition during weekly site inspection.	Environmental Consultant	
Corrective Action(s)	● Investigate the cause of sediment control failure. ● Review flow path and determine most appropriate controls are in place, additional controls which can be placed in-stream and/or changes that can be made to flow path ● Review similar controls on-site (even though these may not have failed) for similarities.		

Wastes Management

WASTES MANAGEMENT			
Objective(s)	1. Reduce waste volume, maximize recycling, reuse and recovery, and prevent any construction waste/litter entering the environment.		
Management Strategy	Minimize environmental impacts through appropriate controls and site inductions of employees and sub-contractors.		
		Responsibility	Timing
Control(s)	• Implementation of the Hazardous Waste Management Plan (see document attached in the Annex for additional details) • Provide appropriate waste bins, type, volume, and service frequency to accommodate anticipated waste streams • Equip septic tanks to collect domestic sewage. • Enforcement of a strict no dumping policy especially in drainage canals and areas nearest the waterways • Separate hazardous waste from non—hazardous waste • Place of trash disposal bins around the construction site and worker day-camp • Provide information regarding waste management in site specific inductions, including waste separation and importance of securing vehicle loads. • Ensure licensed contractors are used to collect controlled wastes • Disposal of all waste in the Landfill site • Installation of appropriate fencing and containment in waste management areas • Implement management measures to prevent and manage spills, per Contingency Plan • Recycle oil and waste lubricants to be used for construction equipment (e.g., chains saws) • Reuse of excavation materials for resurfacing and widening road shoulders • Storage of excavation material in designated laydown areas away from drainage channels and water bodies • Selection of laydown areas by the contractor away from drainage channels and water bodies • Appropriate training for staff on waste management practices and safe handling and storage of hazardous materials • Use of PPE for the handling of hazardous materials • Use separate bins for different wastes, common waste, paper, plastic, dangerous materials, among others.	HSE Representative, Environmental Consultant	Daily
Performance Indicator(s)	• Hazardous materials all appropriately disposed of . • Recycling recyclable construction metal waste if possible. • Records kept of waste leaving the site .		
Monitoring	• Daily inspection of work sites to occur. Review of waste bins (% full, time to next service). • Waste volumes leaving site from waste contractors		
Reporting	Environmental incident reports.	HSE Representative, Environmental Consultant	
Corrective Action(s)	• Investigate the cause of inappropriate waste disposal. • Review cause of issue and develop response, such as variation to bin size, service schedule or waste separation awareness • Implement controls.		

Social Aspects

SOCIAL MANAGEMENT			
Objective(s)	1. Reduce the impact of the construction and operation activities on the nearby residents and business		
Management Strategy	Minimize social impacts through appropriate controls and planning with the Project Team, Social Management Consultant and the local authories for strategic collaboration		
		Responsibility	Timing
Control(s)	• Implementation of the Workers' Camp Management Plan, Code of Conduct and the Community Health and Safety Plan: to designate controlled construction and project management zones, to manage the living conditions, health, sanitation, and security of workers on the project. Worker Influx will be regulated with strict camp rules and cultural training. Such activities will be supported through the implementation of the Indigenous Peoples Plan (IPP) and ongoing social engagements • Local Employment Priority: Prioritize hiring from Lethem and surrounding indigenous communities to reduce social friction and promote economic inclusion. • Employee Onboarding: strategic sensitization programs on local customs, traditions, and behavioral expectations, our safety policy, code of conduct, GRM and disciplinary measures. Ongoing cultural engagements with the community and local authorities • Audit of previous and ongoing construction work for the Associated Facilities. • Create and implement a GRM for the community. Share details of this in social engagement activities. • Gender Considerations and Hiring Policy: Enforce equitable recruitment practices, Clear protocols and training to prevent and address workplace harassment, especially in mixed-gender environments. Provision of gender-specific sanitation and changing facilities throughout the project life. • Noise and work-hour restrictions will be enforced to avoid night-time or early morning work in the community. It is unavoidable, we will provide advance notice of the likely duration and occurrence of high-noise activities. • The Traffic Management Plan will be implemented to **c**ontrol the movement of construction vehicles, especially around the hospital compound and near pedestrian-heavy zones, to avoid accidents or congestion. • Free, Prior, and Informed Consent (FPIC) will be applied where applicable, particularly to engage with the indigenous leaders and the community in meaningful consultations. • There will be strict respect for sacred or cultural sites where construction will be avoided in and near known heritage or spiritual sites without proper consultation and mitigation.	Community Liaison Representative	As needed, bi-annual engagement
Performance Indicator(s)	• **Community and Worker Feedback and Grievance Redressal** • Employee Onboarding Training • Social Engagement Presentations and Registration • Meetings with the Lethem Hospital Administration		
Monitoring	• Monthly meetings with Workers • Meetings with the Lethem Hospital Administration and highlighted issues • Bi-annual community engagement meeting, reported GRM		
Reporting	GRM incident reports.	-Community Liaison Representative	Throughout project

		-HR Representative Project Manager	
Corrective Action(s)	• Investigate GRM Reports • Implement relevant suggestions from employee and community engagement	-Community Liaison Representative -HR Representative Project Manager	Throughout project

8.4 Construction Health and Safety Management Plan

8.4.1 Overview

This document is the Construction Health and Safety Plan (CHSP) for the Design and Build Lethem Hospital in Region No. 9 Project (the "Project"). It sets out the expectations of MOH and the IDB and defines how the Contractor will implement and manage environmental matters.

The CHSP will ensure that the Project is delivered in full compliance with legal requirements, and ensures:

- All workers, including contractors and subcontractors, are fully trained and experienced to do the tasks requested of them;
- Implement measures to eliminate hazards, and where elimination is not possible, puts in place controls to ensure that hazards and risks are minimized to acceptable levels; and
- Ensures protection and well-being of the surrounding communities and visitors. It is intended that through the implementation of this plan:
- Hazards that may be encountered during the project are identified.
- Assessments are made to quantify the risk; and
- Control measures that require being introduced are implemented to minimize the risks.

The CHSP is a dynamic document that will change and develop throughout the Project. The Plan will be reviewed monthly to ensure that the content reflects the needs of the Project. Additionally, the Plan will be reviewed in light of any unforeseen occurrence.

8.4.2 Site conditions and requirements

The health and safety of workers involved in activities during the construction phase can be compromised. As such, it is necessary to implement measures to prevent these situations from occurring. The following measures should be implemented to reduce the risk to workers:

- The requirements of the Occupation Safety and Health Act should be complied with.
- The contractor designates HSE Manager with the responsibility of ensuring occupational safety and health.
- The Contractor will perform a Job Hazard Analysis (JHA) and will develop Standard Operating Procedures (SOP) or method statement for the activities that present most risks, such working on heights, preparing cement, electrical works, working in confined spaces, etc. before starting corresponding construction activities.
- Workers will be properly oriented to the safety and health rules and guidelines including having daily toolbox briefings prior to the commencement of work.
- Adequate training will be provided to workers in the execution of their tasks.
- Machinery/equipment will be operated by competent, licensed and authorized personnel only, and in a manner that does not endanger other employees or the contractors' equipment.
- An Emergency Preparedness and Response Plan has been prepared and made available to all relevant personnel and the necessary training and resources required should be provided;
- Well-equipped first aid kits with basic first aid kit essentials will be provided at all work sites.
- At least one personnel trained in first aid should be present at the construction site.
- Special emphasis will be placed on the prevention of exposure to hazardous materials, including molds, biomedical waste, etc. This will be addressed as part of workers' orientation, and the required PPEs such as masks and gloves will be provided;
- All hazardous areas at the hospitals will be secured to prevent access to construction workers;

- Potable water for employees will be provided.
- Protective gear will be provided to employees and should be worn at all times during operation. Gear to be provided should include safety vests, hard hats, dust masks, earplugs, gloves, protective goggles and safety boots.
- Employees will be required to wear safety equipment provided by the contractors in all working areas. Monitoring will be done to ensure workers utilize the gear provided;
- Safety rules and guidelines will be posted at strategic locations.
- Adequate signage with the use of appropriate language will be posted, especially in hazardous areas.

8.4.3 Roles and Responsibilities

All positions across the project have health and safety responsibilities. These vary in relation to duties described in Table 25 but everyone has a base level duty of care to manage health and safety and avoid accidents and incidents.

Table 27: Project Roles, Responsibilities and Contact Details

Position	Responsibilities	Name	Contact Details*
Project Manager	Responsible for the overall preparation and implementation of CHSP	Brendon Innis	lethem.hospital.01@gmail.com
Site Supervisor	Responsible for supervising the implementation of CHSP	Hu Yunlong	lethemhospital@cmec.com
Health & Safety Consultant	Responsible for identifying and evaluating corresponding risks and impacts, preparing CHSP, and compiling reports.	Jenell Williams-Pinder	jenellwpinder@brinsjensds.com
Health & Safety Consultant, Community Liaison	Responsible for training and managing GRM related to social, environmental, and health issues	Jenell Williams-Pinder, Vanessa Williams	jenellwpinder@brinsjensds.com vwilliams@yahoo.co.uk

8.4.4 Training, Awareness and Competency

The CHSP prepared outlines how health and safety training, awareness, and competency will be delivered/assessed throughout the project, to ensure the relevant aspects of this CHSP are communicated to the project team and front-line staff (including contractors and sub-contractors). Examples may include:

• Site Health & Safety Induction
• Daily Pre-Start Meetings
• Health & Safety Toolbox Talks
• Incident bulletins
• Sub-contractors kick-off meeting
• Contractor and client site kick-off meeting
• Toolbox talks

The organization and arrangements for the promotion of safety, health, and welfare will be detailed. Overall responsibility for the site and its management will be CMEC's responsibility. On the first arrival at the site, allowance will be made for:

• Site induction for individuals, which will include ''Site Safety Rules".

• Mandatory Booking in and out of the site (includes lunch and breaks).
• Registering workers with appropriate training and competency certificates where necessary.
• Providing inspection and other certificates for equipment and machinery to be used safely.
• Daily / weekly site briefing.
• Pre-existing health issues.

All workers will have a safety orientation session as part of the new employee/onboarding process. The contents of the sessions have been developed and will be modified as needed based on any changes to the operations or the site.

8.4.5 Personal Protective Equipment

This section establishes the requirements to be followed to provide adequate protection from workplace hazards through the proper selection and use of personal protective equipment (PPE). PPEs shall not be used as a substitute for adequate engineering or administrative controls when feasible. The use of PPE will be mandatory. They will not prevent accidents but will eliminate or reduce the severity of an injury.

- It is the responsibility of the sub-contractors to provide their workers with the personal protection equipment required in the execution of any work that generates risks.
- The equipment must be of good quality.
- It is the responsibility of the immediate supervisor of each worker to determine the need for personal protective equipment and to ensure that the worker makes use of it.
- The worker will be responsible for the care, conservation, and proper use of any equipment entrusted to him.

CMEC will:

- Provide the resources necessary to ensure effective implementation.
- Communicate Management's expectations to employees.
- Ensure that quarterly inspections are performed on unassigned and general use of PPE.
- Evaluate workplace hazards with the goal of establishing PPE requirements for both routine and non-routine work situations.
- Ensure that required PPEs are being used properly and in good condition.
- Promote work practices that minimize exposure potential.
- Ensure employees have the required PPE training before initial assignment, and ensure they receive refresher training as needed.
- Ensure that adequate supplies of appropriate PPEs are available for the employees, contractors and visitors they are responsible for.
- Conduct and document a semi-annual inspection of personally-assigned PPE until construction works are over.

All workers will:

- Participate in training to know when to use PPEs and shall use the appropriate PPEs.
- Properly wear all prescribed PPEs.
- Inspect personally assigned PPEs for serviceability and defects prior to use.
- Clean, maintain and store PPEs in a manner that will ensure its serviceability.
- This section establishes the requirements to be followed to provide adequate protection from workplace hazards through the proper selection and use of personal protective equipment (PPE). PPEs shall not be used as a substitute for adequate engineering or administrative controls when feasible.
- The use of PPE will be mandatory.
- It is the responsibility of the sub-contractors to provide their workers with the PPE required in the execution of any work that generates risks.
- The equipment will be new and of good quality.
- It is the responsibility of the immediate supervisor of each worker to determine the need

for PPE and to ensure that the worker makes use of it.
- The worker will be responsible for the care, conservation, and proper use of any equipment entrusted to him.

8.4.6 Work Permits

Make sure to get all the related permits and approval from local authorities, including those related to work permits to prevent unnecessary risks and/or accidents, and comply with the following:

- It is necessary to obtain work permits in all areas with risk where work is carried out, and they must be issued by authorized personnel.
- No work will be started before the respective work permit has been issued, and it has been verified that the recommendations and demands required have been complied with.
- Supervisors authorized to issue and receive work permits will be responsible for the correct issuance of the same. They will also be responsible for ensuring that the security conditions are maintained during the time required to carry out the work.

8.4.7 Project Grievance Redress Mechanism

A complaints procedure is outlined and available whenever a member of the public wishes to make a complaint. The detailed Grievance Redress Mechanism can be seen in the Annex *11A Grievance Redress Mechanism (GRM) – Workers.*

8.4.8 Emergency Procedures

See the CMEC Emergency Response Plan in the Annex for details.

8.4.9 Health and Safety Risk Management

This section will be completed by the Contractor to present a summary of the key health and safety risks and controls that have been identified for the proposed construction project. The Contractor should determine what additional risks and proposed management controls are required based on their final design and work method statements. A project risk assessment or job hazard analysis for specific task(s) should be performed. The template table should be used for each of the following health and safety risks:

- Excavations
- Use of heavy equipment
- Use of and contact with power tools
- Working at heights
- Manual handling
- Live services
- Tag out procedures
- Noise, vibration, and dust
- Hot works
- Confined Spaces
- Traffic management and protection of neighboring communities/businesses.
- Storage of waste materials
- Temporary work

8.4.10 Key Performance Indicators

In addition to specific KPIs established for each specific activity, the following are general KPIs for H&S on site:

- Zero Lost Time Incident (LTI)
- Zero worker injuries
- Number of grievances by workers or others.
- Number of H&S incidents (observations, near-miss, new work hazard identified)
- Number of Work Permits issued
- Number of Job Hazard Analysis (JHA) performed
- Number of Toolbox meetings held
- Number of H&S meetings (supervision meetings or others)
- Number of workers using their PPE (which can be verified through observation cards, grievance mechanism or on the spot by the supervision firm)

8.4.11 Human Resources and Labor Management

As part of the project, CMEC has committed to hiring labour from the local communities in the vicinity of the hospitals. We will comply with national laws and best practices in employing the workforce to work on project-related interventions. The following should be complied with:

- The selection and employment of project workers will be conducted in a fair and transparent manner, and according to the requirements of the project. This process will be free of any personal preference and biases, inclusive of persona characteristics, gender, location, or ethnicity. The employment program will be based on the principle of equal opportunity and fair treatment, with no discrimination with respect to any aspects of the employment relationship, such as recruitment and hiring, compensation (including wages and benefits), working conditions and terms of employment, access to training, job assignment, promotion, termination of employment or retirement, or disciplinary practices.
- Recruitment procedures will be transparent, public and non-discriminatory, and open with respect to ethnicity, religion, sexuality, disability or gender.
- Applications for employment will only be considered if submitted via the official application procedures established.
- Clear job descriptions must be provided in advance of recruitment and should explain the expertise required for each post.
- Women and other vulnerable groups will be encouraged to apply for jobs.
- All workers will have written contracts describing the terms and conditions of work.
- In accordance with the Employment of Young Persons and Children Act 1938 (Amended 1999), no child under the age of fifteen should be employed, and no young person under the age of sixteen will be employed
- According to the Leave with Pay Act, we will grant and regulate annual leave with pay for all categories of workers. Granting and method of computing holiday with pay, periods of holiday with pay, remuneration for holiday with pay, and payment of holiday with pay upon termination of employment should be computed in accordance with the formula outlined in the Act.
- Each project worker will be responsible for paying their individual income tax in accordance with the laws. As such, salary and wages computation are expected to take this into consideration. The contractors can also deduct the tax due and remit it to the Guyana Revenue Authority. Remittances are to be made within fourteen days of the end of every month.
- Termination of services will be in compliance with the Termination of Employment and Severance Pay Act of 1997, which stipulates guidelines governing the termination of employment and grant of redundancy or severance payment to employees in conjunction with the offence or cause for the termination.

In addition, in sourcing solar panels and other equipment, we will ensure that these are sourced from suppliers who are compliant with labour procedures. We will ensure that suppliers have not been reported on cases of forced labour. As such, the bidding documents for the

purchase/installation of solar panels will require the contractors to include in the CESMP a labour risk analysis and respective mitigation measures that will be adopted. This includes the documentation of the solar panel supply chain, providing copies of a third party audit and a commitment (policy) regarding forced labor in the supply chain. This should also apply to the procurement of medical and other equipment under the project.

The Social Cultural Management Plan is designed to prevent, minimize, and mitigate negative social and cultural risks identified in the Social and Cultural Assessment (SCA) for the Lethem Healthcare Network Strengthening Project. Construction impacts are expected to be temporary, while operational impacts are long-term. The social mitigation measures outlined below are identified as part of the SCA.

Table 28: Social Management Plan Summary: Lethem Hospital Project

Impact Area	Key Risks/Impacts	Mitigation Measures	Responsible Party
Traffic & Safety	Vehicular accidents, child safety risks near schools	Install signage & lighting; deploy safety patrols at school hours	Contractor, Traffic Mgmt Team
Utilities	Disruption of water supply	Coordinate schedule with utility company; notify community in advance	Contractor, Utility Provider
Daily Life Disruptions	Noise, interruptions to school & community activities	Project phasing, early notification, off-peak work, simultaneous tasks	Contractor, Town Council
Labor Influx	Social conflict, SEA/SH, cultural tensions	Implement Labor Influx Mgmt Plan & Code of Conduct; cultural/gender training; GRM for workers	Contractor, PEU
Economic Pressures	Inflation, housing/rent increases	Hire up to 60% local workers; bulk purchase agreements; maintain worker camp	Contractor
Infrastructure Pressure	Strain on local services/utilities	Provide camp services (waste, power, health, internet); Waste & Traffic Mgmt Plans	Contractor
Community & Health Risks	Spread of STIs, malaria, TB; harassment risks	Community Health & Safety Plan; provide condoms, nets; zero-tolerance for SEA/SH & drugs	Contractor, Health Officer
Social Well-Being	Worker-community tensions	Provide camp recreation; substance abuse training; Gender Action Plan; inclusive consultations	Contractor, Social Officer
Labor Rights	Child labor, discrimination,	Enforce labor laws (no under-15); transparent	Contractor, PEU, Ministry

Impact Area	Key Risks/Impacts	Mitigation Measures	Responsible Party
	unfair contracts	hiring; equal pay; contracts in worker languages	of Labour
Cultural Heritage	Damage to archaeological sites	Implement Chance Finds Procedure; notify National Trust immediately	Contractor, National Trust
Communication Barriers	Exclusion of indigenous or low-literacy groups	Translate key docs; use visuals; maintain Communication Plan	Contractor, PEU
Resource Use & Procurement	Unsustainable or illegal sourcing	Use licensed suppliers only; monitor for labor abuses; obtain FPIC for community resources	Contractor, PEU, Indigenous Councils

8.4.12 Forced labor

Although the risk of forced labor is low, we will ensure forced labor is not present in any work or service performed by the contractor or any subcontractor or anywhere in the Project supply chain. Forced labor is defined as any involuntary or compulsory labor which includes:

- Indentured labor
- Bonded labor
- Employment of trafficked persons

If forced labor is identified, we will take immediate action to remedy the situation. However, based on our human resource capacity, there will be no forced labour used to install solar panels. The project will only source solar panels from vendors who do not use forced labour to manufacture their solar panels. As part of the sourcing of solar panels, a due diligence process will be performed for vendors. As such, see *Annex 16: Solar Panel Affidavit* for reference to our commitment to this step.

8.4.13 Child labor

The minimum working age in Guyana is 15. No hazardous work is to be undertaken by individuals less than 18 years of age. This is in line with the minimum age requirements as established by IDB ESPS 2. All work performed by individuals under the age of 18 will undergo an appropriate risk assessment and regular monitoring to determine the adequacy of health, working conditions, and working hours. The project will comply with the national regulation.

8.4.14 New Employee Safety Orientation

Training will be developed in two phases: the first will be conducted at the employee's orientation, and the second will be a refresher training session to ensure the employee´s continued awareness and competence. Specialized training must be completed to perform activities such as work at heights, hot works, confined spaces, electrical works, hazardous materials handling, lifting operations, and other activities that are considered medium or high-risk risk.

Table 29: ESHS Orientation Checklist

PART 1: GENERAL DISCUSSION **ENVIRONMENTAL AND SAFETY POLICIES, PROGRAMS & RESPONSIBILITIES** Inform the employee of the following Company policies and programs, and his/her responsibilities regarding safety and health issues.		
Yes	N/A	
		MOH and Contractors Policies regarding ESHS.
		IDB Environmental and Social Policy Framework and Construction ESMP
		Code of conduct (with refresher training every year)
		The employee's responsibility for performing his/her work in a safe manner, in accordance with policies and procedures, and Guyana Laws and Regulations.
		ESMP minimum requirements for wearing personal protective equipment, including hard hats, safety glasses, and steel-toed safety shoes or boots.
		The employee's responsibility to report all injuries and incidents, including near misses, to his/her supervisor. Inform employee where to get reporting forms and procedures for completing them.
		The disciplinary policy regarding violation of safety policies and procedures.
		The employee's right to report hazardous or unsafe conditions without fear of reprisal (Stop Work Authority).
		The workers' Grievance Mechanism.
		The alcohol, smoke, drugs and psychoactive prevention of consumption policy.
		Traffic and Pedestrian Management Plan. The use of mobile phones (talking, texting, checking email, etc., even when equipped with hands-free devices) is always prohibited when operating a vehicle.
		The responsibility for attending daily EHS talks and EHS meetings.
		The employee's responsibility for participating in mandatory safety and E&S training.
		Prohibition of weapons (e.g. firearms, knives, etc)
		The employee was given a copy of the ESMP, which includes E&S requirements of national law, IDB ESPF, and EPC contractor requirements.
Initial Safety Equipment Issue: **Uniforms, PPE requirements** & participation in applicable programs: head protection (eye, face, ear), hand protection, foot protection, respiratory protection, and fall protection). Required PPE shall be issued, or made available, and requirements for use shall be discussed in the following:		
		Uniforms
		Hard Hat
		Safety Glasses
		Earplugs

		Steel-toed safety boots.
		Other (specify)

PART 2: OVERVIEW OF PROCEDURES / POLICIES / PROGRAMS

Inform the employee of the hazards associated with the site and the job he/she will be performing. The plans and procedures to control the risks and how to avoid accidents and illness.

Safety Training

Briefly discuss the following safety programs with all full-time, part-time, and temporary Company employees. Discuss applicable programs with temporary service company employees based on their level of involvement and responsibility.

Yes	NA	
		Safety Orientation
		Safety Observation & Stop Work Authority
		Construction Health and Safety Management Plan
		General Safety Rules
		Personal Protective Equipment
		Permit to Work System and Job Hazard Analysis (work at height, hot work, electrical work)
		Housekeeping & Office Safety
		Ergonomic Hazards (Heavy lifting, repetitive motion)
		Use of forklifts and major construction equipment
		Signs & Tags
		Contractor Management
		Pre-start Safety Review
		Hazardous Materials (Describe various types of hazardous materials present.)
		Flammables and Combustibles
		Hazardous Energies (Work requiring the use of a lockout/tagout.)
		Hearing Conservation Measures and High Noise Areas
		Respirable Dust
		Bloodborne Pathogens
		Fire Protection Systems & Portable Fire Extinguishers
		Fire Prevention Plans
		Hazard Communication
		Heat Stress

Environmental Management Plan

Yes	N/A	
		Waste Management
		Air Quality Management Measures
		Noise Management
		Sediment and Erosion Control

		General Housekeeping
EMERGENCY PREPAREDNESS AND RESPONSE PLAN: EXPLAIN OPERATION OF SAFETY/EMERGENCY EQUIPMENT, INCLUDING:		
Yes	N/A	
		Construction Contingency Plan
		Medical Emergency Response Procedures
		Fire and Explosion Response Procedures
		Spill Response Procedures
		Natural Disaster Response Procedures
		Accidents (falls, cut wounds, burns)
		Evacuation procedures
PART 3: TOUR OF WORK AREA		
		Break Rooms
		Restrooms
		Safety Equipment & Supplies
		Safety Observations
		Extinguishers
		Eyewash and Emergency Showers
		First Aid Kits
		Incident Reporting Forms
		Hazardous Waste Storage Areas
		Chemical Storage Areas (Point out various labeling systems used.)
		Flammable & Combustible Storage Areas
		Hazardous Noise Level Areas

8.5 Chance Find Procedure (Archaeological Finds)

8.5.1 Introduction

The purpose of this procedure is to protect cultural heritage that is inadvertently discovered during construction activities of the Project. The Contractor understands that cultural heritage has high social value, is susceptible to disturbance, and is a finite resource. Cultural heritage is protected for its historical, cultural, scientific, and educational value to the scientific community, local communities, general public, and future generations. Impacts to cultural heritage must be avoided or carefully managed

8.5.2 Objectives

The objectives of this procedure are:

- Identify, record, and protect cultural heritage that has not been previously identified (i.e., chance finds); and
- Protect cultural heritage identified during previous cultural heritage investigations (i.e., known resources).

8.5.3 Procedure

The following procedure should be followed during project construction in the event that archaeological materials or site is discovered within the construction sites:

- All activities in the immediate vicinity of the remains should cease immediately.
- The find location should be recorded, and all remains left in place.
- The contractor should inform the MoH who should then inform the National Trust of Guyana of the find.
- The National Trust of Guyana should coordinate with the relevant personnel to determine the significance of the findings and assess appropriate mitigative options.
- If the significance of the remains is judged to be sufficient enough to warrant further actions that cannot be avoided, MoH, in collaboration with the National Trust of Guyana, should determine the appropriate course of such action.
- Relocation of the artefacts for preservation and security reasons may be determined as an appropriate action.
- In the case of human remains, the appropriate authority should be contacted. In addition, a coroner and/or physical anthropologist may be involved if the remains are classified as an artefact. Options for removal and burial should be considered if the location must be disturbed.
- The National Trust of Guyana should inform the MoH of when work may recommence in the specific area.

In addition, to effectively safeguard potential archaeological finds, it should also be ensured that the contractor provides training to employees on identifying and protecting finds by causing limited disruption and damage to archaeological materials, if found.

Chance finds can be made by anyone in the Project, including MOH officers, Contractor and subcontractors, visitors or guests. The following types of cultural heritage could potentially be found during construction:

- Archaeological features (e.g., habitations, burials);
- Artifacts (e.g., ceramic sherds, stone tools).
- Historic archaeological features (e.g., brick wells and foundations).
- Historic artifacts (e.g., clay pipes, bottle fragments, and coins).

In case of a discovery, the following activities will occur:

- The perimeter of the archaeological resource or site will be marked with high-visibility caution tape;
- Signs will be posted that the marked area is a protected archaeological site and that entry with mechanized vehicles is prohibited.
- Depending on the discovery, a Cultural Heritage Specialist will be called to get to the site and remove the artifact from the discovery area
- When ground-disturbing activities in the area are concluded, the caution tape and sign will be removed.

8.5.4 Roles and Responsibilities

The Project roles to implement the Chance Finds Procedure are displayed below

Table 30: Project Roles, Responsibilities and Contact Details

Position	Responsibilities	Name	Contact Details*
Project Manager	Responsible for the overall preparation and implementation of Chance Find Procedure.	Brendon Inniss	Lethem.hospital.01@gmail.com
Site Supervisor	Responsible for supervising the implementation of Chance Find Procedure	Hu Yulong	lethemhospital@cmec.com
Environmental Consultant	Responsible for identifying and evaluating corresponding risks and impacts, preparing Chance Find Procedure, and compiling reports.	Jenell Williams Pinder	jenellwpinder@brinsjensds.com
HSE Representative	Responsible for training and managing GRM related to social, environmental, and health issues	Travis Watson	592 633-6336
Cultural Heritage Specialist	Provide professional advice on cultural inheritance.	TBD	TBD

8.5.5 Training, Awareness, and Competency

Relevant Project personnel (i.e., all Project personnel involved in ground-disturbing activities) will receive training and demonstrate competency in the identification of chance finds and the Chance Find Procedure described above. This training will be incorporated into the overall induction process for Project and contractor personnel and will include a quick reference handout. The Project Manager and Site Supervisor will maintain records of all Cultural Heritage Training provided to Project personnel.

All employees must be aware that it is illegal and forbidden to disturb or remove cultural heritage objects off-site for personal gain. To support the training process, the Project will develop training materials for use in the overall induction process.

The Project Manager and the Site supervisor will maintain records on chance finds and the implementation of treatment plans. These will include:

- Monthly reports summarizing reporting period activities, including chance finds identified, the results of any chance find assessments, internal and external communications and instructions, and supporting photographic documentation (or other reference materials as appropriate); and
- Any additional reports prepared to fulfil the specific requirements of the IDB

8.5.6 Key Performance Indicators

KPIs related to the Chance Find Procedure are:

- Number of Toolbox talks regarding the Chance Find Procedure
- Number of discoveries, if any.

8.6 Monitoring and Reporting

8.6.1 Environmental and Social Monitoring

Monitoring of project activities should be conducted to ensure that the recommended mitigation measures and management practices identified in this ESMP are implemented and effective. This should take place for both the construction and operation phases of the project. The MoH, through the

HSDU Environmental and Social Specialist, and with support from the EHU, should conduct periodic monitoring during the construction phase of the project. This will require frequent visits to the project sites to conduct monitoring to determine compliance with the environmental, social, health and safety requirements. Monitoring is also expected to be conducted by the Supervisory Consultants to determine the contractors' compliance with the environmental and social requirements of the project. The contractors should also conduct monitoring onsite to ensure their compliance and provide monthly reports. The table below identifies the recommended criteria to be monitored during the construction phase, as well as the frequency and location of monitoring activities.

Table 31: Environmental and Social Monitoring During Project Construction

Environmental and Social Criteria	Frequency	Locations
Air Quality • Evidence of dust accumulation and suspended particles through visible observation • Period checks with receptors	Quarterly or as outlined in the EPA permit	• Around active construction zones • Hospital buildings or facilities most proximate to active construction zones • Hospital boundaries to immediately adjacent land uses
Noise • Decibel levels	Quarterly or as outlined in the EPA permit	• Around active construction zones • Hospital buildings or facilities most proximate to active construction zones • Hospital boundaries to immediately adjacent land uses
Water Quality Visual observation for sedimentation and oil and grease	Quarterly or as outlined in the EPA permit	• Perimeter drains within the hospital compounds and drains near material stockpile areas.
Waste Management • Compliance with CESMP and waste management practices • Littering and waste accumulation	Weekly	• Waste receptacles, disposal sites and active construction sites.
Health and Safety • Use of protective gear by workers • Adequate and appropriate signage • Location of Emergency Procedures • Availability of emergency response equipment • Health conditions of staff. • Workers Grievance • Demarcation of construction site	Weekly	Active construction work areas

• Vector control and communicable disease preventative measures • such as COVID-19		
Community Wellbeing/Concerns • Employment • Grievances which may arise • Any emerging issue	Weekly	Within and around the hospital, including staff, construction workers, patients, visitors and neighbors.
Drainage maintenance and management • Drains are clear and free of debris • No localised flooding	Weekly	Within and around the hospital
Traffic Management • Traffic congestion • Removal of construction material and equipment on the road shoulder causing any encumbrances • Traffic control in place • Compliance with traffic rules	Weekly	Within and around the hospital and in nearby communities
Code of Conduct • Awareness by workers • Compliance by workers	Weekly	Within and around the hospital
Supply Chain and Labour Management	Weekly	Within and around the hospital and in nearby communities

Monitoring activities are expected to continue during the operation phase, mainly by the MoH and the management of the hospital. The Table below identifies the parameters recommended to be monitored as well as the frequency and location of monitoring activities.

Table 32: Environmental and Social Monitoring During Project Operations

Impact	Parameter	Frequency	Responsibility
Management of waste	• Compliance with regulations and guidelines for health facilities • Adequate collection, storage, and management receptacles • Mechanism for the collection, storage, and disposal of medical and other waste • Appropriate trained personnel • Compliance with waste management practices by staff • Appropriate PPE being utilized in the handling of waste	Monthly	OH&S Personnel Management Team
Maintenance of health facilities	• Electrical, plumbing, air-conditioning, sanitation, wastewater and sewage systems are fully functional • Universal access facilities are fully functional • Resource efficiency equipment and other measures are effective • Maintenance programme in place and	Monthly	OH&S Personnel

	active		
Air pollution from onsite incinerators	• Open burning is prohibited • Waste collection and management system is functional • Air emission control system is functional	Monthly	OH&S Personnel
Occupational Health and Safety Systems	• OH&S personnel on staff • Reports from OH&S personnel on training, awareness, etc. • PPEs are available and are utilized	Monthly	OH&S Personnel
Emergency Response System, including Fire Safety and Prevention	• Emergency Response System is in place • Emergency detection and response equipment provided, including firefighting equipment • Record of maintenance of equipment • Record of orientation and training conducted • Record of drills conducted	Monthly	OH&S Personnel
Noise from electricity back-up systems	• Decibel levels from generators and compressors	Monthly	OH&S Personnel
Security Risk at Health Facilities	• Number of security personnel • Installation of security cameras	Monthly	OH&S Personnel
Disaster Management Arrangements	• Disaster Risk Assessments conducted • Interventions being made to reduce risk • Disaster Response Mechanism developed and implemented	Monthly	OH&S Personnel
Grievance Mechanism	• Contact arrangements such as notices, phone numbers, social media links etc. are active and accessible. • There will be an ongoing collection, acknowledgement, assessment, and responses to grievances • Documentation of grievances and responses • Timelines for responses	Monthly	OH&S Personnel

8.6.2 Reporting

Monthly progress meetings will be held at which time ESHS matters will be reported on and discussed. The sessions will be recorded to ensure the follow-up and follow-through of corrective actions

9. CONCLUSION

The Health Care Network Strengthening Project aims to improve the health of the Guyanese population through increased access, quality, and efficiency of health services by improving health outcomes associated with low and high complexity procedures, by expanding the capacity of strategic hospitals; by extending coverage of diagnostic, medical consultation, and patient management services, inclusive of the country's hinterlands, through digital health; and by increasing the efficiency of the public health system, by strengthening key logistic, management, and support processes and inputs.

The Project, according to the IDB's classification, is Category B due to potentially moderate direct, indirect, and cumulative negative environmental and social impacts from activities during construction, rehabilitation, and operation of the healthcare facilities and associated infrastructure. The project is likely to cause mostly local and short-term negative environmental and associated social impacts for which effective mitigation measures are readily available. As such, a comprehensive ESMP was prepared, which outlines measures to be implemented during the planning, pre-construction, and construction phases of the project to mitigate and manage the ESHS risks. Supporting social documents have also been prepared, particularly a Stakeholder Engagement Plan, a Grievance Mechanism, a Socio-Cultural Assessment, and an Indigenous Peoples Plan. Further, provisions have been made and guidance provided for detailed site-specific management measures to be implemented during the pre-construction and construction phases through the ESMP.

Importantly, the implementation of this plan will also depend on collaboration with the MoH, and the management and staff of the hospital. The relevant stakeholders will be kept informed of the project and will be allowed the opportunity to provide feedback and recommendations. This is especially important within the hospital setting.

Once the recommended measures are implemented during the project execution, it is envisaged that any potential adverse impacts will be prevented or reduced, thereby enabling the project to positively benefit the environment and the community. The implementation of this project will contribute positively to the improvement of health care delivery in Guyana.

ANNEX

ANNEX LIST

CODE	DOCUMENTS
Annex 1	Workers' Camp Management Plan (Temporary Facilities) -Labour Management (Worker Influx) -Hiring Policy -OHS Policy
Annex 2	Community Health and Safety Plan
Annex 3A	Emergency Response Plan
Annex 3B	Emergency Reporting and Investigation Form
Annex 3C	Emergency Action Tracker
Annex 4A1	Employee Onboarding Checklist
Annex 4A2	Employees' Code of Conduct
Annex 4A3	Terms of Reference - Joint Workplace Safety and Health Committee
Annex 4B1	Training Plan
Annex 4B2	Training Matrix
Annex 4B3	Training Needs Form
Annex 4B4	Training Register
Annex 5A	Job Hazard Analysis
Annex 5B	Job Hazard Analysis Form
Annex 6	Site Inspection Checklist
Annex 7A1	Incident Investigation and Reporting Procedure
Annex 7A2	Incident Reporting Form
Annex 8	Sub-contractor Management Plan
Annex 8A	Sub-contractor Prequalification Form
Annex 9	Demolition Plan
Annex 10	Hazardous Waste Management Plan and Inventory List
Annex 11A	Grievance Redress Mechanism (GRM) - Workers
Annex 11B	Grievance Redress Mechanism (GRM) - Workers Reporting Form
Annex 12	Stakeholder Engagement and Communication Plan (SECP)
Annex 13	Health and Safety Risk Assessment Template
Annex 14	Traffic Management Plan
Annex SMP1A	Agreement for Land Use by the Lethem Town Council
Annex SMP1B	Approval of Land Use by the Lethem Town Council
Annex SMP2	EPA Application
Annex 15	Disaster Risk Management Plan
Annex 16	Solar Panel Affidavits
Annex 17	Termite Treatment Plan
Annex 18	Building Waste Harmlessness Assessment
Annex 19	Application for Temporary Land for a Mixing Plant
Annex 20	Approval of Land for a Mixing Plant
Annex 21	Consultation Report – Phase 1
Annex 22	Non-Conformance Form
Annex 23	Non-Conformance Register
Annex 24	EPA Permit – Lethem Regional Hospital
Annex 25	Socio-Cultural Analysis (SCA)
Annex 26	Indigenous Peoples Plan (IPP)

ANNEX 1: WORKERS' CAMP MANAGEMENT PLAN

1. General Project Overview

CMEC- Sinopharmintl Consortium was awarded the contract to design and build the new Lethem Hospital in Region Nine (9). The construction of the hospital falls under a US$97 million – Health Care Network Strengthen – Inter-America Development Bank (IDB) loan to the Government of Guyana (GoG). The broader focus of this collaboration with the GoG and the IDB forms part of a broader effort to strengthen the nation's healthcare network under the Conditional Credit Line for Investment Projects (CCLIP). The comprehensive programme aims to bolster the capacity of seven hospitals across various regions, including key hinterland areas and urban centres *(Kaieteur News, 2024).*

The main objective of the project is to improve access to quality healthcare for all Guyanese from various geographic locations by creating modern and efficient health facilities that provide reliable health services. This will entail upgrading existing hospitals such as the Lethem facility through new construction additions, procurement, and installation of modern technology. This will improve the quality of healthcare services across the Lethem area. The execution of this project will also provide training and employment opportunities for residents throughout various stages of the project.

Upon completion, the hospital will have modern outpatient services, medical technology, inpatient wards, and auxiliary facilities. The surrounding facilities will also be developed, such as roads, drainage, sidewalks, and landscaping. The total land area of the Lethem Hospital campus is approximately 42,491 square meters. The land area for this expansion and renovation project is approximately 26,304 square meters.

Notably, these construction activities will be guided by supporting project documentation such as an Environmental & Social Assessment (ESA), Environmental & Social Management Plan (ESMP), and Socio-cultural Analysis and Indigenous Peoples Plan. The contents of these will be prepared according to the IDB Environmental and Social Performance Standards.

However, before the commencement of the primary activities, the CMEC team will have a temporary camp prepared as a base to facilitate construction logistics and the administration of the hospital construction. As such, this document will outline our approach to ensuring the health and safety of our workforce throughout the different phases of this project. It is a living document and will be updated if needed, if in-field circumstances change as the project progresses.

2. Temporary Camp Facilities Description

2.1. Location of the Camp Facilities

The temporary facilities will be constructed in two separate locations within the current site of the Lethem Hospital compound. Initially, *Area A – Temporary Facility One* was earmarked to be placed 160.01 meters West of the construction site. However, to reduce the possible impact of the construction activity on the nearby residents, the camp will now be constructed within the Lethem Hospital compound. Alternatively, that location will now only be used to store construction material. As such, keen emphasis will be placed on coordinating these activities and plans with the hospital's administration, including all demolition activities of buildings to be dismantled. For reference, the correspondence between our team and the Lethem Town Council about this activity will be featured as an Annex.

Therefore, both facilities will be located within spaces adjacent to the primary construction area. Each temporary facility has been designated to have different functions. It will be divided as follows:

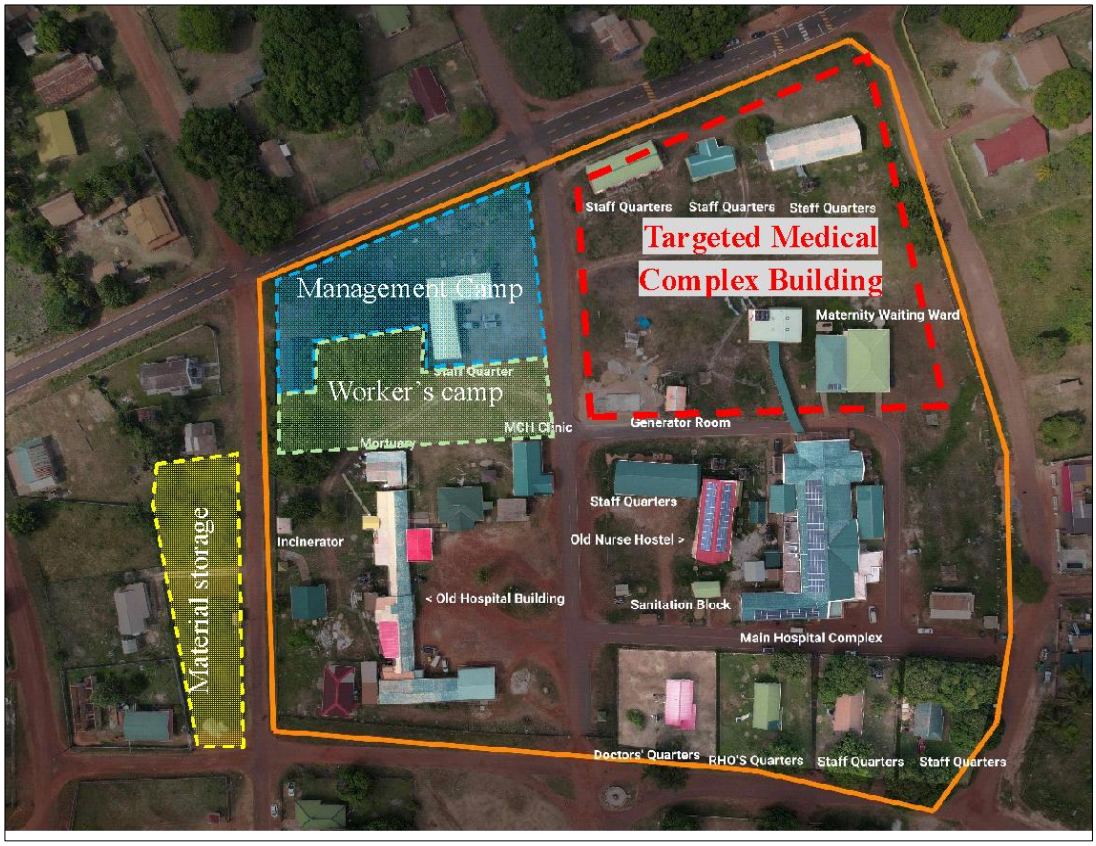
- Area A - Temporary Facility One: This facility is expected to be approximately 4,000 square meters and will be constructed to function as a Workers' Camp.

- Area B - Temporary Facility Two: This facility will have an area of approximately 1,200 square meters. An unoccupied Staff Quarters building stands in this space and is expected to be renovated into our Project Management Camp and Offices. After inspection, if deemed unfit for occupancy, it will be demolished instead.

Demolition will be done according to our *Demolition Procedure*; however, a summary of this approach is discussed further in *Section 2.2.3. Demolishment of the Staff Quarters.*

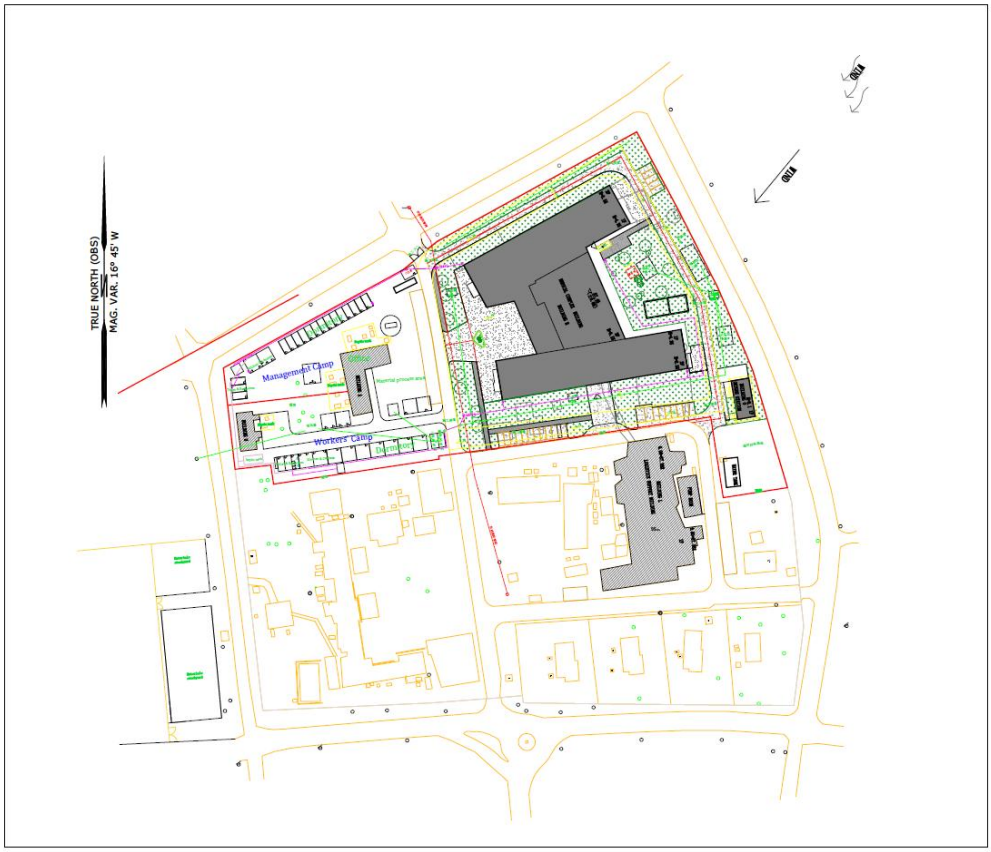
- Area C – Temporary Facility Three: This location will be used as a Material Storage Yard. It will be situated outside and west of the hospital compound, adjacent to residents. As such, considerations will be made to ensure that this is done in a manner that doesn't affect the residents. As such, related consultations will be done with the residents before construction material is placed in this area.

See the map and schematic attached for a visual reference of the proposed locations.



Map 1: Identified locations of the two Temporary Facilities

Source: CMEC's Site Plan for the Temporary Camp of Lethem Hospital Project



Map 2: Schematic of the two Temporary Facilities



Figure 1: Site view of the designated space for Area A - Temporary Facility One (Worker's Camp)



Figure 2: Site view of the designated space for Area A - Temporary Facility One (Worker's Camp)



Figure 3: Site view of the designated space for Area A - Temporary Facility One (Worker's Camp)



Figure 4: Site view of the designated space for Area A - Temporary Facility One (Worker's Camp)



Figure 5: Site view of the designated space for Area B - Temporary Facility Two (Project Management Camp)



Figure 6: Site view of the designated space for Area B - Temporary Facility Two (Project Management Camp)



Figure 7: Site view of the designated space for Area B - Temporary Facility Two (Project Management Camp)



Figure 8: Site view of the designated space for Area C - Temporary Facility Three (Material Storage Area



Figure 9: Site view of the designated space for Area C - Temporary Facility Three (Material Storage Area)



Figure 10: Site view of the designated space for Area C - Temporary Facility Three (Material Storage Area)

2.2. Subcomponents of each Temporary Facility

2.2.1. Outlined below are the subcomponents of the two temporary facilities, including the expected number of employees and/or occupants to be at each location.

Table 1: Subcomponents of each Temporary Facility

Location		
Temporary Facility One – Workers' Camp		
Subcomponents	**Quantity**	**Additional Notes**
Dormitory	16	Expected workers: 60 - 70 Males: 52, Females: 8 Foreigners: 60% - 65%, Locals: 35% - 40% *(exact figures still to be determined)* 3-5 people per room Fully air conditioned
Bathrooms	2	1 for males 1 for females Each room will have 4 showers
Toilets	2	1 for males 1 for females
Kitchen	1	
Canteen	1	
Water Tank	1	
Location		
Temporary Facility Two – Project Management Camp		
Subcomponents	**Quantity**	**Additional Notes**
Dormitory	1	The occupants will be project managers. The project management team is expected to have 12 males and 2 females. Each room will accommodate a maximum of

		two personnel. The facilities will also have air conditioners to protect against hot days or nights.
Offices	8	
Bathrooms	2	1 for males and 1 for females, each room will have 4 showers
Toilets	2	1 for males and 1 for females
Kitchen	1	
Canteen	1	
Water Tank	1	
Material Processing Area	2	
Location		
Temporary Facility Three – Material Storage Area		
Subcomponents	**Quantity**	**Additional Notes**
Material Storage Area	-	Items to be stored will include steel structures, rebar, elevators, air conditioners, decorating materials for the hospital, work tools, cement bags, light steel keel frame, doors, windows, and floor tiles

2.2.2. Utilities and Security

2.2.2.1 Gates and Fencing

The facility will be secured and bordered by steel fencing with a height of 2.5 to 3 meters. Only authorized personnel will be allowed to access the grounds of these facilities. Local security will be arranged as necessary, in addition to developing a relationship with law enforcement within the community.

2.2.2.2.Water Supply and Drainage

The water usage for the temporary facilities will be sourced from the municipal water supply pipeline from the Guyana Water Inc. (GWI). The daily domestic water consumption is expected to be about 12 m3; however, conservation practices will be promoted during Toolbox Talks and similar forums. Drinking water will be purchased from a local purified water supplier.

Additionally, for backup purposes, the location will have four water tanks with a volume of 12 m3. Further, drainage ditches will be strategically placed around these temporary facilities to ensure orderly discharge of rainwater.

2.2.2.3.Power Supply

A transformer will be present at each location, equipped to connect to the Lethem Power Company (LPC) power supply. Additionally, as a backup power source, a 200kW generator will be present for use when needed.

2.2.2.4.Waste Management

Domestic sewage will be collected and discharged into septic tanks, while solid waste will be collected in a garbage skip and regularly treated by the municipal authorities. The wastewater from the kitchen and toilets will be discharged into septic tanks through a pipeline, and the septic tank will be pumped and cleaned by a regional operator after it is full. The Town Council is responsible for the solid waste management in the township. Garbage is usually collected and taken to a landfill site by the Town Council. Domestic sewage will enter the secondary sedimentation septic tank, which will be regularly cleaned.

3.0. Demolishment of the Staff Quarters

The CMEC Project Team will execute the following steps towards the demolition of the present Staff Quarters.

3.1. Planning, Approvals, and Stakeholder Consultation

Before demolition, the Staff Quarters will be assessed thoroughly for structural integrity, environmental hazards, and utility connections. Such activities will include safely disconnecting all utilities (electricity, water, sewer, and gas) in coordination with providers and the hospital. Based on the age of the facility and as a precautionary measure, the team will also inspect for asbestos. If found, the removal will be done under controlled conditions, using recommended best practices and/or licensed personnel if required.

When the engineers are satisfied with the assessment, the applicable permits & regulatory approval will be sought as guided by the RDC, the Ministry of Health and/or any other local authorities. Additionally, stakeholder consultation will be done with the hospital administration, regional health authorities, and community stakeholders likely to be affected by the demolition activities. When these steps have been satisfactorily completed to allow for a safe demolition, the project team will proceed to demolish the building.

3.2.Demolition Plan

For this document, a summary of the official *Demolition Plan* will be provided to outline the general approach to demolishing the Staff Quarters. We are committed to using the least disruptive method to demolish the building. As such, we will utilize a combination of both manual dismantling techniques and small-scale mechanical demolition. Demolition will be done from top to bottom in phases, with constant monitoring by the Engineer. Health and safety considerations will be made to control the expected dust and debris. We will employ dust suppression techniques, when necessary, while providing workers with appropriate Personal Protective Equipment (PPE). The zone will also be netted and barricaded to prevent unauthorized people from accessing the space during demolition activities. Additionally, a *Job Hazard Analysis (JHA)* will be done before high-risk tasks to assess safety hazards and implement appropriate mitigation measures. This may include adequate signage, physical barriers, and environmental monitoring.

When the demolition is completed, waste will be separated and handled based on the category, such as recyclables, hazardous waste, to ensure proper disposal. This will be guided by the *Hazardous Waste Management Plan*.

3.3.Continuous Hospital Coordination

We will continually communicate our work schedule for the demolition exercise to the hospital's administration. As far as possible, we will carry out demolition activities during off-peak hours or coordinate with the hospital's administration for recommended operating hours. Additionally, throughout this exercise, we will not block the emergency access routes of the ambulance. If this is unavoidable, alternate exit and entrance routes will be considered in coordination with the hospital's administration. Throughout this activity, we will provide advance notice of noisy or disruptive activities to the hospital's administration and relevant community stakeholders

4.0. Anticipated Workforce for the Project

The total workforce required for the construction and operational phases of the hospital project is estimated at 60-70 workers. This workforce will consist of both local and non-local personnel, including skilled and unskilled labour.

Of the total anticipated workforce, a proportion will be expatriate workers, primarily Chinese nationals, recruited by the Contractor to provide specialized technical expertise in engineering, structural works, and installation of medical systems. While these numbers are preliminary and could change, the projected breakdown is as follows:

Chinese Nationals: 60-65%

Local Workers: 35-40%

A gender disaggregated estimate has also been prepared, recognizing the importance of promoting gender balance and inclusivity within the project workforce. The breakdown is as follows:

Male Workers: 74%

Female Workers: 11%

While the majority of expatriate workers are expcted to be male due to the specialized technical roles, opportunities will be provided for female participation in local employment, particularly in administrative, support services, and community liaison roles.

4.0. Workers' Management Plan

4.1. Project Health and Safety Policy

The management of CMEC – Sinopharmintl Consortium is committed to the highest levels of health and safety in everything we do. With our long history of renowned projects, embracing safety at the forefront has allowed our employees to feel confident and protected while working for us. With this international culture of safety, the project management team for the construction of the Lethem hospital will ensure that this level of safety is maintained throughout the various phases of the project. This will be executed through our commitment to the steps outlined below.

- The determination, execution, and delivery of the various assigned project tasks will be done within full compliance with Guyana's Occupational Health and Safety Act, Cap 1997, the Labour Act (1942) (amended in 1997), and other applicable safety and labour guidance requirements.
- All workers, including contractors and subcontractors, will be fully trained and experienced to do the tasks requested of them, along with applicable periodic training to ensure technical competence.
- We will implement measures to eliminate hazards, and where elimination is not possible, put suitable controls in place to ensure that hazards and risks are minimized to acceptable levels
- We will foster an environment of open dialogue with our workers so that safety hazards may be reported in real time to allow timely corrective action on identified issues
- We will commit to continuous improvement of our safety performance by outlining strategic safety goals for the duration of the project.

Due to the dynamic nature of this project, this policy will be reviewed annually to ensure that its content continues to reflect the evolving safety needs of the project. The project management team shall review this policy based on the safety performance and opinions of workers at all levels and inform all employees of any revision to this Policy.

For and behalf of the CMEC – Sinopharmintl Consortium Lethem Hospital project team:

Representative: _____
Signature: _____

4.2. Responsibilities

Table 2: Positions and Responsibilities

Position	Responsibilities
Project Manager	- Responsible for the overall preparation and implementation of this plan - Formulate and coordinate the overall implementation of the Safety Policy - Set the safety objectives of the project operations - Understand and implement the Safety Policy, occupational safety and health rules and regulations, and promote the standard to all employees at work. - Ensure that high safety standards are maintained at the project site and compliance with all relevant occupational safety and health Regulations, Codes of Practice, and recommended safety guidance.
Site Supervisor	- Responsible for supervising the implementation of the safety policy and plan - Ensure that work, once started, is carried out as planned and that all relevant occupational safety and health regulations and best practices are observed at the project site. - Conduct regular safety inspections with the Health and Safety Manager of the workplace to check the level of compliance with safety standards and procedures. - Provide and arrange the necessary supporting resources for the Health and Safety team and employees
Health & Safety Manager	- Responsible for identifying and evaluating corresponding risks and impacts, modifying the safety plan, and compiling reports. - Advise management on all aspects of health and safety matters relating to accident prevention, legal requirements, improvement of existing work methods, and the provision of personal protective equipment (PPE) - Conduct regular safety inspections of the project site and advise management on the rectification of unsafe matters - Take disciplinary action against employees violating safety regulations and safety rules
HSE Representative	- Prepare and submit the monthly safety report - Conduct accident investigations and determine the cause of any accident or dangerous occurrence and recommend means of preventing recurrence. - Responsible for training and managing daily safety and environmental, and health issues - Facilitate monitoring of emergency response support systems like fire extinguishers and first aid kits. - Give instructions to employees on the correct and safe working practices based on the specific task or activity being conducted - Take actions to rectify unsafe conditions and practices and to implement safety measures as recommended by the Health and Safety Manager.

Position	Responsibilities
	- Along with the Engineer or Foreman, perform a Job Hazard Analysis (JHA) and develop Standard Operating Procedures (SOP) for the activities that present the most risks, such as working at heights, preparing cement, electrical works, etc., before starting corresponding construction activities. - Along with the Engineer or Foreman, properly orient the safety and health rules and guidelines by having daily toolbox briefings before the commencement of work - Ensure that protective clothing and equipment are used whenever appropriate. - *A trained First Aider has yet to be identified. When identified, it will be shared with the Project Team and Workers*
Workers	- Taking reasonable care of their health and safety and speaking up about relevant safety issues - Taking reasonable care that their conduct does not adversely affect others - Complying with instructions, so far as they are reasonably able; and - Cooperating with reasonably notified policies or procedures.

4.3. Project Safety Objectives

To ensure a culture of safety is developed and maintained on site, the project's management and safety representatives have committed to fulfilling the following measurable objectives.

1. **All hands safety meeting on the first Monday of every month**

- Aim: 100%
- Responsibility: Project Management Team and HSE Manager
- Record: Meeting Minutes

2. **Monthly Worksite Safety Inspection**

- Aim: 100%, once per month
- Responsibility: HSE Manager and HSE Representative
- Record: Site Safety Inspection Report Form

3. **Bi-annual Emergency Preparedness Drill**

- Aim: 100%, twice annually
- Responsibility: HSE Manager and HSE Representative
- Emergency Drill Report

4. **Incident Investigation and Correction**

- Aim: 100%, as needed
- Responsibility: HSE Manager and HSE Representative
- Record: Incident Investigation Report Form

5. **Quarterly HSE Training and Development**

- Aim: 100% once per quarter (or as needed, such as in orientations)
- Responsibility: Managers, the HSE Manager and HSE Representative

- Record: Training Attendance Registration Form, Training Schedules, Training Matrix

4.4. Induction and Training

4.4.1. Worker induction

We will work with all employees and subcontractors to ensure a site-specific induction is conducted before work can commence per their assigned tasks. The following shall be the main sections covered during induction sessions.

Table 3: Employee Onboarding Checklist

CMEC-SINOPHARMINTL CONSORTIUM **EMPLOYEE ONBOARDING CHECKLIST**			
New☐			**Reassigned☐**
General Information			
Employee Name: …… **Department:** …… **Job Position:** …… **Previous Position (if applicable):** ……	**Date Employed:** …… **Immediate Supervisor:** …… **Date/Period Reassigned:** …… **Type of Reassignment:** Permanent☐ Temporary☐		
Health and Safety Policy & Information	**YES**	**NO**	**COMMENTS**
• Has the Health and Safety Policy been explained to the employee? • Employee received training for relevant Departmental Health and Safety Procedures? • Employee has been made aware of the HSE rules and regulations and how to contact them if advice is needed? • Is the employee aware of the location of the nearest health and safety/fire safety notice board? • Has the employee received training and signed the workers' Code of Conduct? • Is the employee aware of the workers' grievance mechanism	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	
Emergencies and Fire Arrangements	**YES**	**NO**	**COMMENTS**
• Has the employee been informed of the actions to take in the event of fire and are aware of the location of the fire escape routes and exits? • Employee has been made aware of the location of the fire assembly point and the role of fire wardens? • Employee has been informed of what to do in case of any emergencies? • Explained to employee where the fire extinguishers are and how to operate them in the event of a fire?	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	
• Has the employee been trained in the procedure of summoning first aid?			
Required PPE	**YES**	**NO**	**COMMENTS**
Is the employee in possession of the following PPE? • Hard Hat • Safety Shoes • Safety Glasses • Cover-all • Safety Vest	 ☐ ☐ ☐ ☐ ☐	 ☐ ☐ ☐ ☐ ☐	
Employee confirms that all the questions asked above have been clearly explained and understood.			
…… **Employee Name (Block Letters)** …… **Employee Signature** …… **Date**	…… **HR/OHS Representative (Block Letters)** …… **HR/OHS Representative Signature** …… **Date**		

4.4.2. Worker training

The provision of adequate safety training for all levels of workers plays a vital role in an effective accident prevention programme. Therefore, a suitably structured training plan for managers, supervisors, and all workers on site shall be established. As a general commitment to maintaining a well-trained workforce, the project management team and safety representatives will ensure, at a minimum, that:

- Workers are trained and competent for the jobs and activities to be carried out
- Ensure workers are trained to deal with any risks associated with the work and understand the control measures in place

- Ensure that on-site training and supervision are provided
- Organise external training for specific tasks where required
- Seek high-risk permits and/or licenses for all high-risk tasks/activities and maintain a register of those permits and licenses
- Communicate with subcontractors to ensure their workers are appropriately trained and competent.
- Facilitate ongoing training programs that raise the competency and skills of its workforce

For further details on our training program, see the *Employee Onboarding Checklist*, *Training Matrix,* and *Training Register* attached in the Annex.

4.5. Safety Awareness and Communication

Safety is everyone's responsibility. We intend to build a site culture where workers are involved in decision-making, especially as it relates to their health and safety. As such, management has committed to having open communication with employees to understand safety issues and take timely steps to correct them. Therefore, we will consult with all workers and subcontractors on safety issues via the following activities or sources:

- Toolbox meetings where anyone can raise issues for discussion
- Informally, during the planning of activities or the development of Job Hazard Analysis (JHA) and Standard Operating Procedures (SOP)
- When changes to workplace arrangements and tasks could affect the health and safety of workers
- During investigations into any incident to establish details of the incident or to formulate corrective action to prevent the incident from re-occurring.
- Site Health & Safety Induction
- Safety bulletins: Such as PPE Signage (hard hat area, eye protection required, Respiratory Protection Required, High-Visibility Vest Must Be Worn, etc.), Hazard Warning Signs (Danger: Construction Area – Keep Out, Warning: Falling Objects, Hot Work in Progress, Heavy Equipment Operating, etc.), Prohibition Signs (No Smoking / No Open Flames, No Unauthorized Entry, etc.), Emergency Awareness Signs (First Aid Station, Fire Extinguisher Location, Emergency Exit Route, Muster Point, etc.) and Traffic Management Signs (Forklift Operating Area, Speed Limit Signage, Construction Vehicles Only, etc.)
- Sub-contractor's kick-off meeting
- Contractor and client site kick-off meeting

4.6. Personal Protective Equipment

This section establishes the requirements to be followed to provide adequate protection from workplace hazards through the proper selection and use of PPE. PPEs shall not be used as a substitute for adequate engineering or administrative controls when feasible.

- The use of PPE will be mandatory. They will not prevent accidents but will reduce the severity of an injury.
- It is the responsibility of the subcontractors to provide their workers with the PPE required in the execution of any work that generates risks.
- The equipment will be new and of good quality.
- It is the responsibility of the immediate supervisor of each worker to determine the need for PPE and to ensure that the worker makes use of it. The HSE Representative and/or the immediate supervisor will be responsible for training the Worker on the appropriate use of the issued PPE.

- According to *Royal Delux Holdings (2022)*, training should take into account the types of PPE in use, the hazards they are protecting against. The training, which will be explained in the Employee Onboarding Training or Safety Toolbox Talk, should include the following:
    (a) Limitations of protection
    (b) The hazards the user may be exposed to
    (c) Adjustment of the size, straps, etc.
    (d) Recognising wear, tear, and defects.
    (e) Correct cleaning
    (f) Storage
    (g) The need for prompt reporting of loss or damage to allow for speedy replacement.
- The worker will be responsible for the care, conservation, and proper use of any equipment entrusted to him.

Subcontractors must:
- Ensure that the required PPE Assessment has been performed, verified, and certified.
- Provide the resources necessary to ensure effective implementation.
- Communicate Management's expectations to employees.
- Evaluate workplace hazards to establish PPE requirements for both routine and non-routine work situations.
- Ensure that the required PPE is being used properly and in good condition.
- Ensure employees have the required PPE training before the initial assignment, and ensure they receive refresher training as needed.
- Ensure that adequate supplies of appropriate PPE are available for the employees, contractors, and visitors they are responsible for.
- Conduct and document a semi-annual inspection of personally assigned PPE until construction works are over.

All workers must:
- Participate in training to know when to use PPE and shall use the appropriate PPE.
- Properly wear all prescribed PPE.
- Inspect personally assigned PPEs for serviceability and defects before use.
- Clean, maintain, and store PPEs in a manner that will ensure their serviceability.

The purchaser of project PPE must:
- Ensure that adequate supplies of appropriate PPE are available and that manufacturer storage requirements are met.
- Ensure that PPE specifications are met.
- An appropriate variety of glove types should be available for various jobs
- Work with the HSE Representative to mark areas with signs to identify special PPE requirements.
- Train employees (or arrange training) on the proper use of PPE

4.7. Worker and Visitor Identification and Registration

We will establish a controlled and secure process for registering and identifying all personnel entering our construction site, ensuring only authorized individuals are granted access. As such, this will apply to all workers, subcontractors, consultants, and visitors seeking to enter our construction areas.

4.7.1. Workers Pre-Registration Requirements

All workers must complete and provide the following to the HR Officer to be officially registered to gain ongoing access to the site.

- Valid government-issued photo ID (e.g., national ID, passport)
- Proof of employment or subcontractor agreement
- Proof of applicable technical and safety training (e.g., forklift training, site-specific induction)
- Health screening results
- Background checks documentation
- Signed acknowledgment of the Code of Conduct.

4.7.2. Workers Registration Process

Step 1: Documentation Review

- Workers must submit the required documents including valid work permits at least 30 days prior to official employment, and to accommodate the preparation of the registration ID.
- Documents will then be reviewed by HR or a Security Representative

Step 2: Induction and Safety Briefing

- The employee must attend mandatory site orientation and safety briefing.
- The employee must sign off on attendance and comprehension of all training

Step 3: Worker ID Creation

When the worker has been confirmed for employment, the worker will receive a contract with an attached copy of the code of conduct and GRM protocol (in their native language) and Site Access ID Badge, which will include the following information:

- Full name
- Nationality
- Employee ID number
- Photo
- Job role
- Department and Supervisor
- Validity Date of Worker ID

Step 4: Worker Verification

- Workers without a valid Worker ID will be denied access.
- As far as possible, Workers must wear their badges if it does not lead to any safety issues while in use.

4.7.3. Visitors Registration Protocol

All visitors to the construction site must be registered with our Project Team to be allowed access to our facilities. The following steps will be taken to register and monitor visitors to the site:

- Visitors seeking to enter the site must be pre-approved by the Site Manager or an applicable representative from the Project Team
- Signing in and out at our security points will be required upon visits
- Visitors must always be escorted around the site by authorized personnel.
- Visitors will be issued a temporary visitor badge for the duration of their visit. The badge must then be returned to Security at the end of the visit.

- Mandatory PPE and a safety briefing/orientation will also be necessary for full access to our facility.

4.7.4. Non-Compliance and Enforcement

- Unauthorized people will be denied entry or removed from the site.
- Employees and Workers who breach protocol will result in disciplinary action, up to revocation of site access.
- Regular audits will be conducted by the HR Officer and/or HSE personnel to ensure compliance

4.7.5. Responsibilities

The following personnel will be responsible for ensuring streamlined access to our facilities throughout the duration of the project.

Role	Responsibilities
HR Officer	- Worker registration and issuance of ID badges - Background screening - Organization of health screening
Site Security	- Overall implementation and monitoring of the protocol - Background screening, if assistance is needed by the HR Officer
Supervisors/Contractors	- Pre-screening and submission of worker documents to the HR Officer and/or Security - Ensuring that workers and visitors are equipped with their ID badges
HSE Representative	- Verification of safety training and PPE compliance

4.8. Security

Security services for the construction site will be provided by a local security firm. The procurement of this service will be assisted through engagements with the RHO to identify suitable options. Security Huts will be strategically placed around the work centres to manage the entrance and exits of employees and visitors. Security Officers will be guided by our Project Team on the primary checks needed to allow entry into our facilities.

4.9. Management of the primary hazards on site

Table 4: Hazards and Best Practices

Hazard	Best Practices
Ladder Usage	- Use ladders according to the manufacturer's instructions - Only one person is allowed at a time on a ladder - Setting up ladders on scaffolds or elevated work platforms to gain extra height is forbidden - Inspect the rungs of the ladder before conducting a climb - Have a spotter nearby while these activities are being conducted
Slips, trips and falls	- Commit to checking for hazards that could cause someone to slip, trip, or fall by doing a visual check - Maintain good housekeeping practices by keeping the site tidy at all times - Smartly run cords and wires to prevent slips, trips, and falls
Noise Exposure	- To control this exposure hazard, all personnel working near excessively noisy equipment will be required to wear hearing protection.

	- Signs will be placed around the site to identify noise zones - Work shifts will be rotated to avoid prolonged exposure
Working from heights	- Fall prevention, protection measures, and emergency rescue planning will be implemented whenever a worker is exposed to the hazard of falling, with work set at or more than 1.8 meters - We will provide a fall arrest system such as a safety harness. - Workers will be trained in emergency procedures for fall arrest systems.
Chemical Hazards	- Chemical hazards will be managed through the maintenance of records and ongoing review of Safety Data Sheets (SDS) of all chemicals stored on site. Additional support actions may include: - replacement with a less hazardous substitute - limiting the number of employees exposed to hazardous substance - training workers in safe work practices and use of PPE
Excavation Work	- Conduct a Job Hazard Assessment (consider soil type, weather, nearby structures, utilities). - Use an Excavation Permit system where applicable. - Identify and mark underground utilities (electrical, gas, water, communications) before digging - Use utility maps and detection tools - Provide protective systems for trenches over 1.2 meters (4 feet), as per OSHA or local regulations. - Choose between benching, sloping, shoring, or shielding based on soil and depth. - Keep edges clear and use barricades to prevent falls - Keep heavy machinery and spoil piles at least 0.6 m (2 feet) from the excavation edge. - Cease work in heavy rain or where the collapse risk increases due to water ingress. - Drain standing water promptly and inspect after rainfall. - Ensure a competent person inspects excavations daily and after any hazard-inducing event (e.g., rain, vibration).
Hot Work	- We will use a Hot Work Permit system to authorize and control activities. - Clearly define the scope, location, time, and fire watch responsibilities. - Remove flammable/combustible materials within a minimum of 10 meters (33 feet) from the work area. - Use fire-retardant blankets, shields, or curtains to protect the surroundings. - Ensure fire extinguishers are immediately available for the activity - Provide adequate ventilation to prevent the accumulation of toxic fumes - Employees must wear flame-resistant clothing, welding helmets, gloves, and eye protection. - Ensure hearing protection is available if noise levels exceed permissible limits. - A fire watch will be assigned for at least 30–60 minutes after hot work completion.

4.10. Incident Investigation and Management

A procedure for reporting, investigating, and managing all incidents (including complaints of sexual harassment, abuse or exploitation and physical altercations by or between workers) and dangerous occurrences has been created. It will enable workers to report immediately to their immediate supervisor any situation that occurred outside the scope of a regularly planned activity. Each worker will be trained on this SOP to encourage appropriate steps to be taken towards corrective action.

The primary steps to be taken include the following: -

- Immediately notify the HSE Manager
- Assessment of the incident severity and initial classification
- Do not interfere with the scene of the incident
- If a formal investigation is required, a Notification will be prepared
- The investigation is then conducted
- A corrective Action plan is then developed towards implementation
- Follow-up and monitoring of the close-out of the Action plan is conducted

Additionally, Near Misses will be investigated for the benefit of continuous improvement of safety at the site. Since a near miss is an incident that resulted in no injury, illness, damage to the environment, or harm, it still serves as an opportunity for improvement at the site. See the *Incident Investigation Procedure* and *Report Form* attached in the Annex for further details.

Cases of sexual harassment complaints will be reported to Ministry of Health within 48 hours of receiving the compliant.

4.11. Housekeeping

Poor housekeeping is the primary root cause of incidents at most construction sites. Therefore, good housekeeping means maintaining a good standard of cleanliness and tidiness to make the site safe for workers and visitors. This will be strictly maintained towards incident prevention.

This will be done by adherence to the following steps: -

- All materials and equipment shall be stacked and stored safely
- Scrap, rubbish, and debris shall be frequently and regularly removed from the site
- All work areas/zones shall be kept tidy and free from tripping hazards. Working platforms in particular shall be kept clear, loose material must be removed or placed in receptacles to prevent it from falling.
- All work areas/zones, passageways, and stairways shall be kept clear at all times
- Oil spillage and other substances on site, which would cause a hazard, must be cleaned up immediately and the area made safe.
- Areas/work zones should be swept as needed to present an aesthetic surrounding of cleanliness.

4.12. Internal Safety Audit/ Safety Review

A designated representative from the Project Management Team and the HSE Manager shall carry out internal safety audits/safety reviews to monitor the safety performance and the effectiveness and thoroughness of the safety implementation. Assessments will also include a review of records, site inspection reports, and examination of safety management functions.

The internal safety audit/safety review will be carried out at six-month intervals to examine the safety and health management system, safety performance on site, compliance with the statutory safety requirements, accident investigations, training records, working practices, and any other relevant matters.

4.13. Workers' Influx Management Plan

4.13.1. Objectives

This plan outlines strategies for managing the anticipated influx of workers, primarily locals from the Lethem and surrounding communities, and foreign nationals, during the reconstruction of the Lethem Hospital. It addresses potential risks associated with labour influx, sets expectations for worker behaviour, and promotes harmony with the local population. The execution of this plan will allow for the following:

- Prevention of social disruption, exploitation, and tension between local and foreign workers.
- Promote fair employment practices and community engagement.
- Ensure occupational safety, respect for local culture, and protection of vulnerable groups.
- The implementation of an effective grievance redress system.

4.13.2. Influx Planning

Activity	Considerations
Workforce Forecast	Total estimated workforce: 60 – 70 workers - 35% - 40% local workers. - 60% - 65% foreign workers (mainly Chinese nationals)
Worker Accommodation	- *Local Workers*: Expected to reside at their own homes or the Workers' Camp. We will locate and pay for accommodation if local lodgings are needed, when rooms are unavailable at the Camp. Transportation arrangements will be arranged as needed. There will also be accommodation at the Workers' Camp for locals if needed. - *Foreign Workers*: Housed in the secure on-site Workers' Camp, physically separated from hospital facilities and residential areas, with controlled access.
Mobilization Strategy	- *Staggered Mobilization*: Workers will be mobilized in phases to avoid a sudden population spike and strain on local resources. - *Worker Register*: All incoming workers will be recorded with details on nationality, job function, duration of stay, signing of the Code of Conduct, the GRM protocol (in their native language) and ongoing safety and technical
Transparent Employment Practices	- *Local Hiring*: We have committed to employing residents of Lethem and other Region 9 communities. We will work with the RDC to identify skilled and unskilled labor. - *Ethical Hiring*: Both men and women will be hired for this project based on their qualifications for the task. Our hiring practices will be aligned with anti-human trafficking and/or child labour. - *Additional details on the above will be outlined in our Hiring Policy, which is in our Socio-cultural Analysis (SCA)*

Cultural Orientation	All workers will undergo cultural sensitivity training covering: - Local norms and customs - Appropriate behavior and *Code of Conduct* - Gender-based violence and harassment prevention
Worker Code of Conduct	All workers will be required to sign and abide by the *Code of Conduct* (see Annex for additional details).

4.13.3. Workers' Grievance Mechanism

An official *Grievance Redress System* (see Annex for more details) will be created to address both worker and community issues. This is critical to ensure that all issues are brought to the attention of the Project team for the ultimate aim of resolution. The internal Worker Grievance System will include the following: -

- The establishment of a confidential, accessible grievance mechanism within the camp and worksite.
- Workers can report issues verbally or in writing in English, Mandarin of their native language.
- Timeline for resolution: 7 – 10 working days.
- All grievances will be logged and tracked by the HR Representative

4.13.4. Community Grievance Mechanism

The Community Grievance System will include the following: -

- Community members can report grievances through the Community Liaison Officer, a representative of the RDC, the Ministry of Health or the Inter-American Development Bank.
- Complaints (e.g., noise, vibration, dust, public conduct, water use, harassment) will be addressed within 7 - 10 working days**.**
- Records of community grievances will be reported monthly to the Project Management Team and shared with regional authorities for transparency.

4.13.5. Monitoring, Reporting, and Review

- *GBV or Harassment Incidents*: We will enforce our Code of Conduct and culture-specific training through ongoing implementation. Such reports and training will be monitored, recorded, and assessed for timely resolution.
- *Monthly Monitoring Reports*: Our HR Representative will summarize labor statistics, grievances, resolutions, and community feedback.
- *Annual Review*: Our influx management strategy will be reviewed quarterly and adjusted based on lessons learned and stakeholder input.

4.14. Employment Plan/Policy

Overview

Recruitment policies are statements that detail how a company will hire new employees. It outlines a company's preferred hiring practices and promotes consistency within the employee recruitment process. To ensure that the project is able to streamline its recruitment of personnel throughout the project lifecycle, it is imperative to have an all-encompassing recruitment policy. This guideline will aid personnel responsible for hiring to standardize the process. In this regard, the following guidelines are established for hiring project personnel:

- Establish a recruitment team: the team should comprise technical experts knowledgeable in the project's scope and technical needs. This team will determine the number of employees needed for each stage of the construction process.

- Establish clear criteria for recruitment, for example, the Recruitment Team will:
    - Utilize aptitude tests for recruiting skilled workers.
    - Stipulate age range for recruitment (within the legal age range), establish a gendered workforce baseline/ recruitment target
    - Establish skills, experience, and qualifications needed for the specific roles or functions.
    - Establish a scope of work or job description for the various positions needed.
    - Establish quotas for the recruitment of Guyanese National/locals
    - Advertise the vacancies in a medium that is consistent with local recruitment processes, such as signposts, at the regional office, on the radio station, or the work site, detailing posts and how to apply for available jobs.
    - Organize a recruitment schedule based on the demand forecast for each stage of the project and implement the plan throughout the project lifecycle.
    - Establish a separate recruitment office away from the project site, to limit recruitment swell at the project site.
    - Establish clear chains of command for business processes
    - Recruit skilled, knowledgeable, experienced personnel for the various technical components of the project, for example, site surveyors, geotechnical scientists, structural engineers, site managers, general workers, excavators, carpenters, steel benders, and masons, etc., during the development stages.

- To protect community health, safeguard the contractor from liability, and ensure compliance with local legislation, all project hires will be required to sign a contract which clearly sets out the expectations of the project with regard to the Code of Conduct, health and safety, gender-based violence, discrimination, sexual harassment, human trafficking, forced labour, working hours, substance use, renumeration and payment, grievance redress and security on the job. This information will be in the worker's native language.

- Prepare a simple adhesion contract, which all workers will be required to sign before they can commence work at the project site.

The project will operate under an equal opportunity and non-discriminatory caveat.

4.15. Physical, Psychological, And Sexual Harassment Policy

Policy Statement

We are committed to providing a safe environment for all our employees, an environment free from discrimination on any grounds and from harassment at work, including sexual harassment. CMEC will operate a zero-tolerance policy for any form of sexual harassment during the conduct of the project. We will treat all incidents seriously and promptly investigate all allegations of sexual harassment.

- Any person found to have sexually harassed another will face disciplinary action, up to and including dismissal.
- All complaints of sexual harassment will be taken seriously and treated with respect and in confidence. No one will be victimized for making such a complaint.
- Understanding that anyone can be a victim of sexual harassment, regardless of their sex and the sex of the harasser, and that sexual harassment may also occur between people of the same sex. CMEC recognizes that sexual harassment is a manifestation of power relationships, and often occurs within unequal relationships in the workplace, for example, between a manager or supervisor and an employee. Therefore,

Anyone, including employees of CMEC, clients, customers, casual workers, or contractors who sexually harass another will be reprimanded in accordance with this internal policy.

- All sexual harassment is prohibited, whether it takes place within the construction site or outside, including at social events, or training sessions sponsored by CMEC.

4.15.1. Definition of sexual harassment

Sexual harassment is any unwelcome conduct of a sexual nature which makes a person feel offended, humiliated, and/or intimidated. It includes situations where a person is asked to engage in sexual activity as a condition of that person's employment, as well as situations which create an environment which is hostile, intimidating or humiliating for the recipient.

Sexual harassment can involve one or more incidents and actions constituting harassment may be physical, verbal, and non-verbal. Examples of conduct or behaviour which constitute sexual harassment include, but are not limited to:

- **Physical conduct:** Unwelcome physical contact, including patting, pinching, stroking, kissing, hugging, fondling, or inappropriate touching, physical violence, including sexual assault, physical contact, e.g., touching, pinching, or the use of job-related threats or rewards to solicit sexual favours.

- **Verbal conduct:** Comments on a worker's appearance, age, private life, etc. Sexual comments, stories, and jokes. Sexual advances, repeated and unwanted social invitations for dates or physical intimacy, insults based on the sex of the worker, condescending or paternalistic remarks, or sending sexually explicit messages (by phone or by email).

- **Non-verbal conduct:** Display of sexually explicit or suggestive material, sexually suggestive gestures, whistling, or leering.

4.15.2. Complaints Procedures

Anyone who is subject to sexual harassment should, if possible, inform the alleged harasser that the conduct is unwanted and unwelcomed. CMEC recognizes that sexual harassment may occur in unequal relationships (i.e., between a supervisor and his/her employee) and that it may not be possible for the victim to inform the alleged harasser.

If a victim cannot directly approach an alleged harasser, he/she can approach one of the designated staff members responsible for receiving complaints of sexual harassment. This person could be another supervisor, a member of the human resources department, etc.
When a designated person receives a complaint of sexual harassment, he/she will:

- Immediately record the dates, times, and facts of the incident(s)
- Ascertain the views of the victim as to what outcome he/she want
- Ensure that the victim understands the company's procedures for dealing with complaints
- Discuss and agree on the next steps: either an informal or formal complaint; on the understanding that choosing to resolve the matter informally does not preclude the victim from pursuing a formal complaint if he/she is not satisfied with the outcome
- Keep a confidential record of all discussions
- Respect the choice of the victim

- Ensure that the victim knows that they can complain outside of the company through the relevant country/legal framework

Throughout the complaints procedure, a victim is **entitled** to be helped by a counsellor provided by the company. CMEC will nominate ***a counsellor equipped*** with special training to assist victims of sexual harassment. If the Company cannot provide an internal Counsellor, the Company ***will source one externally and provide the same, free of charge, to the affected employee.***

We recognize that because sexual harassment often occurs in unequal relationships within the workplace, victims often feel that they cannot come forward. CMEC understands the need to support victims in making complaints. And will utilize the following:

Informal complaints mechanism
If the victim wishes to deal with the matter informally, the designated person will:

- Allow the alleged harasser to respond to the complaint
- Ensure that the alleged harasser understands the complaints mechanism
- Facilitate discussion between both parties to achieve an informal resolution which is acceptable to the complainant, or refer the matter to a designated mediator within the company to resolve the matter
- ensure that a confidential record is kept of what happens
- follow-up after the outcome of the complaints mechanism to ensure that the behaviour has stopped.
- Ensure that the above is done speedily, within seven (7) days of the complaint being made.

Formal complaints mechanism

If the victim wants to make a formal complaint or if the informal complaint mechanism has not led to a satisfactory outcome for the victim, the formal complaint mechanism should be used to resolve the matter. The designated person who initially received the complaint will refer the matter to a senior human resources manager to instigate a formal investigation. The senior human resources manager may deal with the matter him/herself, refer the matter to an internal or external investigator or refer it to a committee of three others in accordance with this policy. The person carrying out the investigation will:

- Interview the victim and the alleged harasser separately
- Interview with other relevant third parties separately
- Decide whether or not the incident(s) of sexual harassment took place
- Produce a report detailing the investigations, findings and any recommendations
- If the harassment took place, decide what is the appropriate remedy for the victim, in consultation with the victim (i.e., an apology, a change to working arrangements, training for the harasser, discipline, suspension, dismissal)
- Follow up to ensure that the recommendations are implemented, that the behaviour has stopped, and that the victim is satisfied with the outcome

If it cannot be determined that the harassment took place, the personnel responsible may still make recommendations to ensure the proper functioning of the workplace by:

- Keeping a record of all actions taken
- Ensure that all records concerning the matter are kept confidential

- Ensure that the process is done as quickly as possible and, in any event, within [7] days of the complaint being made.

External complaints mechanisms

A person who has been subject to sexual harassment can also make a complaint outside of the company. They can do so through the Gender Affairs Bureau- Ministry of Human Services and Social Protection, the Ministry of Labour or the Guyana Police Force.

Sanctions and disciplinary measures

Anyone who has been found to have sexually harassed another person under the terms of this policy is liable to any of the following sanctions:

- verbal or written warning
- reduction in wages
- suspension
- dismissal
- handing over to the authorities

The nature of the sanctions will depend on the gravity and extent of the harassment. Suitable deterrent sanctions will be applied to ensure that incidents of sexual harassment are not treated as trivial. Certain serious cases, including physical violence, will result in the immediate dismissal of the harasser.

Implementation of this policy

CMEC will ensure that this policy is widely disseminated to all employees. It will be ***included in the Worker Orientation Procedure***. All new employees must be trained in the content of this policy as part of their introduction into the company. ***Every six (6) months*** we will require all employees to attend a refresher training on the content of this policy. It is the responsibility of the project foreman to ensure that all his/her employees are aware of the policy.

Monitoring and evaluation

We recognize the importance of monitoring this sexual harassment policy and will ensure that it collects statistics and data as to how it is used and whether or not it is effective. Supervisors, managers and those responsible for dealing with sexual harassment cases will report on compliance with this policy, including the number of incidents, how they were dealt with, and any recommendations made. This will be done every three months. As a result of this report, the project will evaluate the effectiveness of this policy and make any changes needed.

5.0. Protocol for Sharing Information with the Town Council

The project recognizes the importance of maintaining transparent communication with local authorities, particularly the Lethem Mayor and Town Council, on all matters relating to workforce influx. To ensure effective oversight and management of social impacts, the following protocol will be observed:

a) Initial Notification: prior to mobilization of the workforce, the Contractor will provide the Town Council with written notification detailing the total number of workers anticipated, including disaggregation by nationality and gender.

b) Regular Updates: Workforce data will be updated and formally shared with the Town Council on a quarterly basis, or more frequently if significant changes occur. Updates will include:

   i. Total number of workers currently engaged on site

   ii. Number of expatriate workers (including Chinese nationals).

   iii. Gender breakdown of the workforce

   iv. Any anticipated changes in workforce composition.

c) Information on migrant workers: in alignment with Bank requirements, specific information on migrant workers employed under the project will be documented and disclosed to the Town Council. This includes the number of migrant workers, their nationality, roles, and expected duration of stay. This process will ensure the Town Council is aware of the scale and profile of worker influx and can plan accordingly for any associated community considerations.

d) Communication Channels: Focal points will transmit all worker influx reports to the Town Council and serve as the transmittal channel between the Contractor and the Town Council.

e) Transparency and Recordkeeping: Records of all communications and workforce influx reports shared with the Town Council will be maintained by the PEU. Summaries of these communications will also be included in monthly progress reports to demonstrate compliance.

5.0. References

1. Kaieteur News, **Chinese consortium awarded Lethem Hospital**, Oct 18, 2024
   Website: https://www.kaieteurnewsonline.com/2024/10/18/chinese-consortium-awarded-lethem-hospital-project/
2. Royal Deluxe Holdings Company Limited, **Company Safety Plan**, August 26, 2022
   Website: https://www.royal-deluxe.com/pdf/SafePlan.pdf
3. Sorell Council, **Work Health and Safety (WHS) Management Plan**, October 2017
   Website: https://www.sorell.tas.gov.au/wp-content/uploads/2021/09/Work-Health-and-Safety-WHS-Management-Plan.pdf

ANNEX 2: COMMUNITY HEALTH AND SAFETY PLAN

Introduction

1.1. Purpose

The CMEC-SINOPHARMINTL Consortium has developed this Plan to describe the actions to be taken by the Lethem Hospital Project team to manage potential risks and impacts relating to community health, safety, and security. Therefore, the Plan addresses health, safety, and security from a community perspective only. Workplace safety and occupational health are managed through the Workers' Health and Safety Plan.

1.2. Objectives

This document outlines measures to identify, prevent, mitigate, and manage potential health and safety risks to local communities, particularly indigenous populations, during the construction of the Workers' Camp and the Lethem Regional Hospital. A risk assessment of the workers' camp and a management strategy detail our approach to managing that activity. The plan aims to ensure the well-being, safety, and rights of community members while promoting respectful engagement and sustainable development. The Plan is also guided by our internal Quality Management System, which defines the community as a valuable stakeholder in all our project developments. We intend to do so through the following steps: -

- Avoid or limit risks to the health and safety of the community throughout the construction phase of this project, from both routine and non-routine activities.
- Inform and consult with the community and relevant stakeholders about construction activities
- Ensure the safeguarding of personnel and property is conducted in an appropriate manner that avoids or limits risks to the community's safety and security
- Inform public transport and road users, including pedestrians and cyclists, in advance about any changes related to construction works
- Maintain a monitoring and evaluation program that is engaging, community-based, participatory, and transparent.
- Provide access to an effective and responsive communication and complaints process

1.3. Legal and Other Requirements

The community health and safety plans will comply with applicable local and international laws and regulations that promote environmental safeguards, safety, and the protection of vulnerable communities. For this document, the list of laws and regulations has been condensed for the robustness of the plan. These and additional laws and regulations will be discussed in the Environmental & Social Assessment (ESA), Environmental & Social Management Plan (ESMP), and Socio-cultural Analysis and Indigenous Peoples Plan. For this document, we will focus on the following requirements, however, this is not an exhaustive list.

1.3.1. Local Laws and Regulations

- Occupational Safety and Health Act (1997)
- Environmental Protection Act (1996)
    - Environmental Protection Air Quality Regulations (2000)
    - Environmental Protection Water Quality Regulations (2000)
    - Environmental Protection Noise Management Regulations (2000) along with the Guidelines for noise emission into the environment (GYS 263:2010) as prepared by the Guyana National Bureau of Standards (GNBS).

    - Environmental Protection Hazardous Wastes Management Regulations (2000)
- Amerindian Act (2006)
- National Trust Act (1972)

1.3.2. International Conventions and Agreements

- United Nations Sustainable Development Goals
- United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) 2007

1.3.3. IDB Policies

The Inter-American Development Bank (IDB) Environmental and Social Framework (ESF) provides a comprehensive structure for managing environmental and social risks and impacts in development projects. It ensures projects are sustainable, inclusive, and aligned with international best practices.

The following performance standards will be used as a guide to prepare this and other related documents:

- **Standard 1 - Assessment and Management of Environmental and Social Risks and Impacts**: Requires a risk-based approach to manage E&S issues through Environmental and Social Assessments and Management Plans
- **Standard 2 - Labor and Working Conditions:** Protects workers' rights, promotes fair treatment, and ensures safe working environments.
- **Standard 3 - Resource Efficiency and Pollution Prevention**: Focuses on reducing resource use (energy, water) and controlling pollution
- **Standard 4 - Community Health, Safety, and Security**: Aims to avoid harm to local communities and ensure their safety
- **Standard 5 - Land Acquisition and Involuntary Resettlement**: Prevents and mitigates displacement impacts on communities.
- **Standard 6 - Biodiversity Conservation and Sustainable Management of Living Natural Resources**: Protects natural habitats and promotes sustainable resource use.
- **Standard 7 - Indigenous Peoples**: Ensures respect for the rights and culture of indigenous communities.
- **Standard 8 - Cultural Heritage**: Preserves physical and intangible cultural heritage.
- **Standard 9 - Gender Equality**: This concerns efforts that help to identify, prevent, mitigate and/or compensate for the risks and adverse impacts that may disproportionately affect women and sexual minorities (LGBTQI+ people).
- **Standard 10 - Participation of Stakeholders Information Disclosure**: Identify stakeholders, including both those affected by the project and other parties who, due to their circumstances, may have disadvantages or vulnerabilities related to the project, should be identified and documented. Detailed documented records must be maintained of those stakeholder engagements.

1.4. Key Stakeholders

The project team will ensure that key stakeholders and the wider community are kept updated about project activities and project progress, including impacts to traffic and access. Based on the nature of the project and the Area of Influence (AOI), the following groups have been identified as the primary stakeholders. However, more detailed stakeholder mapping will be conducted during the preparation of the Socio-cultural Analysis and Indigenous Peoples Plan.

1.4.1. Local and Indigenous Communities

- Residents of Lethem Town and Surrounding Villages
- The Macushi and Wapishana Peoples
- Toshaos and Village Councils

1.4.2. Government Stakeholders

- The Ministry of Health (MoH)
- The Ministry of Amerindian Affairs
- Regional Democratic Council (RDC)
- The Ministry of Labour

1.4.3. Development Partners/Donors

- The International Development Bank (IDB)

1.4.4. Private Sector

- Local Business and Service Providers
- Subcontractors and Suppliers

1.4.5. Regulatory Bodies

- The Environmental Protection Agency (EPA)
- Guyana Water Incorporated (GWI)
- Guyana Power and Light (GPL)
- Guyana Lands and Surveys Commission (GLSC)

1.4.6. Social Representatives

- Local Radio Stations
- Local TV Stations
- Major Newspapers

2. Hazard Identification and Assessment

The Lethem Project Management Team, guided by the HSE Manager, has examined the ways in which the construction, operation, and decommissioning of the Worker's Camp and Hospital may affect community health, safety, and security. Hazards identified as having the potential to give rise to community issues have been outlined below. Subsequently, appropriate mitigation measures will be outlined to address the potential hazards listed. The hazards have been further categorized into four primary factors. This is to allow specific resources to be designated as needed to address these issues.

Table 1: Hazardous Factors and Assessment

Environmental Factors	Description
Dust and Air Emissions	- Respiratory issues from particulate matter during excavation, construction, and demolition.
Noise Pollution	- Construction machinery and transport create high noise levels - Construction noise impacts from vehicles transporting items to and from the site
Water Resource Impact	- Improper waste discharge contaminating community water sources
Traffic and Transport	- Changed traffic conditions - Road transport impacts - Increased heavy vehicle use on public roads causing congestion, accidents

Waste Management	- Poor management and storage of generated construction and domestic waste - Influx of vermin and vectors due to poor waste management - Increased pollution around the village due to the additional workforce
Social Factors	**Description**
Community Conflict	Miscommunication, exclusion from decision-making, or unmet expectations
Influx of non-local workers	Spread of sexually transmitted infections (STIs), COVID-19, and other illnesses due to the immigration of non-local workers
Worker Misbehaviour	Poor conduct of the workforce in the community including the risk of violence, sexual violence and harassment, prostitution alcohol and drug use, human trafficking and crime among others.
Cultural Sensitivity	Disrespect or disruption of sacred or traditional spaces Disrespect or disruption of sacred or traditional activities
Employment Opportunities	Limited employment opportunities for residents Limited training and skills development opportunities for residents
Institutional Factors	Strain on the local utilities to accommodate the construction activities and the workforce

3. Mitigation Measures

Outlined below are the basic mitigation measures to be implemented to eliminate or reduce the impact of the listed factors. Ultimately, in-depth consultations should be done with the various stakeholders to understand any specific concerns they may have. When such engagement has been conducted, this plan will be updated to reflect the new information. However, in the interim, the measures below can be implemented until more details are provided about the construction activities and the community dynamics.

Table 2: Mitigation Measures

Environmental Factors	**Description/ Mitigation Measure**	**Frequency, Responsible**
Dust and Air Emissions	- Train workers on methods to be implemented to reduce dust and air emissions - Water roads and construction areas during dry weather - Cover trucks transporting sand or loose material - Communicate with the community about activities likely to generate dust emissions - Monitor ambient air quality on site and in adjacent communities - Cover materials during storage	*Persons Responsible* - HSE Representative - HR Representative - Lead Site Engineer/Foreman - Community Liaison Officer and the Project Manager *Frequency* - Biannual Air Quality Monitoring
Noise Pollution	- Create and adhere to a machinery maintenance plan to reduce the	*Persons Responsible* - HSE Representative

	presence of loud, faulty equipment on site - Restrict high-noise activities to daytime hours according to GNBS Standards - Communicate with the community about activities likely to generate excessive noise, and provide advance notice - Adhere to rigid transportation routes away from the community as much as possible - Conduct periodic noise assessment to ensure compliance with acceptable standards. - Secure the storage area and workers camp and construction are from unauthorized area, and fence of areas to help manage sounds	- Lead Site Engineer/Foreman - Community Liaison Officer and the Project Manager *Frequency* - Biannual Noise Levels Monitoring
Water Resource Impact	- Prevent runoff of wastewater, oils, and chemicals into streams/rivers (use double wall storage tanks or retention basins for fuel, oil storage) - Install sediment traps, berms, and filters to limit the contents of fully contaminated water before external discharge - Discuss water management best practices with specialists, GWI, and community representatives - Conduct periodic testing of water discharge or nearby streams/rivers to ensure compliance with acceptable standards. - Ensure safe, separate water sources for workers and communities	*Persons Responsible* - HSE Representative - Lead Site Engineer/Foreman - Community Liaison Officer and the Project Manager *Frequency* - To be determined by GWI
Traffic and Transport	- Prepare a Traffic Management Plan (TMP) for the construction activities and adjust it as needed for the other phases *(TMP is still being prepared, will be included in Annex)* - Communicate the TMP with the applicable stakeholders - Install warning signs, speed limits, and crosswalks near communities - Schedule material transport during non-peak community hours	*Persons Responsible* - HSE Representative - HR Representative - Lead Site Engineer/Foreman - Community Liaison Officer and the Project Manager *Frequency* - Throughout the project life

	- Use trained drivers with community awareness induction	
Waste Management	- Prepare a Waste Management Plan (WMP) that addresses the management of the different categories of waste to be generated from the activities. *(WMP is still being prepared, will be included in Annex)* - Have large skips on site to collect construction waste - Install temporary waste storage facilities for sewage - Make arrangements to have domestic waste collected twice weekly, or as needed, from the construction site - Promote proper waste management practices with the workers	*Persons Responsible* - HSE Representative - HR Representative - Lead Site Engineer/Foreman - Project Manager *Frequency* - Throughout the project life
Social Factors	**Description**	
Community Conflict	- Facilitate the appropriate stakeholder engagement activities with the various groups - Work with the local council to have clear hiring practices for unskilled workers - Identify a Community Liaison Officer to facilitate ongoing engagement with the stakeholders - Conduct regular community consultations and information sessions - Commit to working on and resolving issues highlighted by/from the community - Use culturally appropriate communication tools (language, meetings, flyers) - Advise the community of work activities and potential impacts - Establish policies and training on SGBV, TIP and coordinate with third parties on the code of conduct for project workers and contractors.	*Persons Responsible* - Community Liaison Officer and the Project Manager - HSE Representative *Frequency* - Throughout the project life
Influx of non-local workers	- Implement a Health Screening Program for workers - Have ongoing educational and information sessions with the workers	*Persons Responsible* - Community Liaison Officer and the Project Manager - HSE Representative.

	on STIs, COVID, malaria, dengue, and other diseases - Provide on-site medical support - Sponsor joint health education sessions for the Workers and the Community	- HR Representative *Frequency* - Throughout the project life
Worker Misbehaviour	- Have a worker's code of conduct that will be signed by all workers, training will be provided on it and it will be visible at the workers' camp and hospital construction site - Workers will be spoken to about behaviour expectations during orientation/onboarding and as regularly as needed - Reported poor conduct by any worker will be met with strict disciplinary action - Arrange a community representative to engage with the workforce on the acceptable cultural norms of the community	*Persons Responsible* - HSE Representative. - HR Representative - Community Liaison Officer and the Project Manager *Frequency* - Throughout the project life
Cultural Sensitivity	- Workers will be spoken to about behaviour expectations and cultural sensitivity during orientation/onboarding and as regularly as needed - Reported poor conduct by any worker that disrespects or causes distress to the culture will be met with strict corrective action - Arrange a community representative to engage with the workforce on the acceptable cultural norms of the community	*Persons Responsible* - Community Liaison Officer and the Project Manager - HR Representative *Frequency* - Throughout the project life
Employment Opportunities	- As far as possible, the workforce will be sourced from the town and nearby villages, unless a specialist skill is required - Arrange training programs with the community to develop their skills portfolio and eligibility to be employed on the project	*Persons Responsible* - Community Liaison Officer and the Project Manager - HR Representative *Frequency* - Throughout the project life
Institutional Factors	- Discuss construction and workforce operational needs with the relevant utilities	*Persons Responsible* - HSE Representative - Lead Site Engineer/Foreman

	- Have backup sources beyond the usual utilities available in the community - Implement sustainable management practices to limit the operations' use of the community's utility services	- Community Liaison Officer and the Project Manager *Frequency* - Throughout the project life

4. Monitoring and Compliance

We intend to have ongoing monitoring in place to ensure the effectiveness of this plan and that a healthy relationship is maintained with community stakeholders. Outlined below is our approach to monitoring and compliance.

Table 3: Monitoring and Compliance

Item	Activities	Compliance
Environmental Monitoring	Dust and Air Emissions Testing	WHO Air Quality Standards for monitoring: PM (10,2.5), SOx and Nox
	Noise Emissions Testing	GNBS Guidelines for decibel limits for various activities
	Water Quality Testing	USEPA and WHO Standards for effluent discharge limits for parameters such as turbidity, pH, temperature, and total suspended solids
	Traffic Management	Traffic Management Plan Management of any traffic-related complaints
Social Assessments	Community/Stakeholder Engagement	-Community Meetings/Townhall, quarterly engagements -Presence of a Community Liaison -Management of Recorded Inquiries and Complaints -Employment Records -Training Records -Health Records for monitoring the infection rate of diseases in the community

5. Recording and Reporting of Inquiries and Complaints

Enquiries and complaints made to the project team will be recorded in the *Community Complaints/Inquiries Database.* This is to ensure that each report is recorded and addressed with the appropriate resources.

This will include recording details of the person or organization making the complaint. The details are to be recorded as follows: -

- Date and time of contact
- Preferred return contact details (phone number or email)
- Organisation (if representing on behalf of a company/organisation)
- Address
- Name of the employee who recorded the complaint

- Details of the enquiry/complaint for investigation.
- The immediate action taken to address the complaint, if necessary
- The intended long-term action to be taken to address the complaint
- Time and date on which the complaint was addressed and closed out

The Project Management Team shall review this information within 24 – 48 hours of receiving the complaint. Upon review, it will be clearer how long it will take to be addressed. However, the aim is to have complaints addressed within a week of their reporting, at a minimum, and within 30 days, at a maximum. The corrective actions will be used to improve our operations and community relations.

6. References

- Cross River Rail Project – Tunnel, Stations and Development Package (TSD), **Community Engagement Plan**, 2020
  Website:
  https://s3-ap-southeast-2.amazonaws.com/cross-river-rail/wp-content/uploads/2020/07/21155417/Community_Engagement_P.pdf

- Papua New Guinea LNG Project, **Community Health, Safety and Security Management Plan – Production**, September 2013
  Website:
  https://pnglng.com/media/PNG-LNG-Media/Files/Environment/Production%20ESMP/Community_Health_Safety_and_Security_Management_Plan_FINAL_Rev_0_PUBLIC.pdf

- South Stream, **Chapter 15: Community Health, Safety and Security**, 2014
  Website:
  https://turkstream.info/r/8970F0F9-560C-4F7D-87FF-8AA97CA4A720/ssttbv_ru_esia_15_web_ru_215_en_20140707.pdf

- Southern Trelawny Environmental Agency (STEA), **Community Health and Safety Plan (CHSP)**, 20 December 2022
  Website: https://www.cepf.net/sites/default/files/community-health-and-safety-plan-113661.pdf

Employment Plan/Policy

Overview

Recruitment policies are statements that detail how a company will hire new employees. It outlines a company's preferred hiring practices and promotes consistency within the employee recruitment process. To ensure that the project is able to streamline its recruitment of personnel throughout the project lifecycle, it is imperative to have an all-encompassing recruitment policy. This guideline will aid personnel responsible for hiring to standardize the process. In this regard, the following guidelines are established for hiring project personnel:

- Establish a recruitment team: the team should comprise technical experts knowledgeable in the project's scope and technical needs. This team will determine the number of employees needed for each stage of the construction process.

- Establish clear criteria for recruitment, for example, the Recruitment Team will:
    - Utilize aptitude tests for recruiting skilled workers.
    - Stipulate age range for recruitment (within the legal age range), establish a gendered workforce baseline/ recruitment target
    - Establish skills, experience, and qualifications needed for the specific roles or functions.
    - Establish a scope of work or job description for the various positions needed.
    - Establish quotas for the recruitment of Guyanese National/locals
    - Advertise the vacancies in a medium that is consistent with local recruitment processes, such as signposts, at the regional office, on the radio station, or the work site, detailing posts and how to apply for available jobs.
    - Organize a recruitment schedule based on the demand forecast for each stage of the project and implement the plan throughout the project lifecycle.
    - Establish a separate recruitment office away from the project site, to limit recruitment swell at the project site.
    - Establish clear chains of command for business processes
    - Recruit skilled, knowledgeable, experienced personnel for the various technical components of the project, for example, site surveyors, geotechnical scientists, structural engineers, site managers, general workers, excavators, carpenters, steel benders, and masons, etc., during the development stages.

- To protect community health, safeguard the contractor from liability, and ensure compliance with local legislation, all project hires will be required to sign a contract which clearly sets out the expectations of the project with regard to the Code of Conduct, health and safety, gender-based violence, discrimination, sexual harassment, human trafficking, forced labour, working hours, substance use, renumeration and payment, grievance redress and security on the job.

- Prepare a simple adhesion contract, which all workers will be required to sign before they can commence work at the project site.

The project will operate under an equal opportunity and non-discriminatory caveat.

ANNEX 3A: EMERGENCY RESPONSE PLAN

1. Introduction

Emergency Response Plans (ERP) assist a company in identifying potential emergencies that may arise from their operations and in developing strategies to address them. The primary goal is to create a safer environment for employees and to protect the company's investments. With this in mind, the China Machinery Engineering Corporation has developed this plan.

2. Scope

This document is designed to assist China Machinery Engineering Company Ltd in preparing for potential emergencies that may arise during the life cycle of their project. It provides guidance on how to prepare for these emergencies and outlines the appropriate responses should they occur.

Although this plan concludes at the construction phase, the project owner is free to modify or integrate their Emergency Response Plans (ERP) with this document at any time during or after construction.

3. Authority

- **Site Manager:** Ensures that all necessary resources are available for the effective implementation of this plan.
- **HSE Officer:** Monitors and audits the plan as needed, including any required updates. Responsible for managing emergencies and collaborating with management to notify all relevant authorities in case of an emergency.
- **Wardens:** They will be trained in first aid and the use of fire extinguishers. During emergencies, they will be responsible for assisting individuals in reaching the muster point.

4. Project Information

Project Name:	Construction of Lethem Regional Hospital	
Location	Lethem, Region 9	
Contracting Company	China Machinery Engineering Co., Ltd.	
General Manager		
Owner	Ministry of Health (MoH)	
MOH Contact		
Employees Normally on Worksite		
Position	**Number of Workers in Position**	**Employees or Contactor**

Project Layout



Figure 42: Project site with Muster Points and Proposed areas for Fire Extinguishers

5. Classes of Emergencies

There will be two (2) classes in Emergencies in the ERP. These are:
Class 1 Emergencies: These are emergencies caused by the construction operations. Types of Emergencies that fall into this class are:

- Fires
- Spills (Oil).
- Medical Emergencies (falls, first aid incidents, etc.)

Class 2 Emergencies: these are emergencies that are not under the control of the Company but may affect the Construction operations. Types of Emergencies that fall into this class are:

- Flooding
- Droughts
- Excessive Heat
- Earthquakes

6. Preparation for Emergencies

To prepare for potential emergencies outlined in this document, the company will implement the following measures:

- Conduct emergency drills at least twice a year throughout the project's duration.
- Prohibit smoking on the project site, the worker’s camp and in areas near where materials are stored; establish a designated smoking area away from the project site.
- Install smoke detectors in both the construction site and the workers' camp.
- Install fire extinguishers appropriate for the materials being stored throughout the project site and the worker’s camp.
- Provide appropriate training for employees in first aid, fire safety, and spill response.

- Establish information signs for workers and visitors that warn of various hazards and indicate exits and muster point locations.
- Install a fire alarm system (or use an air horn). Ensure all employees are aware of the sound. Regularly check the system to ensure functionality.
- Maintain an updated inventory of all fuel and hazardous materials stored on the project site.
- Conduct regular inspections of electrical wires, panels, equipment, machinery, and personal protective equipment.
- Display an emergency contact list prominently around the project site.
- Ensure that first aid supplies are readily available and fully stocked.
- Train staff on the content of the Emergency Response Plan.
- Regularly review the plan to ensure it remains relevant.
- Having all employees and visitors must sign in upon entering the facility.
- Build a positive relationship with the local hospital team.
- Ensure that the drains inside and around the project site are maintained monthly.

7. Notifications

- When an incident occurs, the Site Manager and the HSE Manager/Officer must be notified immediately, which can be done verbally.
- Within 24 hours of the incident, an initial report should be submitted to management and the Ministry of Health (MOH). This report must include the location of the incident, the time and date it occurred, a description of what happened, and details of any damage or injuries that arose.
- Within 48 hours, an investigation of the incident should be conducted. This investigation should identify the root cause of the incident and outline the control measures that have been implemented. Additionally, the investigation should include recommendations to prevent similar incidents from occurring in the future.
- If the incident results in the death of an employee or causes environmental pollution, the relevant authorities, such as the Ministry of Labour and the Environmental Protection Agency, must be notified.

8. Emergency Response Equipment

The Project will have the following equipment that will be used for any Emergency Response:

Vehicle/Equipment Type	Quantity	Identification Number
Fire Extinguishers		
Spill kits		
Air horn/Bell		
First Aid Kits		
Fire Hose		
Excess Water		
Disposable Personal Protective Equipment (PPE)		
Respirators		
Dust Masks		
Water Pumps		

9. Procedure

10.1. Class 1 Emergencies

▪ Fires

When a fire is detected, the alarm must be sounded immediately. At the same time, the Fire Service should be contacted.

- Once the alarm has been activated, all activities MUST STOP, and everyone must proceed to the nearest muster point.
- Stay calm and avoid rushing to the nearest exit. If necessary, protect your mouth and nose with a damp cloth.
- Designated fire wardens will sweep the area to ensure that no one remains in the danger zone.
- While Wardens search the area for any individuals left behind or injured, the fire service must be informed of the fire.
- Depending on the size of the fire and if trained to do so, the fire warden may attempt to extinguish the fire using the available firefighting equipment.
- At the muster point, the designated individual must conduct a headcount of all individuals present at the facility.
- No one is allowed to leave the muster point until given specific instruction.
  Along with the general measures for managing a fire at the facility, the following are specific measures for various types of fires that may occur at the worksite.

▪ Fuel and Chemical Fires

- Carbon Dioxide and powder fire extinguishers will be strategically placed in areas where chemicals and fuel are stored.
- To help prevent fires in fuel storage areas, the project will eliminate ignition sources and avoid creating an explosive atmosphere.
- Smoking will be prohibited in all areas where fuel is stored.
- Incompatible chemicals will be stored separately, and regular inspections of the storage area will be conducted.
- For small and contained fires, and if there is no risk of exposure to fumes, a trained employee may attempt to extinguish the fire using the nearest fire extinguisher.
- If the fire becomes too large to manage, evacuate the area immediately and call the fire service.
- The HSE officer should be prepared with the Safety Data Sheet (SDS) to inform the fire service about the types of chemicals stored in the area, associated hazards, and the quantity of chemicals present.
- Once the fire has been extinguished, the site will be treated as a chemical or spill, and the appropriate steps for managing a spill will be implemented.

▪ Bush/Forest Fires

If a fire is spotted upwind of the project site, follow these steps:

- Evacuate the area immediately and closely monitor the fire's activities.
- Pay attention to wind direction and move to a location upwind of the fire. Do not re-enter the project site for any reason.
- Conduct a headcount at the evacuation site to ensure all employees are accounted for. If needed, distribute N95 masks to employees.
- Listen to the radio or the community alert system for updates on the situation and information about shelter locations.
- If the fire is downwind of the project site, continue to monitor the situation and be prepared to evacuate if necessary.
- Stay informed by paying attention to the radio or local communication systems regarding the fire's status.

▪ Spills

Oil/Fuel/Chemicals

Small Spills

Less than 25 Gallons and is within the boundaries of the property.

- Clean-up does not pose a safety or health hazard
- Discharge can be easily contained
- The spill response equipment is readily available to clean up the spill.

Large Spills

- More than 25 gallons and/or have spilt beyond the boundaries of the property.
- Has the potential to enter nearby waterways.
- The discharge cannot be easily contained.
- The discharge requires the responding person to have specialized training and equipment.
- It poses a hazard to human health and the environment.
- Someone has been injured
- Once a spill is detected:
- The area must be cordoned off.
- Depending on the capacity and magnitude of the spill, the company will determine whether external assistance would be required to contain and clean up the spill.
- Using equipment from the spill kit, control the spill by creating a berm around the spill. The priority at this stage is preventing the spilt material from entering the groundwater system or nearby waterways.
- Once possible, the source of the spill should be identified and stopped.
- Any potential ignition sources near the spill should be shut off.
- The responder will use the necessary personal protective equipment (PPE) and begin the cleanup process. Some Techniques that may be applied to clean up the spill are mechanical removal of the contaminated soil, in-suit burning, using absorbents and bioremediation.
- Once cleanup is complete, all waste generated will be placed in containers for disposal.
- The Environmental Protection Agency (EPA) will be consulted on appropriate disposal methods.
- All individuals involved in the spill must be decontaminated.
- An Incident report followed by an investigation must be completed.

▪ Medical Emergency

In the event of an accident or incident involving employees on the project site, the following procedure should be followed:

- Assess the injured person to determine the extent of their injuries.
- **For minor accidents (where the person can walk and/or communicate),** a trained first aider may assist in stabilizing the injured person and transfer them to a nearby hospital for further assessment and treatment as necessary.
- **For serious injuries,** an Emergency Medical Technician (EMT) should be called immediately. The trained first aider will attend to the patient until the EMT arrives. The first aider must be prepared to provide vital information, such as the time of the injury, any treatments that have already been administered, and whether the employee has any allergies, etc.
- Once the injured person arrives at the hospital, the HSE Team will follow up to determine their condition. Work will not resume in the area until the hazard(s) have been removed.

- # Class 2 Emergencies

▪ Flooding

If the area becomes flooded due to heavy and persistent rain:

- Turn off all electrical supplies and leave the site immediately, moving to higher ground.
- Do not reenter the water for any reason, as it may be contaminated or electrically charged from an unknown source.
- If possible, before the floodwater rises, place sandbags at the entrance of doors to prevent water from entering buildings.
- Listen to the radio for information on the flood and additional precautionary measures.
- After the rain, pumps may be used to remove excess water if the water does not recede naturally or does so quickly.
- Once the water has receded, clean and disinfect all areas before returning to work.

▪ Droughts

- Ensure that the project site has containers to collect rainwater during the rainy season or to store water directly from the water main.
- Droughts can lead to unexpected bush or forest fires; refer to the Fire section for guidance on responding.
- Drought conditions can also increase dust levels at the project site and workers' camp.
- If the work area becomes excessively dusty, the company will implement dust suppression measures to minimize the dust.
- Employees will be provided with dust masks.
- Remind employees to conserve water whenever possible.
- Droughts also result in higher temperatures; please refer to the Heat Stress section for instructions on how to respond.

▪ Heat Stress

Due to the high Ultraviolet (UV) index that Guyana experiences, temperatures in Guyana can get very high. The precautions should be taken:

- Employees should wear loose, lightweight, and light-coloured clothing.
- Whenever possible, avoid working in direct sunlight and wear wide-brimmed hats. It is especially important to stay out of the sun during midday hours.
- Ensure that employees remain properly hydrated by drinking plenty of fluids.
- If an employee is suspected of heat exhaustion, move the person out of the sun/heat to a location with shade.
- Lay the person down with their feet slightly elevated and remove any heavy or tight clothing.
- Cool the person down by providing them with plenty of water and air. Sprinkle water on the person if necessary.
- Monitor the person's condition. If their condition gets worse (fainting, confusion, fever), call the nearby hospital for assistance.

▪ Earthquakes

Although earthquakes are not common in Guyana, tremors can occasionally be felt. If an earthquake occurs while you are indoors, it is important to stay inside.

- Find a Safe Place: Look for a sturdy table, desk, bookcase, or tall piece of furniture. Avoid doorways if possible.

- During the Earthquake: Drop under the desk or table, hold on to one of its legs, and protect your eyes by tucking your head down.
- Stay Put: Remain in your safe position until the shaking stops and you've assessed that you have no injuries.
- After the Shaking Stops: Before coming out, check for unstable objects, loose or broken electrical wires, and other potential hazards such as fires
- Proceed to the Muster Point: Once the area is clear, head to your designated muster point and wait for further instructions.
- If you are outdoors when an earthquake occurs, stay outside and do not enter any buildings.
- Find a Safe Area: Move to a location away from the construction, trees, overhead wires, cranes and any other heavy equipment that may cause harm. Crouch down and cover your head to protect yourself.
- Allow the shaking to stop before moving.

Post Emergency Response

After an emergency, the company should conduct a thorough investigation to determine the root cause of the incident or accident. The findings of the investigation must be documented on the ***Emergency Reporting and Investigation Form***. Once the root cause has been identified, appropriate actions will be taken to correct or mitigate the issues. The progress of the implementation of the migration will be updated on the ***Action Tracker.***

The company will inform all employees and relevant parties about the incident, its root cause, and the corrective actions or mitigations implemented. Additionally, the plan will be updated to reflect any necessary changes to the company's Emergency Response procedures.

Reference

- Emergency Reporting and Investigation Form
- Action Tracker

ANNEX 3B: EMERGENCY REPORTING AND INVESTIGATION FORM

Report

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Type of Emergency:

☐Fire ☐Flood ☐Earthquake ☐Other

Description of Incident

Reported by: _____ Date: _____

Investigation

What happened?

Why did it happen? (Root cause)

Corrective Actions to Prevent Recurrence:

Corrective Actions	Person Responsible	Time Limit	Completed

Will there be any changes to the Operations processes? ☐Yes ☐No

If yes, what are the changes? _____

Will there be changes to the Emergency Response Plan? ☐Yes ☐No

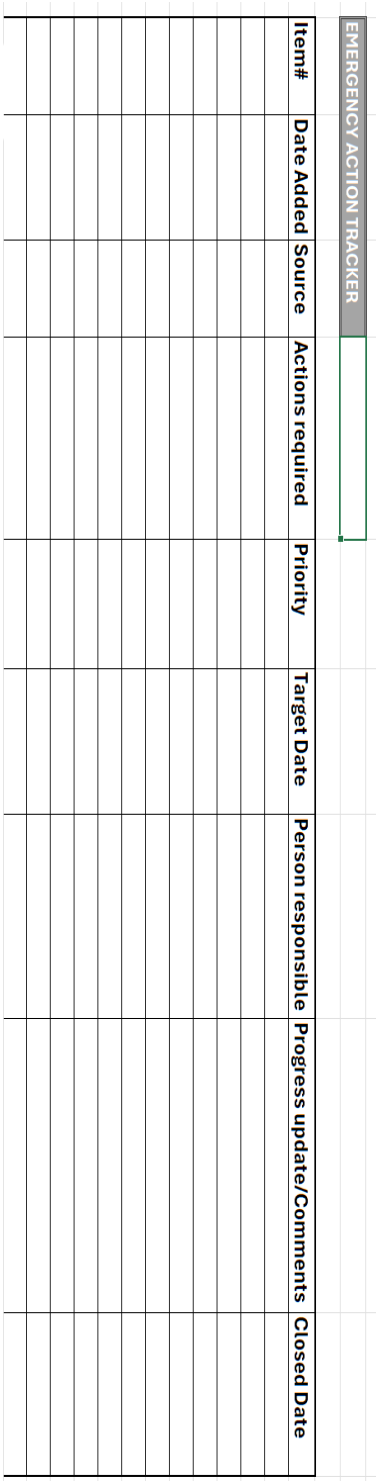
If yes, what are the changes? _____

Investigation completed by:

_____ _____ _____

Name **Position** **Date**

ANNEX 3C: EMERGENCY ACTION TRACKER



EMERGENCY ACTION TRACKER									
Item#	Date Added	Source	Actions required	Priority	Target Date	Person responsible	Progress update/Comments	Closed Date	

ANNEX 4A1: EMPLOYEE ONBOARDING CHECKLIST

CMEC-SINOPHARMINTL CONSORTIUM	EMPLOYEE ONBOARDING CHECKLIST (DOC4A1)		
New☐			Reassigned☐
General Information			
Employee Name: …… **Department:** …… **Job Position:** …… **Previous Position (if applicable):** ……	**Date Employed:** …… **Immediate Supervisor:** …… **Date/Period Reassigned:** …… **Type of Reassignment:** Permanent☐ Temporary☐		
Health and Safety Policy & Information	**YES**	**NO**	**COMMENTS**
• Has the Health and Safety Policy been explained to the employee? • Employee received training for relevant Departmental Health and Safety Procedures? • Employee has been made aware of the HSE rules and regulations and how to contact them if advice is needed? • Is the employee aware of the location of the nearest health and safety/fire safety notice board? • Has the employee received training and signed the workers' Code of Conduct? • Is the employee aware of the workers' grievance mechanism	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	
Emergencies and Fire Arrangements	**YES**	**NO**	**COMMENTS**
• Has the employee been informed of the actions to take in the event of fire and are aware of the location of the fire escape routes and exits? • Employee has been made aware of the location of the fire assembly point and the role of fire wardens? • Employee has been informed of what to do in case of any emergencies? • Explained to employee where the fire extinguishers are and how to operate them in the event of a fire?	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	
• Has the new employee been informed of the location of the first aid kit and made aware of who are the trained first aiders? • Has the employee been trained in the procedure of summoning first aid?	☐	☐	
Required PPE	**YES**	**NO**	**COMMENTS**
Is the employee in possession of the following PPE? • Hard Hat • Safety Shoes • Safety Glasses • Cover-all • Safety Vest	 ☐ ☐ ☐ ☐ ☐	 ☐ ☐ ☐ ☐ ☐	
Employee confirms that all the questions asked above have been clearly explained and understood.			
…… **Employee Name (Block Letters)** …… **Employee Signature** …… **Date**	…… **HR/OHS Representative (Block Letters)** …… **HR/OHS Representative Signature** …… **Date**		

ANNEX 4A2: EMPLOYEES' CODE OF CONDUCT

1. Introduction

A Code of Conduct for workers is designed to guide the behaviour of individuals on-site during project construction. This set of guidelines aims to ensure that both employers and employees exercise care and caution while working in communities, particularly in the hinterland and Indigenous areas. Adhering to the measures outlined in the Code of Conduct can significantly reduce the potential for conflicts between project workers and the communities affected by the project.

The Code of Conduct should address prevention and management strategies for environmental, labour, and social risks associated with the project. This includes concerns regarding health and safety, sexual and gender-based violence, discrimination, and the sexual abuse and exploitation of children and other vulnerable individuals. The Code applies to the employees of both contractors and subcontractors.

All individuals involved in the Project must adhere to these codes. All employees agree to follow the outlined practices below:

2. Health, Hygiene and Safety

a) Each employee must wear appropriate Personal Protective Equipment (PPE) for every task.
b) Each employee is required to maintain a well-groomed physical appearance.
c) Employees are prohibited from smoking within the work site and may only smoke in designated areas.
d) Employees are expected to work within the boundaries of the Health, Safety, and Environment (HSE) Policy and to promote the goals outlined within it.
e) Employees are not allowed to bring, use, or sell any legal or illegal drugs while engaged in company work.
f) Employees agree to undergo random drug and alcohol testing.
g) Employees agree to report any injuries or illnesses that may our while on the job.
h) Employees agree to maintain a clean work environment and actively engage in housekeeping activities on the project site.
i) Employees agree to report any unsafe practices or conditions to their immediate supervisor.
j) Operators of heavy machinery and equipment working outdoors agree to strictly adhere to road safety rules and regulations.
k) Employees must participate in ongoing HSE training and will not be allowed to conduct certain tasks unless cleared by the HSE Representative for safety competency.

3. Employee Conduct

a) All employees are expected to maintain exemplary behaviour during working hours and must strictly adhere to the law. Fighting and horseplay are prohibited on the job site
b) Employees assigned to company vehicles are not permitted to use them for personal purposes.
c) Employees are required to foster a polite and respectful relationship with all colleagues and members of the local community.

d) It is mandatory for employees to carry their issued *Worker Identification Card* for easy identification and access to our site and facilities.
e) Employees are prohibited from making statements regarding the project to the press or any other media outlet.
f) Employees are prohibited from stealing company property or the property of fellow employees.
g) Employees are prohibited from neglecting their duties and/or workstations.
h) Every employee must immediately report to their supervisor any actions by their colleagues that violate this Code of Conduct.
i) Any breach of this Code of Conduct will be handled according to the disciplinary measures outlined in our employee induction.

4. Abuse, Discrimination and Harassment

a) Employees are prohibited from discriminating against others based on social conditions, race, gender, age, or religion.
b) Employees must not engage in gender-based violence directed at women and girls, or sexual minorities (such as gay and transgender individuals).
c) All employees are entitled to be treated with respect and dignity, and no employee should be subjected to any form of physical, sexual, psychological, or verbal harassment or abuse.

5. Environmental and Cultural Heritage

a) Employees are prohibited from fishing, hunting wildlife, or removing any vegetation.
b) Employees must immediately report any local terrestrial fauna observed within clear areas of the construction site.
c) Employees are not allowed to set campfires or burn vegetation or garbage.
d) Employees are prohibited from walking in sensitive environmental areas or feeding any wildlife in the area.
e) Each employee must attend awareness sessions focused on understanding the culture of the surrounding communities. This is important for recognizing and protecting their way of life.
f) Employees must not encourage community members to consume alcohol.
g) Employees are expected to respect the local community's culture and avoid imposing their views on the community.
h) Before entering an Indigenous community, the employee will adhere to all cultural norms, including meeting with community leaders.
i) Employees must report any archaeological, paleontological, or historical remains found within the construction site.
j) All official community engagements will be done by a designated CMEC Representative. As such, no unauthorized employee is allowed to conduct business, resolve grievances, or provide clarification on issues raised by community members without appropriate management approvals.

I, therefore, hereby agree with the above-listed guidelines: -

_____	_____	_____
Name of Employee	Signature	Date
_____	_____	_____
Company Representative	Signature	Date

ANNEX A43: TERMS OF REFERENCE – JOINT WORKPLACE SAFETY & HEALTH COMMITTEE

1. Introduction

The Health, Safety, and Environmental (HSE) Committee is established to promote workplace safety. When implemented effectively, it creates a platform for open discussions between employees and supervisors or management regarding safety concerns. This collaboration leads to solutions everyone can agree on and facilitates easy compliance with safety regulations.

Some organizations create these committees not just to adhere to legal requirements, but also because they prioritize workplace safety and encourage employee participation. CMEC has adopted this policy to ensure the safety of its employees and to comply with the laws of Guyana.

2. Scope

This document outlines the requirements for establishing a Health, Safety, and Environment (HSE) committee at the construction site of the new Lethem Hospital. The information provided in this document is derived from the Occupational Safety and Health (OSH) Act of 1997 in Guyana and does not extend beyond that.

3. Guide for the setting-up of the HSE committee

The guidelines for the establishment of the HSE committee were taken from Guyana's ***Occupational Safety and Health Act of 1997 Part III Section 23 Joint Workplace Safety and Health Committee.***

4. Procedure

4.1. Member Selection

The number of members on the committee is dependent on the number of employees working on the project:

Number of Employees on the Project	**Minimum number of committee members**
<50 employees	4 persons
>50 employees	6 persons

The selection process for committee members will be as follows:

- Fifty per cent (50%) of the committee members must hold non-managerial positions and will be chosen by workers in non-managerial roles.
- If the workforce is unionized, the selection of the workers' representative will be determined by a majority vote among union members.
- The employer will select the remaining committee members from among staff with managerial positions.

Additionally:
- Two individuals will co-chair the committee meetings: one will be selected from the workforce and the other from managerial staff.
- If an employee on the committee leaves their job, they will cease to be a member of the committee.
- The committee members' names will be posted and kept visible in a prominent location that is easily accessible to all employees.

4.2. Function of Committee members

The functions of the Committee are as follows:
- Identify situations that may pose a danger or hazard to workers.
- Make recommendations to employers and workers to improve the health and welfare of employees.
- Advise employers and workers on establishing, maintaining, and monitoring programs, measures, and procedures related to worker safety.
- Gather information from the employer regarding potential or existing hazards associated with materials, processes, or equipment used in operations.
- Collect information from the employer about safety and health practices, work standards, and experiences in similar or other industries.
- Obtain information from the employer concerning the testing of any equipment, devices, chemicals, or biological agents present in the workplace for safety and health purposes.
- Be consulted and have a designated representative when the aforementioned tests are conducted.
- Inspect the physical conditions of the workplace at least once a month.
- Participate as part of the investigation team for any incident that may result in injury or death to an employee.

4.3. Meetings

- The committee is required to meet at least once every three (3) months at the workplace. The day and time of the meeting should remain consistent (e.g., the committee will meet every third Friday at 1 PM).
- Notification of the meeting must be provided at least one (1) week before the scheduled date.
- The committee shall keep detailed minutes of its proceedings, which will be made available for review by interested parties as needed.
- Additionally, the employer must allocate time for the members to prepare for the meeting.

4.4. Notifications

- When an employer receives written recommendations from the committee, he/she shall respond in writing within ***21 days.***
- The response from the employer must have a schedule for the implementation of the recommendations by the committee and reasons for any recommendation that may be rejected by the employer.

ANNEX 4B1: TRAINING PLAN

1.Introduction

Training is a crucial component of an effective work system. It provides workers with a clearer understanding of their responsibilities, as well as the knowledge and skills required to perform their jobs more effectively. Furthermore, training enables the company to enhance overall performance and productivity.

2. Scope

This document outlines how to identify and process the training needs of employees contracted to the project.

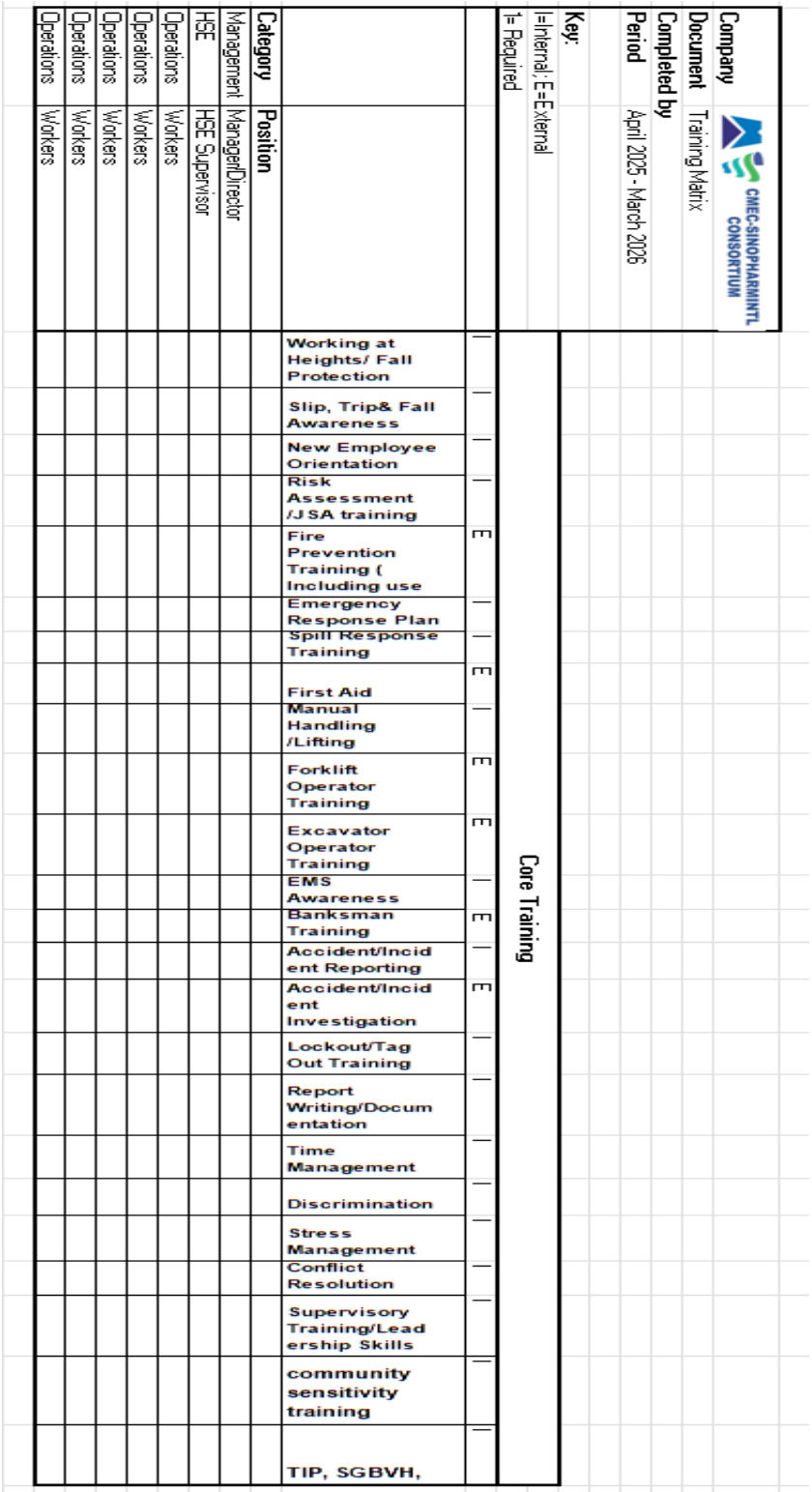
3. Procedure

- During the hiring process and annual employee appraisals, the supervisor will assess employee training needs and record any identified gaps in training.
- The supervisor conducting the assessment will complete the Training Needs Form, specifying the type of training required for the employee and its priority level.
- This form will then be sent to the Human Resources representative, who will find the appropriate training and determine its cost.
- After this, the form will be submitted to the Manager for approval. Once approved, a date for the training course will be set, and the employee will attend the training.
- When the training is completed the Human Resources representative will retain the certificate of the training.

4. Reference

- Training Needs Form
- Training Matrix
- Training Register

ANNEX 4B2: TRAINING MATRIX



| Company | CHEC-SINOPHARMINTL CONSORTIUM | | |

ANNEX 4B3: TRAINING NEEDS FORM

Employee	Training needed	Type of training	Description of training	Training Provider	Indicative Cost	Delivery date	Priority	Approved
(Name of Employee)	(Conduct gap Assessment of training needs)	(Classroom; virtual; internal; external)	(Describe what the training entails?)	(who will be providing the training)	(what is the cost of the training?)	(Date of course delivery)	(How important is this course?)	(signature of Manager)

ANNEX 4B4: TRAINING REGISTER

Title of Training:			
Facilitator:			
Location/Site:			
Date:	**Time (Start):**		**Time (End):**
Employee Name	**Signature**	**Job Role/Title**	**Department**
Facilitator's Signature			
Manager's Signature			
Additional Notes:			

ANNEX 5A: JOB HAZARD ANALYSIS PROCEDURE

1. Introduction

A job hazard analysis (JHA) is a process that helps assess a task to identify hazards and necessary control measures. In a job hazard analysis, each basic step of the job is broken down into steps to identify potential risks and to recommend the safest way to do the job. This procedure was created to assist the user in identifying various risks associated with specific activities on site. When implemented, it will ensure the safety of all team members while conducting these tasks.

2. Purpose

This procedure is intended to support the safe operations at the construction site by identifying potential hazards, assessing risks, and implementing control measures for various activities throughout the site. The list below outlines all the instances that can prompt the creation of a JHA:

- A new job, activity, task or operation
- When new employees have been added to the team.
- A new job, activity, task or operation being undertaken by a Contractor
- Notable jobs with a high likelihood of injury or illness.
- New equipment or new processes are being introduced to a process.
- Unsafe or unfamiliar environmental conditions.

3. Definitions

3.1. Hazards: this refers to any source of potential harm, damage, or adverse health effect that can affect a person's health as a result of conducting some activity or task.

3.2. Risk: refers to the probability that a person can be harmed if exposed to a hazard.

3.3. Control Measures: this refers to hierarchical safety measures that can be used to manage hazards that can present themselves during a task. There are five key types of control measures, and these are listed below based on their effectiveness.

- Elimination: to eliminate a hazard is the most effective control measure. By using elimination, the person seeks to completely remove the hazard from the operation.
- Substitution: this too is a form of elimination; however, it removes the action/job and replaces the hazard with a non-hazardous or less-hazardous version of that job.
- Engineering Controls: this can be described as any modification to a process, or equipment or in some cases, the installation of further equipment to prevent and/or reduce exposure to an identified hazard.
- Administrative Controls: this refers to any changes in policy, procedure, training, or task to reduce the severity, duration, and frequency of exposure to a hazard.
- Personal Protective Equipment (PPE): any equipment worn to protect against or minimize exposure to hazards during the execution of a task *(see the Hierarchy of Controls diagram below for additional details.)*

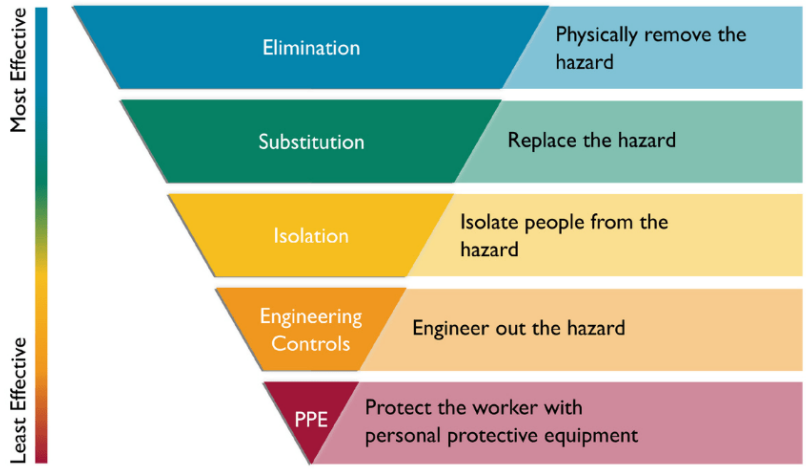


Image 1: The Hierarchy of Controls Diagram

4. Procedure

4.1. Job/Task Breakdown

Various activities will be constantly ongoing at the construction site. Depending on which task is assigned to your team, will determine the focus of the JHA. Once the task/job has been identified, break down the task into smaller steps and proceed to identify the related hazards.

4.2. Hazard Identification

For each task, identify potential hazards associated with the task. This activity must be a team effort involving the opinions of the workers who will be doing the task. At this stage, consider the following hazards:

- Physical Hazards: Moving machinery, electrical components, slips, trips, and falls.
- Chemical Hazards: Exposure to cement dust, additives, fuels, and lubricants.
- Mechanical Hazards: Failure of equipment, entanglement in moving parts.
- Ergonomic Hazards: Lifting, awkward postures.
- Environmental Hazards: Noise, dust, vibration, and exposure to bad weather such as rain and extensive exposure to heat from the sun.

4.3. Risk Assessment

Assess the risk associated with each hazard by determining the likelihood and consequence if someone is exposed to the hazard. Consider these questions: -

- What can go wrong?
- What are the consequences?
- How can it happen?
- What are the contributing factors? How likely is that hazard to occur?
- What safety measures are already in place?
- Is the environment hazardous to safety or health?

Use the *Risk Matrix* below to rate the risk (Low, Medium, High). Conducting an accurate risk assessment will allow appropriate control measures to be considered and implemented.



Image 2: Risk Matrix Diagram

4.3. Determine Risk Control Measures

Before the JHA process, it is generally important to integrate preventative control measures for all activities on site. This means the control measures will seek to prevent incidents from occurring. Control measures of a JHA are determined in real-time, before the activities' commencement. Use the *Hierarchy of Controls* to aid decision-making in identifying appropriate control measures. Consider the following: -

- Can the work procedure be revised?
- Increase the level of monitoring or supervision of the task
- Reduce the frequency of the job
- Introduce a new way to do the job
- Buy new equipment to do the job
- Ensure all employees are trained

4.5. Implementation

- Document all decisions made thus far into the JHA Form.
- Communicate the JHA to all workers involved in the activity/job.
- Ensure the workers understand the hazards and the control measures to be implemented.
- Ensure that the JHA is easy to read and that it is kept in a convenient location where the team can review it if needed

4.6. Monitoring and Review

- Regularly monitor the work environment and the effectiveness of the control measures.
- Review the JHA whenever there is a change in the task, equipment, or work environment. Should there be a major change in the activities, the team takes a step back to reassess the situation and make the necessary changes.
- Everyone is responsible for the safe follow-through of the JHA. However, the Team Lead or Manager must ensure the activities are performed according to the JHA.
- Record those updates in the JHA. Communicate those changes to the team.

4.7. Documentation

- Keep records of the JHA, including task descriptions, identified hazards, risk assessments, and control measures.
- Ensure all workers sign off on the JHA before commencing work.

5. JSA Example

Task	Hazard	Risk	Control Measure	PPE Required
Loading raw materials	Falling objects	High	Use of cranes with safety hooks, maintain load limit	Hard hat, safety boots
Maintenance of equipment	Mechanical entanglement	High	Lockout/tagout procedure, machine guarding	Gloves, coveralls

6. Records

Job Hazard Analysis (JSA) Form

ANNEX 5B: JHA FORM

CMEC-SINOPHARMINTL CONSORTIUM	Job Hazard Analysis Form	Date Issued	April 2025
		Revision	0.0

Date		JHA No.	
Task to be completed			
Completed by			
Description of Work to be completed			

Steps/Task	Potential Hazards	Control Methods

PPE Required			
☐Hard Hat	☐ Dust Mask	☐Eye Protection	☐Rubber/Safety Boots
☐Gloves	☐Ear Protection	☐Reflective Vest	☐Coveralls

Person Completing the Task	
Name	Signature

Supervisor in Charge	
Name	Signature

ANNEX 6: SITE INSPECTION CHECKLIST

Location:	
Department:	**Management Representative:**
Inspector (s):	
Date:	

Inspection Focus **Slips/Trips/Falls**	No Action Required (good)	Action Required (low)	Moderate Action Required (medium)	Urgent Action Required	Comments
Area is generally tidy, and floor is free of clutter					
Floors and stairs are in good condition and have even surfaces					
Walkways, landings, and corridors are clear of obstructions and trip hazards (e.g., wires and cables)					
Do stairwells have securely fixed handrails					
Carpeting is securely fitted, with no loose ends					
Floor not slippery or prone to causing slippage of personnel					
Free of protrusions, nails, etc.					
Openings covered and barricaded					
Equipment and Electrical	**No Action Required (good)**	**Action Required (low)**	**Moderate Action Required (medium)**	**Urgent Action Required**	**Comments**
Electrical cords and plugs are in good condition with proper grounding.					
Sufficient plug sockets. Broken sockets or overloaded?					
Extension leads are not overloaded or "daisy chained" (multiple leads linked together)					
Equipment and machines are clean and working properly.					
There is no unwanted (obsolete or damaged) equipment					
General Areas	**No Action Required (good)**	**Action Required (low)**	**Moderate Action Required (medium)**	**Urgent Action Required**	**Comments**
Layout of furniture area is adequate and allows sufficient space for movement					
Shelving and storage are sufficient. Shelving is not too high, overloaded and is stable					
Is lighting adequate and operational?					
The doors are fully functioning. Door, furniture intact and fully operational					
Walls showing damage, dampness or mould?					
Furniture is stable and undamaged					
First Aid kit is fully stocked and in good condition					
Eating Area available and is kept clean					
Washroom facilities available for both male and female employees. It is kept clean					

Exits/Egress	No Action Required (good)	Action Required (low)	Moderate Action Required (medium)	Urgent Action Required	Comments
Sufficient exits for prompt escape					
No locks or fastenings restricting escape					
Routes and exits clearly marked					
More than one exit from work area					
Approaches to exits unobstructed					
Lighting	**No Action Required (good)**	**Action Required (low)**	**Moderate Action Required (medium)**	**Urgent Action Required**	**Comments**
Walking and working areas adequately illuminated during periods of occupancy					
Lighting fixtures clean					
Illumination level sufficient for detail or work performed.					
Ergonomics	**No Action Required (good)**	**Action Required (low)**	**Moderate Action Required (medium)**	**Urgent Action Required**	**Comments**
Desk to computer ratio promotes ease of use for workers					
Lighting on electronics is within safe limits for the user					
Chairs are comfortable and adjustable					

Temperature in office is suitable and comfortable for persons using facility					
Waste Disposal	**No Action Required (good)**	**Action Required (low)**	**Moderate Action Required (medium)**	**Urgent Action Required**	**Comments**
Adequate number of appropriate waste containers available for facility					
Waste disposed from facility on a scheduled basis					
Signs and Tags	**No Action Required (good)**	**Action Required (low)**	**Moderate Action Required (medium)**	**Urgent Action Required**	**Comments**
Appropriate signage placed around facility and is used where there are immediate dangers, potential hazards, or there is a need for general instructions.					
Fire	**No Action Required (good)**	**Action Required (low)**	**Moderate Action Required (medium)**	**Urgent Action Required**	**Comments**
Adequate number of fire extinguishers are at the facility					
Fire alarms and fire extinguishers are visible and accessible					
Fire extinguishers are serviced annually					
Corridors, stairways, and passageways are kept free of obstruction and not used for storage					

Inspection Report

General Observations

Primary Items to be Actioned				
Action Item(s)	Proposed Corrective Action(s)	Person(s) Responsible	Timeline	Status/Updates

ANNEX 7A1: INCIDENT INVESTIGATION AND REPORTING PROCEDURE

1. Introduction

Incident Reporting is the process of capturing, recording, and managing an incident. This process entails documenting all the facts related to the incident and implementing corrective actions to prevent recurrence. Toward the continued improvement of our safety culture, all safety incidents will be documented and properly reviewed. This document outlines the steps of doing so.

2. Purpose

This procedure outlines the steps for managing, reporting, and investigating incidents at our construction site. When followed, it will ensure timely and effective responses, prevent recurrence, and maintain a safe working environment.

3. Scope

This procedure applies to all employees and contractors working with or associated with the activities related to our construction operations. Visitors are also encouraged to report incidents or observations that support safety at the facility.

4. Definitions

4.1. *Accident*: An accident refers to any situation, hazard, or event that happens suddenly and leads to serious illness or injury

4.2. *Incident*: This refers to any unplanned, undesired event that adversely affects the completion of a task. An incident is always a safety or health event with unwanted consequences

4.3. *Near miss*: this refers to an incident in which no property was damaged, and no one was injured; however, had there been a slight shift in time or position, damage or injury could have occurred.

4.4. *Hazardous Condition*: A physical or environmental factor that is a risk to health or safety.

5. Procedure

5.1.Immediate Response to an Incident

5.1.1. Ensure Safety: The priority is to ensure the safety of everyone involved. Take immediate action to control or mitigate the situation. Refer to the Emergency Response Plan for specific instructions for various incidents. However, these basic steps can be easily followed:

- Stop all work in the affected area.
- Isolate hazardous energy sources (e.g., stop machinery, close off electrical systems).
- Evacuate if necessary.

5.1.2. Provide First Aid: Administer first aid to injured persons, if required, and call for emergency services if the injury is severe.

5.1.3. Secure the Area: Prevent unauthorized personnel from entering the incident site to avoid further harm or contamination of evidence.

5.2.Incident Notification

5.2.1. Immediate Notification:

- All incidents (including near misses) must be reported to the Supervisor or Safety Officer immediately or no later than 24 hours.
- The supervisor will assess the severity of the incident and determine the appropriate response, including notifying Senior Management.

5.2.2. External Notification: If the incident involves serious injury, fatality, or significant environmental damage, regulatory authorities must be notified according to our local laws.

5.3.Incident Investigation and Reporting

5.3.1. Incident Investigation: The investigation must be thoroughly conducted to determine the incident's root cause and identify corrective actions to prevent future occurrences.

5.3.2. The Investigation Process: The investigation team should consist of the Safety Representative, the Site Supervisor, and any other applicable Employee. If necessary, a technical expert may also participate. The team shall conduct the investigation by doing the following:

- **Gathering Information:** reviewing the incident site, equipment and speaking to witnesses. Relevant documentation (e.g., work permits, and equipment logs) must also be collected.
- **Identify the Root Cause:** Determine contributing factors such as equipment failure, human error, procedural failures, or environmental conditions.
- **Determine Corrective Actions:** Propose actions to eliminate or control the root cause (e.g., training, equipment repair, new procedures).
- **Prepare the Incident Report**: Summarize the findings and recommend corrective actions. Present the report to management.

5.3.3. Incident Report Form: An incident report form must be completed within 24 hours of the incident, containing the following important information:

- Date, time, and location of the incident.
- Description of the incident.
- Details of persons involved (name, role, injuries sustained, if any).

- Witnesses to the incident.
- Immediate actions taken.

5.3.4. Submission: The completed report must be submitted for review to the Health and Safety Manager and the department or location Supervisor where the incident occurred.

5.4. Corrective and Preventative Actions

Management must ensure the corrective actions identified in the investigation are implemented within a set timeframe. The effectiveness of the corrective actions must be monitored to prevent recurrence.

5.5. Record Keeping

The Safety Representative must keep records of all corrective actions taken and monitor their impact on the safety performance. Records of all incident reports, investigation findings, corrective actions, and any communications with regulatory authorities must be kept on file for a minimum of five (5) years.

5.6. Records

- CMEC Incident Investigation Form

ANNEX 7A2: INCIDENT REPORT FORM

INCIDENT REPORT FORM (ANNEX 7A2)	
Date of Incident:	**Time of Incident:**
Reported by:	**Manager/Supervisor:**
Personnel Involved:	**Incident Location:**

Type of Incident *(circle or tick the box)*

a) Near Miss	d) Other: Community Related
b) First Aid	e) Equipment Damage/Vehicle Damage
c) Medical Treatment	f) Environmental Incident

Incident Description *(Include details, attachments, and be clear in your description)*

Why did the Incident happen?

Immediate corrective taken

What are the long-term corrective actions to be taken?

What are the preventative actions to be taken?

Person(s) Responsible for Corrective Action	Incident Status *(Include any details about status)* Open | Closed
Signature of Management Representative	Report prepared by:

Attachments:

ANNEX 8: SUBCONTRACTOR MANAGEMENT PLAN

1. Introduction

This document outlines the steps for selecting, engaging, coordinating, monitoring, and evaluating subcontractors to ensure that all work is completed safely, to the required quality, within budget and schedule, and with minimal environmental impact. There will be no exceptions to these guidelines for specific subcontractors, as our procurement standards will not be compromised to the detriment of the project's quality, safety, and environmental standards.

2. Scope

Specific subcontracting needs and subcontractors have not been determined at this stage. However, the list below is the likely outsourced support that may be sought based on the services associated with projects of this nature, including but not limited to:

- Earthworks and site preparation
- Structural and civil work
- Electrical and mechanical installations
- Plumbing and HVAC
- Interior finishes and landscaping
- Medical gas piping and specialized infrastructure
- Wastewater and stormwater systems
- Catering
- Laundry
- Transportation
- Office Supplies and Stationery
- Security

3. Objectives

The contents of this document must be followed through implementation to ensure the following:

- That subcontractors meet QHSE, legal, and contractual requirements.
- That oversight is maintained of all subcontracted work.
- To prevent incidents and ensure quality performance.
- To promote transparency, accountability, and collaboration.

4. Responsibilities

The following personnel will have primary responsibility for implementing this plan throughout the life of the project. As circumstances change, they are also responsible for modifying as necessary.

Role	Responsibilities
Project Manager	Overall implementation and oversight of the plan
Procurement Manager/Coordinator	Day-to-day liaison and coordination with subcontractors. Prequalification, selection, and contracting of subcontractors
Quality Assurance Representative	Ensure compliance with quality and technical requirements.
HSE Manager	Ensure compliance health, safety, and environmental requirements.

5. Subcontractor Selection, Prequalification and Management

5.1. Prequalification Criteria

Subcontractors will be assessed based on:

- Relevant experience (especially in healthcare infrastructure, company profile and references)
- Technical and workforce capability (applicable technical certification and workforce size)
- Health, Safety & Environment (HSE) performance history (Safety statistics, equipment maintenance and incident records etc.)
- Their use of quality management systems and ability to ensure quality assurance of their product and/or service (available quality policies, procedures and/or records)
- Financial stability and legal compliance (Insurance and indemnity certificates, evidence of business registration, NIS and GRA compliance)
- Possession of valid permits and registrations under Guyanese law
- This information will be recorded in the *Annex 8A – Subcontractor Prequalification Form*

5.2. Contracting and Onboarding

After the Project Manager, along with other support personnel, have identified a satisfactory subcontractor for a specific task or work scope, the following steps will be taken to onboard the subcontractor into our system.

- Detailed scopes of work and deliverables defined by the contract.
- Subcontractors shall sign and agree to abide by *Annex 4A2 – CMEC Code of Conduct,* along with our safety and quality policies.

- Site orientation and induction training will be mandatory before mobilization.
- Subcontractors must also commit to preparing a Job Hazard Analyses (JHAs) according to *(Annex 5A)* with the use of *Annex 5B – CEMC JHA Template* for scheduled work scope. This must be submitted to the Lead Engineer for review.
- We will also commit to timely, ongoing coordination and communication with the subcontractor by reporting/sharing any changes in the work scope. Likewise, the subcontractor must appropriately communicate any issues that may affect the performance of their assigned work scope.
-

5.3. Performance, Monitoring and Evaluation

The parameters outlined below will be used as ongoing monitoring tools for subcontractor performance, failure of which may lead to a review or ending of the contract.

5.3.1. HSE Performance

- Compliance with PPE, housekeeping, security guidelines, task/work scope inspections and audits. Preparation and/or participation in JHAs
- Number of near misses and incidents
- Subcontractors must adhere to the approved ESA/ESMP.
- When tasks are being conducted, special considerations must be made to ensure:
    - Noise and dust control
    - Adequate waste management and disposal
    - Water protection and soil erosion control
    - Biodiversity considerations relevant to Lethem's ecosystem
- Corrective actions logged and tracked

5.3.2. Quality Assurance

- Inspection and Test Plans (ITPs), list of service and/or product deliverables
- Technical defect logs are maintained and reviewed
- Conformance to engineering design standards and discussed construction plans.

- Final inspections and acceptance check by the Engineer or appropriate Technical Representative
- Certifications required for critical tasks (e.g., electrical works, scaffolding, crane operations)

5.3.3. Progress Tracking

- Weekly progress reporting
- Alignment with the construction schedule and milestones

5.4. Non-Conformance and Corrective Action

- All non-conformances will be recorded in the *Annex 8B - Non-Conformance Form* and managed in the *Annex 8C - Non-Conformance Register.*
- Repeated non-compliance may result in contract suspension or termination.

6. Records and Documentation

- All subcontractor records will be kept on file for at least 5 years post-completion.
- Documents stored and managed by the Procurement Department for continuous reference
- Related documents include
    - Annex 8A – Subcontractor Prequalification Form
    - Annex 8B - Non-Conformance Form
    - Annex 8C - Non-Conformance Register

ANNEX 8A: SUBCONTRACTOR PREQUALIFICATION FORM

NB: Attach the applicable subcontractor files/documents to support the related sections

Subcontractor		
Date		
Company Information		
Official Company Name		
Registered Address		
Phone		
Email		
Business Registration No.		
Years in Operation		
Tax Identification Number (TIN)		
NIS Registration	YES	NO
GRA Compliance	YES	NO
Scope of Services		
Type of Work to Be Undertaken		
Experience with Similar Projects		
Past Clients / References		
HSE Management		
Do you have an HSE Policy?	YES	NO
Incident Management	YES	NO
Applicable safety training		
Quality Management		
Internal QA/QC System in Place?	YES	NO
Inspection/Test Plan Provided? (If applicable)		
Insurance Coverage (if applicable)		
Workers' Compensation Insurance	YES	NO
Public Liability Insurance	YES	NO
Professional Indemnity	YES	NO

Subcontractor Declaration

I hereby certify that the above information is accurate and complete.

Name	Signature
Title	Date

Procurement Department Review

Name	Signature
Title	Date

ANNEX 9: DEMOLITION PROCEDURE

1.0. Purpose

This procedure outlines our commitment to ensuring a safe, systematic, and environmentally responsible approach for the demolition and removal of buildings from and within the Lethem Hospital Compound. Several structures have been identified for demolition to facilitate the construction of the new hospital and associated facilities. This document outlines our approach to such activities.

2.0. Scope

This procedure applies to all demolition activities, including partial or total removal of:

- Concrete or steel-framed buildings
- Wooden or masonry structures
- Buildings and sections containing or constructed with asbestos
- Temporary facilities and utilities

It applies to all personnel, subcontractors, and machinery operators involved in demolition operations. All demolition activities will be subject to the preparation of a Job Hazard Analysis (JHA) review before the activity is conducted.

3.0. Definitions

3.1. *Concrete or steel-framed buildings*: Perhaps the most common type of modern building internationally is concrete-framed structures or buildings. As the name suggests, this type of building consists of a frame or skeleton of concrete. Steel-framed buildings refer to structures that use steel as the main material for support and framing. Over time, they have become popular due to the advantages of this material, such as its enduring strength, durability, and flexibility.

3.2. *Wooden or masonry structures*: One of the oldest building materials, such structures use wooden structural elements to create the framework of the building. The primary components of wood frame construction include studs, joists, rafters, and beams. These elements are assembled to form the walls, floors, and roof of the building.

3.3. *Buildings and sections containing or constructed with asbestos:* Asbestos was historically used in all kinds of buildings and construction work throughout the best part of the 20th century. However, when the dangers of asbestos became clear, an effective ban was made in 1999 in most parts of the world. Asbestos-containing materials are those that contain any type of asbestos. Asbestos is one of the most harmful substances in the world and has been firmly linked to an array of different health problems, primarily when its fibres are released into the air. Many older buildings tend to have some quantity of asbestos as part of their building material.

3.4. *Temporary facilities and Utilities:* A temporary facility is any structure erected for temporary use. They are particularly designed to provide short-term solutions for various needs such as accommodation, storage, meeting spaces, workspaces, or event spaces. Additionally, based on the type of material used, they are also easy to set up and dismantle, offering flexibility and convenience.

4.0. Standard Guidance and Compliance

The preparation of this document is guided by the following:

- **The Environmental Protection** (Hazardous Waste Management) Regulations, 2000: which provides guidance on the proper disposal, treatment, storage, transport, and any other activity related to the handling of hazardous waste and materials.

5.0. Responsibility

The lead personnel conducting or undertaking the demolition exercise have the primary duty to ensure, so far as is reasonably practicable, that workers and other persons are not exposed to health and safety risks arising from the demolition activities. For this project, that responsibility will be assigned to the Lead Engineer, Site Supervisor, and HSE Manager. The primary responsibilities will include conducting a risk assessment of the activities to be undertaken, organizing the human and technical resources needed, and coordinating with the hospital administration and community for appropriate times to facilitate demolition.

The listed personnel are also responsible for reviewing and, if necessary, revising control measures so as to maintain, so far as it is reasonably practicable, a work environment that is without risk to health and safety.

6.0. Demolition Steps

6.1. Planning, Approvals, and Stakeholder Consultation

Before demolition, all identified structures will be assessed thoroughly for structural integrity, environmental hazards, presence of asbestos and utility connections. Such activities will include safely disconnecting all utilities (electricity, water, sewer, and gas) in coordination with providers and the hospital. These activities must be conducted by a certified Engineer. Based on the age of the facility and as a precautionary measure, the team will also inspect for asbestos. If found, the removal will be done under controlled conditions, using recommended best practices and/or licensed personnel. This is discussed in further detail in the *'Asbestos Management'* section.

When the engineers are satisfied with the assessment, the applicable permits & regulatory approval will be sought as guided by the RDC, the Ministry of Health and/or any other local authorities. Additionally, stakeholder consultation will be done with the hospital administration, regional health authorities, and community stakeholders likely to be affected

by the demolition activities. When these steps have been satisfactorily completed to allow for a safe demolition, the project team will proceed to demolish the buildings.

6.2. Site Preparation

The following steps will be taken by the Lead Engineer and HSE Manager prior to demolition activities.

- Erect fencing and signage around the activity for exclusion zones
- Establish emergency exits and muster points
- Conduct a safety review for all personnel involved in the activity
- Communicate the Demolition Plan and the Job Hazard Analysis (JHA) to the demolition team

6.3. Demolition Methodologies

We are committed to using the least disruptive method to demolish these buildings. As such, we will utilize a combination of both manual dismantling techniques and small-scale mechanical demolition. Demolition will be done from top to bottom in phases, with constant monitoring by the Engineer. The following methodologies are expected to be utilized.

- **Manual Demolition:** To be used on small buildings, internal walls, or fragile structures using hand tools.
- **Mechanical Demolition:** To be used for demolishing larger buildings. Equipment such as excavators, bulldozers, or wrecking balls may be utilized.

6.4. General Health and Safety considerations

6.4.1. **Training:** All workers assigned to demolition tasks must undergo a full site induction, employee onboarding, and demolition-specific training before commencing work on site. Further, weekly talks will be held by the Lead Engineer and HSE Manager with demolition personnel to ensure understanding and adherence to scheduled tasks. Additionally, a *Job Hazard Analysis (JHA)* will be done before high-risk tasks to assess safety hazards and implement appropriate mitigation measures.

6.4.2. **Dust and Noise:** Dust will be kept to a minimum by dampening down the works using water via a hosepipe/spray from a source to be determined on site. All noisy equipment and machinery will be equipped with mufflers and shut down during periods of non-use. As far as possible, we will limit high-noise work to daylight hours while also monitoring vibration and noise for nearby sensitive structures.

6.4.3. **Personal Protective Equipment (PPE):** At all times, suitable and sufficient personal protective equipment will be provided and maintained for the demolition crew. All personnel will be mandated to wear hard hats, gloves, safety boots, high-visibility clothing, dust masks or respirators, and hearing protection. Where necessary, training is to be provided for all workers assigned to demolition tasks, including understanding the appropriate PPE to utilize.

6.4.4. **Signage and Restriction:** We will utilize adequate signage and physical barriers when the demolition commences, while also restricting and regulating entrance and exit from the work area.

6.5. Demolition Risks

Based on the nature of demolition activities, the following have been identified as the primary hazards to be considered throughout the demolition exercise:

- unplanned structure collapse
- falls from one level to another
- falling objects
- exposure to high levels of particulate matter and debris
- exposure to hazardous substances, such as mold and asbestos
- hazardous noise from the equipment used in the demolition work
- the proximity of the building or structure being demolished to other buildings or structures

These specific risks will be addressed in weekly JHA meetings with the demolition team to identify priority areas for mitigation and management

6.6. Asbestos Abatement

6.6.1. **Identification and Lab Testing**: Following the results of a Hazardous Materials Survey, if asbestos-containing materials (ACMs) and mold-contaminated surfaces have been found, samples should be taken to the closest available lab for testing. These samples will most likely be taken to a reputable lab in Georgetown for analysis. Work will only be allowed to proceed when the results have been determined.

6.6.2. **Risk Categories**: If it is determined that asbestos is present in any of the buildings in the Lethem compound, it is likely to be categorized as one of the following:

- **Friable ACM:** High-risk, unbonded, and crumbles easily. This ACM has deteriorated significantly, is readily accessible, and prone to further disturbance if left unsealed. This category will require full containment.
- **Non-friable ACM:** Lower risk – e.g., asbestos cement. This ACM shows no signs or very minor signs of damage/deterioration. Regular access to the ACM is unlikely to cause significant deterioration if the material is adequately sealed.

6.6.3. **Documentation**: All materials suspected of containing asbestos must be documented in the *Asbestos Register* (see annex for reference). Such materials are to be sampled and treated as asbestos until sample analysis confirms otherwise.

6.6.4. **Removal Protocol:** If asbestos has been determined to be in the buildings to be demolished, we will issue a procurement call for skilled and certified personnel to aid in the removal of the asbestos.

However, until the asbestos removal team is recruited, and in line with all available Codes of Practice, control measures will be implemented based on the level of risk of exposure to the materials at the site. For general purposes, the following information will be used as a guide when determining the correct control method for effective ACM management.

- If the ACM is friable and not in a stable condition, and there is a risk to health, it must be removed by a certified asbestos removalist as soon as practicable. None of our personnel will be permitted to remove or manage this category. If this is breached by any personnel, they will be disciplined as necessary.

- If the ACM is friable but is in a stable condition and is accessible, consideration should be given to its removal. If the removal is not immediately practicable, short-term control measures, such as sealing and enclosure, may be used until demolition is possible

- If the ACM is not friable and is in a good stable condition, then the ACM will be removed and double wrapped in plastic for appropriate disposal using appropriate controls.

  Removal will be the preferred control option because it removes the hazard from the building. However, the removal process does pose an increased risk to personnel engaged in the removal. As such, asbestos removal work is to be performed by a certified Asbestos Removal Specialist, with the appropriate license according to the type of ACM being removed. Asbestos removal work must be conducted in accordance with international best practices and EPA's Environmental Protection (Hazardous Waste Management) Regulations.

  Additionally, the hired Asbestos Removal Specialist must provide the CMEC Project Manager with a thorough *Asbestos Removal Control Plan* for our review. Details should include preparation plans, removal plans, site decontamination, and waste disposal.

6.7. Mold Contamination Management

6.7.1. **Risk Identification:** When the buildings are being inspected, special care should be taken to look in the following locations to determine the presence of mold -

- Damp wood framing, wooded buildings in general
- Walls behind and in the vicinity of HVAC units or plumbing centres
- Roofing and windowsills
- Closed cupboards, rooms and offices
- Chairs covered in synthetic moisture-holding fabrics

Similar to asbestos, mold samples can be taken to the lab to determine the type and species of the mold. However, clear visual observations can determine the presence of mold, which can trigger appropriate next steps to be taken towards its removal.

6.7.2. **Removal and Remediation**: The following steps will be taken to remove visible mold from buildings to be demolished

- Appropriate PPE for mold remediation will be sourced, which includes N95 or P100 respirators, goggles, disposable suits, and rubber gloves.
- Remove all porous mold-infected materials (e.g., wood, drywall, carpet)
- Clean semi-porous materials using HEPA vacuuming and biocidal treatment (e.g., hydrogen peroxide, quaternary ammonium compounds)
- Conduct final cleaning and drying using air movers and dehumidifiers
- Remove mold-contaminated wood separately and dispose of it as contaminated waste

6.8. Waste Management

For non-hazardous wastes such as concrete, bricks, ceramics, stones, metals, and wood generated during the demolition process, consider using some of them for temporary construction facilities and transporting the rest to government-designated landfills. Waste treatment follows the following steps and principles:
(1) Separate construction waste from hazardous waste and domestic waste;
(2) Obtain permission from the local government to dump waste and classify and manage waste in accordance with local government requirements (if applicable);
(3) Transport construction waste to designated locations at the specified time and route;
(4) The construction waste is sealed during transportation, and there is no leakage or spillage along the way;

6.9. Continuous Hospital Coordination

We will continually communicate our work schedule for the demolition exercise to the hospital's administration. As far as possible, we will carry out demolition activities during off-peak hours or coordinate with the hospital's administration for recommended operating hours. Additionally, throughout this exercise, we will not block the emergency access routes of the ambulance. If this is unavoidable, alternate exit and entrance routes will be considered in coordination with the hospital's administration. Throughout this activity, we will provide advance notice of noisy or disruptive activities to the hospital's administration and relevant community stakeholders.

7.0 Buildings Identified for Demolition

Outlined in the map below are the buildings identified to be demolished



Map 1: Buildings in the Lethem Hospital Compound identified to be demolished

SN	Building	Description	Note
1	Staff Quarters	Used for hospital staff.	It will be demolished, and the staff have already been relocated.
2	Staff Quarters	Used for hospital staff.	It will be demolished; the staff have already been relocated.
3	Staff Quarters	Used for hospital staff.	It will be demolished, and the staff have already been relocated.
4	Maternity Waiting Ward	Used for pregnant women.	It will be demolished; the new building has already been built.
5	Laundry / Kitchen	Used for washing and cooking for the patient	It will be demolished
6	Generator Room	Used for the backup power for the hospital	It will be demolished, and a new building will be built.
7	Oxygen Station	Used for the production of oxygen for the hospital	It will be demolished, and a new building will be built.
8	Staff Quarters	Used for hospital staff.	This will remain. The staff have already been relocated. It will be used for a temporary office during construction activities
9	Staff Quarters	Used for hospital staff.	This will remain. The staff have already been relocated. It will be used for a temporary office during construction activities

8.0 Post-Demolition Activities

After the demolition activities have been safely completed, the Lead Engineer, Site Supervisor, and HSE Manager must conduct a post-demolition walk-through exercise. This assessment will focus on the following items: -

- Site cleanup and final sweep
- Air and surface clearance testing for mold and asbestos
- Dismantling of containment zones and decon units
- Appropriate disposal and/or management of hazardous waste
- Final site walk-through of the site
- Submission of demolition close-out report to the Project Team

9.0 Documentation and Reporting

- Lab Reports (for asbestos and/or mold) if applicable
- Job Hazard Analysis (JHA)
- Asbestos Register
- Asbestos Removal Plan (if applicable)
- Demolition close-out Report

Asbestos Register

Assessment Details	**Name of Assessor/Competent Person**		**Areas not assessed and why**	
	Contact Details			
Related Documents				
Date of Identification	**Type of material identified**	**Friable or non-friable**	**Specific location**	**Additional Notes**

ANNEX 10: HAZARDOUS WASTE MANAGEMENT PLAN AND INVENTORY LIST

1. Introduction

This document establishes the protocols to be taken for the safe handling, storage, transportation, and disposal of hazardous waste generated during the construction of the Temporary Facilities and the Lethem Hospital, ensuring protection of human health and the environment. The guidance measures will comply with Guyana's Environmental Protection Act and related regulations.

2. Scope

This plan covers all phases of construction, including site preparation, demolition, building works, mechanical/electrical/plumbing (MEP) installation, and commissioning. It applies to all personnel and subcontractors on-site.

3. Objectives

This document focuses on the following objectives:

- The identification of hazardous waste on-site.
- Minimize the generation of HW through source reduction and substitution.
- Ensure safe storage, handling, and disposal of HW.
- Prevent the contamination of soil, groundwater, and surface water.
- Comply with all applicable legal and regulatory requirements.

4. Definitions

- **Decontamination** - The removal of hazardous substances from a location to the extent necessary to preclude the occurrence of foreseeable adverse health effects.
- **Hazardous Waste (HW) -** Waste with properties that make it dangerous or potentially harmful to human health or the environment (e.g., flammable, toxic, corrosive substances). Hazardous waste refers to any solid, liquid, or gaseous material that displays hazardous characteristics or is specifically listed as hazardous waste.
- **Incidental Release** - An incidental release is one that will not cause a health or safety hazard to employees and does not need to be cleaned up immediately to prevent death or serious injury to employees

- **(Material) Safety Data Sheet** – A SDS (formerly known as MSDS) includes information such as the properties of each chemical, the physical, health, and environmental health hazards; protective measures; and safety precautions for handling, storing, and transporting the chemical. It provides guidance for each specific chemical on things such as Personal Protective Equipment (PPE), first aid procedures and spill clean-up procedures
- **Uncontrolled release** - An uncontrolled release is the accidental release of a hazardous substance from its container. If not contained, stopped, and removed, the release would pose a hazard to the employees in the immediate area or in areas in the path of the release, or from its byproducts or its effects (such as toxic vapors, fire, over-pressurization, toxic gases, or toxic particulates.
- **Waste Generator -** Any entity and/or activity that produces hazardous waste.

5. Reference and Regulations

The Environmental Protection (Hazardous Wastes Management) Regulations, 2000, authorize the Environmental Protection Agency (EPA) to monitor HW and establish Guidelines for the proper disposal, treatment, storage, transport, and any other activity related to the handling of HW.

Additionally, the EPA defines hazardous waste as waste or a combination of waste that, because of its quantity, concentration, physical, chemical, or infectious characteristics, may pose a health hazard.

6. Roles and Responsibilities

Role	Responsibilities
Project Manager	Ensures compliance with this plan. Ensuring compliance by reinforcing with all personnel on the project about the importance of properly managing hazardous waste generated at the site
Site Engineer	Monitors waste generation and separation. Reducing hazardous waste quantities by reducing, reusing, recycling, and prudent procurement practices.
HSE Officer	Maintains hazardous waste inventory and coordinates disposal. Providing initial and refresher hazardous waste training as necessary. Ensure waste containers are appropriately labeled and in good repair.
Subcontractors	Must comply with the hazardous waste handling and reporting requirements. Completing required paperwork/notification to notify the HSE Officer that hazardous waste has been/will be generated and waste pickup services may be needed

7. Identification and Waste Classification

7.1. Identification: The categories listed below are further expanded with related examples in the ***Hazardous Waste Inventory List*** (in the Appendix) to ensure strategic management based on their properties. The following are most likely to be present in construction projects of this type. However, should any additional category be observed, it will be included in this list. Common categories may include:

- Paints and Solvents
- Used Oils, Lubricants and equipment maintenance substances
- Adhesives and Resins
- Batteries (Lead-acid, NiMH, Lithium)
- Fluorescent Tubes and Mercury-containing Lamps
- Aerosol Cans
- Contaminated PPE and Oil Rags
- Cleaning Chemicals and Detergent
- Empty Chemical Container
- Asbestos and Mold *(See Annex 9 – Demolition Plan for additional details)*

7.2. Classification

Hazardous waste is not always explicitly listed by its chemical name, but is often regulated as hazardous waste because it exhibits one or more hazardous characteristics. These four characteristics are ignitability, corrosivity, reactivity, and toxicity, and they will be used as the primary guiding categories for identifying hazardous substances at our work site.

Characteristic	Description
Ignitability	This applies to wastes that are: • Liquids with a flash point less than 140˚ F • Solids capable of spontaneous combustion under normal temperature and pressure • Oxidizing materials • Ignitable compressed gases Examples include ethanol, hydrogen gas, propane, acetylene, oil-based paints, and acetone
Corrosivity	This applies to wastes that are: • Aqueous solutions with a pH less than or equal to 2 or greater than or equal to 12.5 • This does not apply to solid or non-aqueous materials • Any liquid that corrodes steel at a rate greater than 0.25 inches a year. Examples include hydrochloric acid, nitric acid, and sodium hydroxide solutions
Reactivity	This applies to wastes that are: • Materials that react violently or generate toxic fumes when mixed with water • Materials that are generally unstable or explosive • Capable of detonation or explosive reaction if subjected to a strong initiating source or if heated under confinement

	Examples include sodium metal, reactive sulfides, potassium cyanide, and picric acid
Toxicity	This applies to wastes that: • Have the potential to contaminate groundwater if improperly disposed • These materials are regulated as hazardous waste due to their potential to leach out specific toxic substances Examples include certain heavy metals, pesticides, and organic compounds

8. Storage and Labelling

8.1. General Storage: All hazardous waste will be stored in designated, bunded, weatherproof areas with spill containment. Incompatible waste must be stored separately (e.g., acids vs. alkalis). The containers selected for storage must be:

- In good condition
- Compatible with the waste being stored (review the label and SDS for guidance)
- Kept closed at all times except when filling
- Labeled with a 'Hazardous Waste' label that clearly indicates contents, applicable hazard symbols, and the accumulation start date *(see image below for an example)*. For used oil containers and tanks, label with the words 'USED OIL'.



- Use an appropriate pencil, pen or marker to fill the label if the generated waste dissolves ink.
- Stored inside secondary containment bins (110% of the largest container)
    - Must be contained in 'Restricted Access' areas. To the extent possible, ensure that all hazardous substances can be safely stored in a well-ventilated, dry area.

8.2. Selecting a Container:

- The proper drum, tank or tote must be selected for the accumulation of each unique waste stream.
- When necessary, waste will be accumulated in an appropriate container compatible with the waste.
- Containers that are designed for solid substances should not be used for storing liquids. Something that isn't stored correctly could leak or corrode the containers
- Use only containers that show no sign of damage or deterioration.
- The lids of waste containers should be removed only when waste is being added to the container.
- We will use funnels, when necessary, for adding waste frequently to waste containers.
- If waste accumulates in containers greater than 5 gallons in volume, ensure the drums used to accumulate the waste are in good condition and are approved by the EPA
- Do not completely fill the containers. Each container must have at least one inch of headspace above the waste when it is collected. Waste containers should not be filled with more than 90% of the container's total volume.
- Request for waste collection must be made ahead of time to avoid overfilling containers, which may lead to spillage
- A Spill kit will be located near the area where the hazardous substances are stored.

9. Hazardous Waste Handling

Only **trained personnel** may handle hazardous waste. The HSE Officer is responsible for conducting and/or organizing the necessary training to ensure the safe handling of hazardous waste by designated personnel. Additionally, the following steps must be included to ensure proper handling:

- **Spill kits** and **fire extinguishers** must be available at storage locations.
- PPE such as gloves, goggles, and respirators shall be worn as appropriate.
- Transport must comply with local hazardous material transport regulations.
- Disposal must be coordinated with EPA-approved hazardous waste transporters and disposal facilities
- The Town Council will be consulted on the movement of hazardous waste to and from the hospital to ensure appropriate routes are used and correct disposal is conducted.

10. Hazardous Waste Management and Minimization

We will commit to developing and implementing a *Waste Minimization Strategy*, which will help to reduce the volume of hazardous waste generated at the site through the various phases of the project. This shall be done through the following approaches

- Practicing the concept of Source Reduction by ordering the smallest quantities of materials required for your use.
- Keeping an accurate inventory of hazardous substances/materials in use and in storage to reference to avoid unnecessary purchasing.
- Substitute hazardous chemicals with non-hazardous chemicals whenever possible.

11. Emergency Response Preparedness

- Considerations for Spill Response Management are in place and have been outlined in *Annex 3A - Emergency Response Plan.*
- Physical and electronic copies of safety data sheets will always be available for easy reference for appropriate emergency management per substance

12. Monitoring and Recording

- The HSE Officer will maintain an active **Hazardous Waste Register (Annex 10A).**
- Monthly inspections of waste storage areas will be conducted by the HSE Officer and the Site Engineer
- Records of waste generation, transport, and disposal will be kept on file for **at least 5 years.**

13. References

- The Environmental Protection Agency, Guyana – EIT Division, **Hazardous Waste Information Brochure**, year not stated
  - https://epaguyana.org/wp-content/uploads/2022/12/Hazardous-Waste-Information.pdf
- San Bernardino Valley College, **Hazardous Waste Management Plan**, May 2024.
  - https://sbccd.edu/district-services/safety-risk-management/safety-programs/documents/sbccd-hazardous-waste-management-plan-2024.pdf
- Carleton – Department of Environmental Health and Safety, **Hazardous Waste Management Plan**, 18/September/2023
  - https://carleton-wp-production.s3.amazonaws.com/uploads/sites/160/2023/09/Hazardous-Waste-Management-Plan-092023-Combined.pdf
- IOWA Environmental, Health and Safety**, Safety Data Sheets**, 2024
  - https://ehs.research.uiowa.edu/chemical/safety-data-sheets-sdss

14. Hazardous Waste Inventory List

Waste Type	Likely Source	Hazard	Estimated Volume	Container Type	Disposal Method
Paints & Thinners	Wall painting, coatings	Flammable, VOC	TBD	TBD	EPA-certified disposal
Adhesives/Resins	Tile and HVAC works	Irritant, toxic	TBD	Metal cans	TBD
Used Oil	Generators, equipment	Toxic, flammable	TBD	Oil-safe drums	Recycling / licensed disposal
Grease & Lubricants	Mechanical works	Toxic	TBD	Plastic drums	EPA-certified disposal
Batteries	Power tools, mechanical works	Corrosive, toxic	TBD	TBD	Special collection / recycling
Fluorescent Tubes	Lighting	Mercury content	TBD	TBD	TBD
Aerosol Cans	Sprays, foams	Pressurized, flammable	TBD	Metal drum	TBD
Contaminated Rags	General mechanical works	Toxic, combustible	TBD	Plastic drums	Incineration
Cleaning Chemicals	Janitorial, surface prep	Corrosive, toxic	TBD	Original containers	Regular disposal
Empty Chemical Containers	Solvents, cleaners	Residual toxicity	TBD	TBD	Triple rinse & recycle/dispose
Asbestos and Mold	The internal structures of old buildings	Irritant, toxic	TBD	TBD	EPA-certified disposal

*TBD – To be determined

ANNEX 11A: GRIEVANCE REDRESS MANAGEMENT - WORKERS

GRIEVANCE PROCESS: WORKERS

Following good international practice, the project has developed and will implement a Grievance Mechanism to outline its approach to accepting, assessing, communicating, resolving and monitoring grievances from the project's workers.

The Workers Grievance mechanism has the following objectives:

- To provide a simple, fair, and transparent process for all workers to submit feedback, and to raise grievances. This shall result in outcomes that are fair, effective, and lasting.
- To provide a simple process for project managers to address issues and concerns raised by workers in a methodical and timely manner.
- To demonstrate responsibility for the wellbeing of workers.
- To build trust and goodwill between project workers and management staff
- To enable the systematic identification of emerging issues and trends, facilitating corrective and pre-emptive engagement.

In this regard, the grievance mechanism framework seeks to provide workers with a chance to submit feedback, comments, and/or grievances during the course of their employment with the project. It will be important to ensure the GRM is available in the language of the workers (Chinese, English etc). The project's grievance management process will follow the subsequent steps:

Step I: Record Received Grievances and comments – all input received through the engagement process should be recorded via meeting records and/or a grievance log. The project will designate a project lead who will be responsible for logging grievances.

Step II: Generate Responses – the grievance management team (a party of three) comprising of the site manager, supervisors, and a neutral/impartial party preferably chosen from amongst workers or the community (to ensure neutrality) will review grievances and generate comments at each phase of engagement. The project team will address grievances received within the allotted timeframe or immediately, depending on the nature of the complaint.

Step III: Communicate Responses- The grievance management team will communicate responses to the affected worker or workers. All opinions and concerns noted during by workers will be recorded by the grievance management team and a summary of the feedback and comments will be maintained.

Step IV: Grievance Appeal- if workers are dissatisfied with the final decision communicated about the grievance raised, workers may escalate their grievance to senior management of the project, who will determine whether the decision on a particular grievance should be reconsidered taking into consideration legislation, education, training, and technological changes. Further, escalation could be raised to the level of the Ministry of Health Project Implementation Unit (PIU), further to the Ministry of Labour as the penultimate medium of adjudication and finally the courts if a resolution is not forthcoming.

GRIEVANCE ESCALATION TIMEFRAMES

- **Tier 1:** seven (7) working days. If a grievance is not resolved by the project team within Fourteen (14) working days, it is moved to Tier two.
- **Tier 2**: The Ministry of Health will seek to resolve grievances within thirty (30) working days, if a grievance is not resolved within this timeframe, it is then escalated to tier three.
- **Tier 3**: A grievance that is not resolved within thirty (30) working days, enters tier three. The timelines in this tier may vary dependent on institutional or legal resolutions enforced.

MODES OF COMMUNICATION

The following means of communication will be available to workers throughout the course of their employment

Primary Communication Workers weekly meetings: weekly workers meetings will be the primary mode of communication between the management team and workers; these will be conducted routinely throughout the construction phase of the project.
As well as one-on-one meetings by affected staff with members of the management team

Secondary Communication: A designated email(s) and/ or telephone number(s) will be made available to workers. In addition, the project will designate a focal point person (s) through whom aggrieved workers should contact to report grievances. Boxes will be provided on site at the Contractor's site office for grievances to be received.Focal points for the GRM are identified in the Table below.

PARTY	REPRESENTATIVE	CONTACT		
		OFFICE	TELEPHONE	EMAIL
Project Execution Unit – Ministry of Health	Project Coordinator	Ministry of Health Lot 1 Brickdam, Stabroek, Georgetown, Guyana	225-0007	projectcoordinator@gmail.com
	Environmental and Social Specialist		225-0010	ess.hsdu@gmail.com
National Health Hotline – Ministry of Health	Coordinator		227-4357	Not available
Supervisory Firm	Team Lead / FIDIC Engineer	Section "L" Lot A279 Sheriff and John Smith Sts., Georgetown, Guyana	706-1075	kimnath@gmail.com
Contractor	Contractor's Representative	4630 Parcel 115 Providence East Bank Demerara Georgetown	633-6336	engineerwatson@gmail.com
	Site Supervisor	Lethem Hospital Compound	724-3999	lethem.hospital.01@gmail.com
IDB	Operations	Lot 47 High Street, Georgetown, Guyana	225-7951 / 225-7950 / +1 (202) 826-3705	IDBGuyana@iadb.org / quejas@iadb.org

The Grievance Mechanism framework stipulates the need for the following:
Training – those who are responsible for addressing grievances must have detailed knowledge on how the project's grievance mechanism works and who to speak with for each category of issues. For example,

environmental issues, Occupational Health and Safety, social issues such as adequacy of accommodation, a social team lead, engineering issues- Site engineering team lead.

Record Keeping – all aspects of the grievance management process must be comprehensively documented, and accurate records should be maintained.

Reporting - the project team will compile information relating to engagement activities as appropriate for reporting purposes. The project will decide how often it will report on the various aspects of the project elements.

Review - the grievance mechanism framework will be periodically audited and / or reviewed by the project's senior management, and the client to determine its accuracy and relevance with project expectations and changes.

Monitoring and Reporting human health and Environmental monitoring should be undertaken by qualified social and environmental personnel, using the socio-environmental baseline to guide analysis of current and future changes within the socio-environmental space. The level of monitoring will be informed by the level of activity and inactivity of the project in addressing and / or remedying workers grievances. The following Monitoring Checklist (seen below) provides an initial outline of key performance monitoring indicators that can be used to monitor the workers situation during the construction phase of the project.

The Monitoring process will entail a two-pronged approach where the monitor will check contractor site records, and secondly, speak with management and workers. Monitoring visits can be conducted weekly by appointed personnel (for example a Social Specialist).

Information Management- every meeting and interaction related to worker engagements should be recorded by the project team through the following mediums:

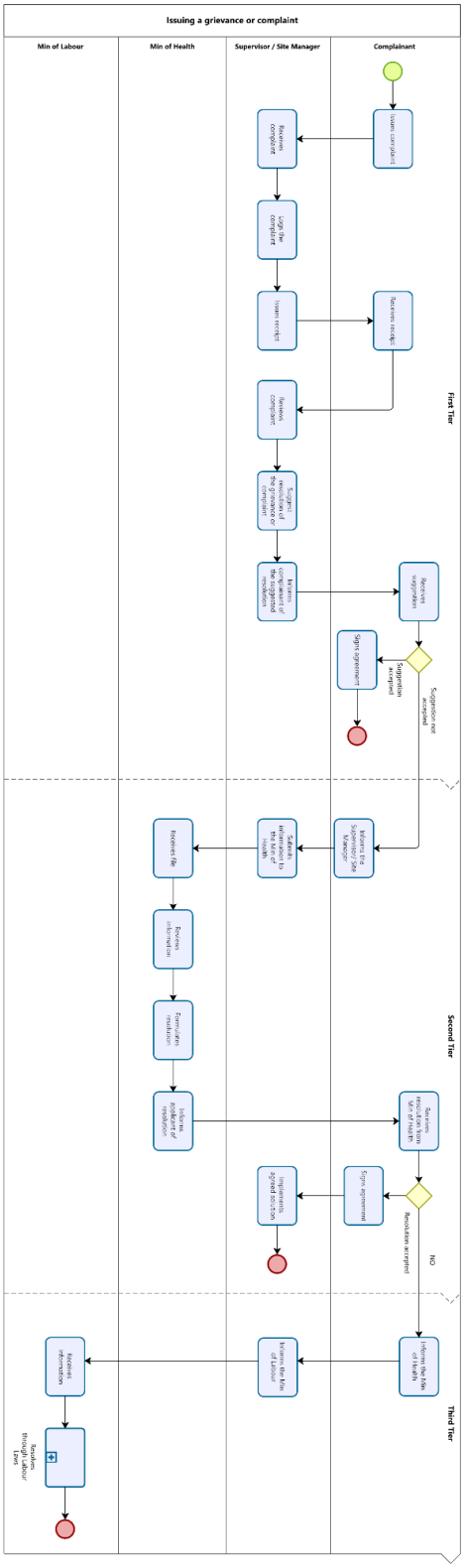
- Grievance Mechanism log (entered a manual or computer-based Grievance Log system).
- Minutes of all meetings.
- Monthly/ quarterly reports

MONITORING CHECKLIST

- Worker accommodation
- Meals
- Sanitary conditions
- Labour Practices
- Discriminatory practices,
- Safety Conditions
- Appropriate resources
- Violence, Harassment and Intimidation
- Renumeration
- Overtime
- Resolution of workers' issues
- Forced Labour
- Communication
- Freedom of Movement
- Child Labour
- Worker-employer relationship

- Compliance with National Laws
- Protection of workers
- Freedom of Association and Collective Bargaining

Diagram Grievance Model



ANNEX 11B: GRIEVANCE REDRESS REPORT FORM

Worker Information (Optional)	
Name	
Employee ID	
Position	
Contact Number	
Nationality	
Supervisor's Name /Manager's Name	
Grievance Details	
Type of Grievance (tick all that apply)	
Health & Safety concern	
Work condition	
Discrimination or harassment	
Wage/payment issue	
Supervisor/management behavior	
Facilities (water, sanitation, housing, etc.)	
Other (please specify)	
Grievance Description	
(Please describe the issue in detail. Include who was involved, where, and when it occurred, and any witnesses)	
What steps, if any (short and/or long term), have been taken to resolve the issue?	
Root Cause of the reported issue	

Report received by	
Date Received	
Report investigated by	
Official action to be taken by Management	
Date of Resolution	
Signature of Responsible Officer	

ANNEX 12: STAKEHOLDER ENGAGEMENT PLAN

1. INTRODUCTION

This Stakeholder Engagement Plan (SEP) has been prepared by _____, as part of the Environmental and Socio-Cultural Impact Assessment (ESCIA) for the proposed Health Care Network Strengthening in Guyana Project (referred to as the Project). The SEP outlines the engagement process to be undertaken as part of the ESCIA. This SEP will be updated and refined by the project team as necessary throughout the life cycle of the project.

2. PURPOSE OF THE STAKEHOLDER ENGAGEMENT PLAN

The overall purpose of the SEP is to ensure that a consistent, comprehensive, and coordinated approach is taken to stakeholder engagement and project disclosure throughout the project. It is further intended to demonstrate the commitment of the project to an 'international good practice' approach to stakeholder engagement. The project team is committed to full compliance with all Guyanese regulations including ESIA regulations, as well as aligning to international standards such as the International Development Bank's Environment and Social Policy Standards (ESPS).

In keeping with good international practice, the SEP aims to ensure that stakeholder engagements are conducted in a timely and relevant manner, providing pertinent and accessible information. In this regard, the SEP seeks to ensure that stakeholders are given sufficient opportunity to express their opinions and concerns, and that these concerns receive adequate consideration in project decisions. The SEP provides the project's approach to stakeholder engagement, showing how this will be integrated into the rest of the ESCIA process and throughout the project. It identifies the main categories of stakeholders and how they will be included in the ESCIA process; it also identifies the ways to document engagement undertaken throughout the project life cycle.

3. OBJECTIVES OF STAKEHOLDER ENGAGEMENT

The project's stakeholder engagement plan has four principal objectives for engaging stakeholders during the ESCIA process, these are:

- **Ensuring Understanding**: to foster an open, inclusive, and transparent process of dialogue/ communication and information sharing in a culturally appropriate manner; recognizing that various categories of stakeholders require specific forms of communication. Further through this process, the project will seek to ensure that stakeholders are well informed about the proposed development. Information will be disclosed as early and as comprehensively as possible.

- **Involving Stakeholders in the Assessment:** To garner stakeholder views in the scoping of issues, the assessment of impacts, and management/mitigation measures. Stakeholders will be able to provide their input by detailing local knowledge and information for the socio-cultural baseline thus informing the socio-cultural impact assessment.

- **Managing Expectations:** It is important to ensure that the proposed Project does not create or allow unrealistic expectations to develop amongst stakeholders about potential Project benefits. The engagement process will serve as a mechanism for understanding and managing stakeholders' and community expectations by disseminating accurate information in a relatable and understandable manner.

- **Ensuring Compliance**: The process is designed to ensure compliance with local regulatory requirements and good international practice. In addition to building good social relationships as a good practice of socially responsible projects.

4. STRUCTURE OF THE SOCIAL ENGAGEMENT PLAN

The Social Engagement Plan is organized in the following subsequent chapters:

- Section 1 - outlines the national legislation and international policies that govern stakeholder engagement for the ESCIA
- Section 2 - provides the overall project approach to stakeholder engagement.
- Section 3 - describes the stakeholder engagement process to be undertaken
- Section 4 - outlines the Grievance mechanism that will be used for the project
- Section 5 - presents an overview of how records of the process will be kept and monitored.

5. KEY STANDARDS AND LEGISLATION GUIDING STAKEHOLDER ENGAGEMENT

The stakeholder engagement plan has been prepared to ensure compliance with Guyanese legislative requirements, as well as international good practice as defined by the International Development Bank.

This section presents the relevant Guyanese legislation and international standards that will guide the project's stakeholder engagements.

5.1. GUYANESE LEGISLATIVE REQUIREMENTS

5.1.1. ENVIRONMENTAL PROTECTION ACT- CHAPTER 20:05

The Environmental Protection Act, as Guyana's principal environmental provision, is aimed at protecting Guyana's natural environment and fostering the sustainable management of natural resources.

Particularly Sections 9 (a) and (b) of the Fifth Schedule stipulate:
(9) (a) During the course of the EIA the developer and the person carrying out the EIA shall consult members of the public, interested bodies, and organizations.

9(b) Provide members of the public on request, and at no time more than the reasonable cost of photocopying, copies of information obtained for the purpose of the Environmental Impact Assessment.

Section 10 of the ACT stipulates:
"After the ESIA process is complete the Developer will publish in at least one daily newspaper confirming that the Environmental Impact Assessment and Environmental Impact Statement have been submitted to the Agency; and members of the public have sixty (60) days from the date of publication of such notice to make such submissions to the Agency as they consider appropriate".

Further Section 13 promulgates:
The developer shall have an obligation to comply with any directions by the Agency where compliance with such directions are necessary for the implementation of any obligation of Guyana under any treaty or international law relating to Environmental Protection.

During the ESIA stage, the key objective of stakeholder engagements is to enable the production of a comprehensive assessment of potential impacts which would inform the preparation of the Final ESIA report and Environmental Impact Statement to be submitted to the Environmental Protection Agency, for the Agency and other stakeholders to review, evaluate, and provide recommendations.

Based on the Agency's evaluation the Agency will approve or reject the project after taking into account the views expressed during the consultations under Section 11(9) as well as the environmental impact assessment and environmental impact statement.

The Guyanese legislative text states that various techniques can be employed for engagement, including:

- Public consultation
- Newspaper advertisements
- Written reports are available publicly
- Public hearings

5.1.2. NATIONAL PLAN

The key National Plan relevant to the project, which outlines, covers, and guides the SEP process, is as follows:
The Stakeholder Engagement Manual (2023): developed by EPA Guyana in 2022 and last updated in 2023, titled *"Meaningful Stakeholder Engagement for Projects Requiring Environmental Authorisation,"* is a guide to effective public participation for developmental projects in Guyana.

The five (5) sections in the manual elaborate on key areas relative to stakeholder engagement for development projects requiring Environmental Authorisation in Guyana, these are:

- Section 1: The Environmental Authorisation Process
- Section 2: Understanding the Stakeholder Engagement
- Section 3: The Stakeholder Engagement Process
- Section 4: Engaging Amerindian Communities
- Section 5: Stakeholder Engagement in Guyana- Looking Ahead!

The manual further indicates to developers that applications outlined therein can be adjusted and applied where necessary to provide the best results (EPA Guyana, 2023).

- **Town and Council Planning Act – Chapter 20:01**

An act to make provision for the orderly and progressive development of land, cities, towns and other areas, whether urban or rural, to preserve and improve the amenities thereof, and for other matters connected therewith.

- **Municipal and District Councils Act- Chapter 28:01**

Chapter 28:01, an Act to make better provision for local government in the city of Georgetown and the town of New Amsterdam and in other areas of Guyana

- **Amerindian Act- Act No. 6, 2006**

An Act to provide for the recognition and protection of the collective rights of Amerindian Villages and Communities; the granting of land to Amerindian Villages and Communities and the promotion of Good Governance within Amerindian Villages and Communities.

5.2. INTERNATIONAL STANDARDS

This stakeholder engagement plan will also be informed by the Inter-American Development Bank's Environment and Social Policy Standards (ESPS) for community engagement.

5.2.1. ENVIRONMENT AND SOCIAL POLICY STANDARDS (ESPS)

The IDB's Sustainability framework comprises IDB's Environmental and Social Performance Standards (ESPS) and its Environmental *and Social Policy Framework* (ESPF). The framework articulates the Bank's strategic commitment to sustainable development and is an integral part of IDB's approach to risk management, transparency and good governance in its operations. Simultaneously it also provides a framework for governments, businesses, and project developers to avoid, mitigate, and manage risks and impacts as a means of doing business in a sustainable way, including stakeholder engagement and disclosure obligations in relation to project activities.

The ESPS comprises ten (10) standards. The standards address:

- Standard 1: Assessment and Management of Environmental and Social Risks and Impacts
- Standard 2: Labour and Working Conditions
- Standard 3: Resource Efficiency and Pollution Prevention
- Standard 4: Disaster Risk
- Standard 5: Land Acquisition and Involuntary Resettlement
- Standard 6: Biodiversity and Living Natural Resource Management
- Standard 7: Indigenous Peoples
- Standard 9: Gender Equality
- Standard 10: Stakeholder Engagement and Information Disclosure [1]

Performance Standard 2 Labour and Working Conditions

ESPS 2 recognizes that the pursuit of economic growth through employment creation and income generation should be accompanied by the protection of the fundamental rights of workers. The workforce is a valuable asset, and a sound worker-employer relationship is a key ingredient in the sustainability of any endeavor. Failure to establish and foster a sound worker-employer relationship can undermine worker commitment and retention and can jeopardize a project. Conversely, through a constructive worker-employer relationship, and by treating workers fairly and providing them with safe and healthy working conditions.

This ESPS is guided by a number of international conventions and instruments, including those of the International Labour Organisation (ILO) and the United Nations (UN).

Performance Standard 7- Indigenous Peoples

ESPS 7 recognizes that Indigenous Peoples as distinct social and cultural peoples, are often among the most marginalized and vulnerable segments of the population. In many cases, their economic, social, and legal status limits their capacity to defend their rights to, and interests in, lands and natural and cultural resources, and may restrict their ability to participate in and benefit from development that is in accordance with their worldview.

Projects will respect and take into account the rights of Indigenous Peoples and individuals as contained in applicable legal obligations and commitments, which include pertinent national legislation, applicable international law, or in indigenous legal systems. Indigenous legal systems a

[1] IBD ESPS Guidelines Document, (2021) English Version

In the absence of such laws, indigenous systems will be recognized if they are not inconsistent with applicable national legislation and international laws.

Performance Standard 8 Cultural Heritage

ESPS 8 recognizes the importance of cultural heritage for current and future generations. Consistent with the Convention Concerning the Protection of the World Cultural and Natural Heritage, this ESPS aims to ensure that projects protect cultural heritage in the course of their project activities. In addition, the requirements of this ESPS with respect to a project's use of cultural heritage are based in part on standards set by the Convention on Biological Diversity. In addition to complying with applicable laws on the protection of cultural heritage, including the national law implementing the host country's obligations under the Convention Concerning the Protection of the World Cultural and Natural Heritage, the project will identify and protect cultural heritage by ensuring that internationally recognized practices for protection, field-based study, and documentation of cultural heritage are implemented.

Performance Standard 9 – Gender Equality

This ESPS aims at identifying potential gender-based risks and impacts and introducing effective measures to avoid, prevent, or mitigate such risks and impacts, thereby eliminating the possibility of reinforcement of pre-existing inequalities or creating new ones. For purposes of this ESPS, affirmative action specifically aimed at closing existing gender gaps, meeting specific gender-based needs, or ensuring the participation of people of all genders in consultations will not constitute discrimination or exclusion.

This ESPS pays close attention to how gender inequalities interact with other inequalities such as socioeconomic, ethnic, racial, disability, sexual minorities and other factors, and how this intersectionality may exacerbate barriers to accessing project benefits, limit the ability to deal with negative project impacts, and create other vulnerabilities.

Performance Standard 10 Stakeholder Engagement and Information Disclosure

ESPS 10 recognizes the importance of open and transparent engagement between the Borrower and stakeholders, especially project-affected people, as a key element that can improve the environmental and social sustainability of projects, enhance project acceptance, and contribute significantly to the project's successful development and implementation. This ESPS is consistent with the objective of implementing the rights of access to environmental information, public participation in environmental decision-making processes, and access to justice in environmental matters.

It is an integral part of early project decisions about the assessment, management, and monitoring of environmental and social risks and impacts.

This ESPS must be read in conjunction with ESPS 1 and ESPS 9. Specific requirements regarding engagement with workers are found in ESPS 2. In the case of projects, Indigenous Peoples, or cultural heritage, the Borrower will also apply the specific disclosure and consultation requirements set out in ESPSs 7 and 8, respectively.

Grievance Management is also part of the stakeholder engagement process. Through a sound grievance mechanism, the project is obligated to respond to questions, concerns, and grievances of affected stakeholders related to the project's environmental and social performance in a timely manner. For this purpose, the project will propose and implement a grievance mechanism to receive and facilitate the resolution of concerns and grievances. The grievance mechanism to be provided under this ESPS may be utilized as the grievance mechanism required under other ESPSs for

example, ESPSs 5 and 7. However, the grievance mechanism for project workers required under ESPS 2 will be provided separately.
The grievance mechanism should be proportionate to the potential risks and impacts of the project and should be accessible and inclusive. Where feasible and suitable for the project, the grievance mechanism should utilize existing formal or informal grievance mechanisms, supplemented as needed with project-specific arrangements.

Free Prior and Informed Consent

The Declaration on the Rights of Indigenous Peoples requires States to consult and cooperate in good faith with the Indigenous Peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them.
Consultation and participation are crucial components of a consent process. States must have consent as the objective of consultation before any of the following actions are taken:
The adoption of legislation or administrative policies that affect Indigenous Peoples (article 19);

- The undertaking of projects that affect Indigenous Peoples' rights to land, territory and resources, including mining and other utilization or exploitation of resources (article 32);
- The relocation of Indigenous Peoples from their lands or territories (article 10);
- The storage or disposal of hazardous materials on Indigenous Peoples' lands or territories (article 29);

Furthermore, Indigenous Peoples who have unwillingly lost possession of their lands, when those lands have been "confiscated, taken, occupied or damaged without their free, prior and informed consent," are entitled to restitution or other appropriate redress (article 28).

What is the exact meaning of free, prior, and informed consent?

- Free implies that there is no coercion, intimidation or manipulation.
- Prior implies that consent is to be sought sufficiently in advance of any authorization or commencement of activities, and respect is shown to the time requirements of indigenous consultation/consensus processes.
- Informed implies that information is provided that covers a range of aspects, including the nature, size, pace, reversibility and scope of any proposed project or activity; the purpose of the project as well as its duration; locality and areas affected; a preliminary assessment of the likely economic, social, cultural and environmental impact, including potential risks; personnel likely to be involved in the execution of the project; and procedures the project may entail.[2]

6. Stakeholder Engagement Consultations

Stakeholder consultations are a key mechanism used by bureaucratic and legislative decision-makers to actively engage citizens and interest groups in the design, formulation, and evaluation of public policies and legislation. Consultations allow policymakers to gather expert and policy-relevant information about the feasibility of policy options, to hear stakeholders' preferences regarding policy outcomes, and to evaluate the implementation and socio-economic impact of policy measures. Consultations are a key source of policy input and feedback. They constitute a trademark of better regulation measures and are a key component of legitimate, accountable, and responsive democratic

[2] https://www.ohchr.org/en/indigenous-peoples/consultation-and-free-prior-and-informed-consent-fpic#:~:text=What%20is%20the%20exact%20meaning,procedures%20the%20project%20may%20entail.

governments. [3]

To ensure the participation and inclusion of interested stakeholders, the project's stakeholder consultation approach will comprise a participatory approach, positioning community members as key informants through the use of Key Informant Interviews and Focus Group Discussions. This approach is informed and driven by communities' rights, knowledge, experiences, and expectations, through meaningful participation in assessment, design, and decision-making. This approach aligns with both the projects and the Bank's emphasis on community inclusion in development and governance in indigenous communities.

As a first step in the process, the project will identify key stakeholders and thereafter conduct stakeholder consultation meetings, inclusive of Key Informant Interviews (KIIs) and the Focus Group Discussions (FGDs). Focus Groups are essential tools for qualitative research, which help to gain insights into the collective views of the participants and at the same time, help get a clear understanding of their feelings, beliefs, attitudes, reactions, and perceptions about an issue at hand. Through the use of carefully crafted questions, a trained moderator will extract critically emergent information to inform the assessment process.[4]

The target population for the Health Care Network Strengthening in Guyana Project comprised residents from the five regional subdistricts, which are made up of fifty-eight (58) villages and representatives of regional governance agencies. The consultation entailed a participatory community approach. The approach utilised convenience sampling, which is classified as a non-probability sampling technique. key informants and members of the focus groups were specifically chosen because of their ability to provide pertinent information to the project.

A total of _____ key informant interviews (KIIs)and five (5) focus group discussions (FGDs) were administered within the project area. The primary data collection period for the social baseline commenced on April 14, 2025 and concluded on _____. (See interview questions in the Appendix).

6.1. APPROACH TO STAKEHOLDER ENGAGEMENT

A two-step approach for stakeholder engagement is suggested, which includes the following:

- Engagement with key stakeholders and authorities to disclose important project details pertaining to the process, project scope, potential impacts, and stakeholder engagement process.

- Engagement with project-affected stakeholders to discuss project scope, impacts, grievance mechanisms, and garner their input.

The following table illustrates the key stakeholder groups that have been preliminary identified.

[3] https://link.springer.com/referenceworkentry/10.1007/978-3-030-13895-0_59-1

[4] https://www.ijrrjournal.com/IJRR_Vol.11_Issue.9_Sep2024/IJRR32.pdf

Stakeholder Categories	Stakeholder Groups / Level	Stakeholders
Government	Regional and local government	Regional Democratic Council District Councils Municipality of Lethem Ministry of Amerindian Affairs Guyana Police Force Lethem Regional Hospital Ministry of Education National Trust of Guyana Lethem Power Company / Hinterland Electrification Company Inc. Guyana Water Incorporated Hinterland Unit GECOM Ministry of Human Services and Social Protection Guyana Fire Service
Main Project Parties	Project Implementation parties	
Directly Affected stakeholders and project affected people	Community members, including men, women, youth, local businesses, interest groups, NGOs, and CSOs	Affected individuals Youth Groups Rupununi Chamber of Commerce Advocacy Groups (NGOs, CSOs, and Interest groups). Tourism Groups Women's Groups Brazilian Authorities

6.2. STAKEHOLDER IDENTIFICATION AND ENGAGEMENT METHODOLOGY

● **Sampling approach and recruitment of participants**

The project utilized purposive sampling in the selection of FGDs, and KII participants. All participants were chosen based on established criteria (e.g., their roles, knowledge, availability, and relevance to the Assessment). The Project collaborated with stakeholders including representatives of women and youth participants in its data collection activities.

● **Data Analysis**

The data emerging from the focus group and key informant interviews will be analysed using an inductive theme approach. In this method, the data is first transcribed, then the researcher conducts open coding to extract thematic constructs from the discussions. The data is presented textually.

6.3. STAKEHOLDER IDENTIFICATION

Stakeholder identification and analysis is an essential component of effective and meaningful stakeholder engagement activities. The objective of this action is to provide a general overview of all stakeholders.

6.4. PLANNED STAKEHOLDER ENGAGEMENT ACTIVITIES: INITIAL ENGAGEMENT

An inception meeting will be organized to inform the key project stakeholders identified as regional and local government officials about the project scope. The meeting will introduce the project, its principals; disclose project particulars; provide room for answering questions and key concerns; inform the further identification of project stakeholders and garner recommendations on proposed dates and times for community engagement activities. The proposed meeting dates and content of the meetings to be held are presented in the table below:

Table #. Proposed meeting Schedule

Date of Meeting	Site	Content	Attendees
May 2025	RDC Boardroom, Lethem	Scoping meeting Brief key stakeholders on the project, obtain information on additional stakeholders we should be meeting, and early scoping of any particular issues that should be noted in the project area. Communication mechanism Project timelines Project Expectations Community Expectations Managing expectations Issues / Perceptions about the project Cultural Heritage (Access, Storage of Construction materials) Safety of Children and Hospital Patients	**Regional Democratic Councils** Lethem **District Councils** South Pakaraimas North Deep South Central South Central **Other Government Agencies** Lethem Power Company Guyana Water Incorporated Guyana Police Force Ministry of Health Ministry of Education National Trust of Guyana **Private Sector Agencies** Rupununi Chamber of Commerce Digicel Guyana Telephone and Telegraph Company Visit Rupununi

PROPOSED KEY ITEMS TO BE DISCUSSED AT STAKEHOLDER ENGAGEMENTS INCLUDE:

- Communication mechanism
- Project timelines
- Project Expectations
- Community Expectations
- Managing expectations
- Issues / Perceptions about the project
- Cultural Heritage
- Livelihood
- Safety of Students and hospital patients
- Establishment of Worker's Camps
- Language barriers between project proponents and local community
- Grievance Mechanism
- Disclosure of Documents and Where to find them (MoH website and IDB project information portal)

Public Consultations and Disclosures

Stakeholder Engagement meetings were organised to inform key project stakeholders about the development project. The meetings outlined the project, introduced the project representatives; disclosed project particulars; provided room for answering questions and key concerns; informed further identification of stakeholders and garnered recommendations on dates and times for community engagement activities.

Documents will be made available via links to be provided for stakeholder access throughout the project.

Design Phase of the Project

The agenda/key items discussed during the design phase stakeholder meetings are as follows:

- Scope of the project
- Project Context
- Technical and baseline needs of the project
- Stakeholder Expectations
- Identification of stakeholder issues
- Next steps

***Please refer to Appendices# for a copy of the Meeting Agenda*

Documentation of Consultation Activities (Design Phase)

The key issues documented and identified during the consultation meetings (Design Phase) are as follows:

Table: Key Community Issues Documented

Keys Issues Identified	Responses by Project Representatives
• **Availability of Trained health personnel** • **Availability of requisite equipment for conducting Xray's** • **Adequate facilities to accommodate children, for example playrooms/ waiting rooms for children while parents consult with the doctor**	----

Please refer to Appendices for the Inception Meeting Minutes _____April

Minutes of the meetings and supporting photographs will be provided within the ESIA report.

Meeting	Date	Venue	Stakeholders
1.	April 14, 2025	Regional Chairman's Office	Regional Chairman
2.	April 14, 2025	Regional Education Officer's Office	Regional Education Officer
3.	April 14, 2025	Regional Health Officer's Office	Regional Health Officer
4.	April 14, 2025	Lethem Regional Police Headquarters	Deputy Commander of Police
5.	April 14, 2025	Visit Rupununi Office, Lethem	Program Manager Visit Rupununi
6.	April 14, 2025	Women's Hub Office	Women's Hub
7.	April 14, 2025	Telephone interview	Rupununi Chamber of Commerce
8.	April 14, 2025	Culvert City Football Ground	Head Coach and the Youth Football Team
9.	15 April, 2025	Office of the Town Clerk	Town Clerk

Consultant's General Overview of the Meetings
The first scoping meeting of the project was conducted on _____. The meeting aimed to:

- introduce the project to key project stakeholders.
- appraise stakeholders of the scope of the project,
- listening to any concerns stakeholders may have about the project,
- managing stakeholders' expectations of the project and
- foster a partnership amongst key stakeholders and the consulting team.

Summary of meeting

- The meetings were all positive, the stakeholders highlighted their enthusiasm to see the project materialized and stressed that the project will yield many positive outcomes for the communities and the regions, given the current circumstance where persons are required to travel out of the region and in some instances to neighbouring Brazil to access health care.
- Stakeholders have assured of their support for the social and environmental studies that would be undertaken and to assist the project with information and security support.
- Many stakeholders requested social support from the contracts for various social initiatives including trophies for school-based activities, and sponsorship for sporting events

Conclusions of the Meetings Derived
***Minutes for all meetings will be included in the ESIA report**.

ESIA DISCLOSURE ENGAGEMENT

Minutes of the meetings and supporting photographs will be provided within the ESIA report.

Meeting	Date	Venue	Stakeholders

During the disclosure meetings consultees identified the following important issues: Responses to these issues include:

- **Consultants general overview of the meeting**

- **Conclusions that the meeting derived**

Minutes for all meetings will be included in the appendix.

Construction Phase of the Project

Planned Stakeholder Engagement Meetings will be organised by the future Contractor selected by the project proponents at a later stage. These planned meetings will be held prior to commencement of the Construction Phase of the project to update project stakeholders about project activities, garner their input, listen to concern and address burning issues stakeholder may have prior to commencement of the project. It will also see to obtain alignment with local laws and international regulations. Giving stakeholders an opportunity to co-create or give input into cultural practices regarding addressing grievances and project development.

GRIEVANCE MECHANISM: PROJECT

Following good international practice, the project should develop and implement a Grievance Mechanism to outline its approach to accepting, assessing, communicating, resolving and monitoring grievances from those affected by Project activities.

The Project's Grievance mechanism has the following objectives:

- To provide a simple, fair, and transparent process for all external parties to submit feedback and to raise grievances. This shall result in outcomes that are fair, effective, and lasting.
- To provide a simple process for project personnel to address any issues and concerns raised by stakeholders in a methodical and time-efficient manner.
- To mitigate risks and impacts to all external stakeholders due to project operations, demonstrating responsibility for the well-being of stakeholders.
- To build trust and goodwill as an integral component of the stakeholder interaction, promoting trust and respect for stakeholders, particularly at a community level, thereby ensuring project sustainability.
- To enable the systematic identification of emerging issues and trends, facilitating corrective and pre-emptive engagement.

In this regard, the grievance mechanism framework seeks to provide project affected parties with a chance to submit their feedback, comments, and/or grievances during the execution of the project. The project's grievance management process will follow the subsequent steps:

Step I **Record Received Grievances and comments** – all input received through the engagement process should be recorded via meeting records and a grievance log. The project will designate a project lead who will be responsible for logging grievances.

Step II **Generate Responses** – the project team will review comments received and generate comments after each phase of engagement. The project team will decide based on the number of grievances received, the frequency of meetings needed to review grievances.

Step III **Communicate Responses -** the project team will communicate responses to stakeholders who have raised comments. All opinions and concerns noted during stakeholder

engagements will be recorded by the project team and a summary of the feedback and comments will be maintained. The project team will establish a framework for communication, that is, how often the project team will meet with project affected persons to communicate responses to grievances raised. This framework can be established, for example based on the urgency of the matter. For grievances that threaten human life or pose immediate dangers to human life or the environment, or could pose imminent threats to project execution, (for example, matters involving cultural heritage findings) should be actioned immediately.
Grievances which do not pose life threatening risks should be assessed for severity and appropriate steps taken to mitigate and manage the grievance communications accordingly.

Step IV **Grievance Appeal** - if stakeholders are dissatisfied with the final decision communicated about the grievance raised, stakeholders may escalate their grievance to senior management of the project who will determine whether the decision on a particular grievance should be reconsidered taking into consideration legislation, education, training, and technological changes. Further, escalation could be raised to the level of the Ministry of Health Project Implementation Unit (PIU).

GRIEVANCE ESCALATION TIMEFRAMES

Tier 1: fourteen (14) working days. If a grievance is not resolved by the project team within twenty-eight (28) working days, it is moved to Tier two.
Tier 2: the Grievance Redress Committee will seek to resolve grievances within thirty (30) working days, if a grievance is not resolved within this timeframe, it is then escalated to tier three.
Tier 3: A grievance that is not resolved within thirty (30) working days, enters into tier three. The timelines in this tier may vary dependent on institutional or legal resolutions enforced.

**** this grievance model can be utilised for action grievances raised by workers as well**

MODES OF COMMUNICATION

The following means of communication will be available to stakeholders throughout the course of the ESCIA and Grievance process:

- **Primary Communication Stakeholder Engagement meetings**: Stakeholder engagement meetings will be the primary mode of communication between the project team and project stakeholders; these will be carried out directly with stakeholders during the scoping and ESCIA stages.

- **Secondary Communication:** A designated email(s) and/ or telephone number(s) will be made available to project stakeholders, in addition, the project will designate a focal point person (s) through which aggrieved project stakeholders should contact to report grievances.

The Grievance Mechanism framework stipulates the need for the following:
Training – those who are responsible for addressing grievances, must have detailed knowledge on how the project's grievance mechanism works and who to speak with on each category of

issues. For example, environmental issues, an environmental team lead, social issues a social team lead, engineering issues- an engineering team lead.

- **Record Keeping** – all aspects of the grievance management process must be comprehensively documented, and accurate records should be maintained.

- **Reporting** - the project team will compile information relating to engagement activities as appropriate for reporting purposes, the project will decide how often it will report on the various aspects of the project elements.

- **Review** - the grievance mechanism framework will be periodically audited and / or reviewed by the project's senior management to determine its accuracy and relevance with project expectations and changes.

- **Monitoring and Reporting** Socio-cultural monitoring should be undertaken by a qualified social scientist, using the socio-cultural baseline to guide analysis of current and future changes within the socio-cultural environment. The frequency of monitoring should be informed by the level of activity within the project area and engagement with the affected communities. The project's Monitoring Checklist (seen in appendix #) provides an initial outline of key performance monitoring indicators that can be used to monitor the socio-cultural situation during the construction and operations phases of the project.

- The Monitoring process will entail a two-pronged approach where the monitor will check contractor site records, and secondly, speak with management, workers, and key stakeholders. Monitoring visits can be conducted weekly by appointed personnel (for example a Social Specialist).

- **Information Management**- every meeting and interaction related to project engagement should be recorded by the project team through the following mediums:

    - Stakeholder list.
    - Grievance Mechanism log (entered a manual or computer-based Grievance Log system).
    - Minutes of all meetings.
    - Meeting attendance registers.
    - Monthly/ quarterly reports

GRIEVANCE PROCESS: WORKERS

Following good international practice, the project should develop and implement a Grievance Mechanism to outline its approach to accepting, assessing, communicating, resolving and monitoring grievances from the project's workers.

The Workers Grievance mechanism has the following objectives:

- To provide a simple, fair, and transparent process for all workers to submit feedback, and to raise grievances. This shall result in outcomes that are fair, effective, and lasting.
- To provide a simple process for project managers to address issues and concerns raised by workers in a methodical and timely manner.
- To demonstrate responsibility for the wellbeing of workers.
- To build trust and goodwill between project workers and management staff
- To enable the systematic identification of emerging issues and trends, facilitating corrective and pre-emptive engagement.

In this regard, the grievance mechanism framework seeks to provide workers with a chance to submit feedback, comments, and/or grievances during the course of their employment with the project. The project's grievance management process will follow the subsequent steps:

Step I **Record Received Grievances and Comments** – all input received through the engagement process should be recorded via meeting records and / or a grievance log. The project will designate a project lead who will be responsible for logging grievances.

Step II **Generate Responses** – the grievance management team (a party of three) comprising of the site manager, supervisors, and a neutral / impartial party preferably chosen from amongst workers or the community (to ensure neutrality) will review grievances and generate comments at each phase of engagement. The project team will address grievances received within the allotted timeframe or immediately depending on the nature of the complaint.

Step III **Communicate Responses -** the grievance management team will communicate responses to the affected worker or workers. All opinions and concerns noted during by workers will be recorded by the grievance management team and a summary of the feedback and comments will be maintained.

Step IV **Grievance Appeal** -if workers are dissatisfied with the final decision communicated about the grievance raised, workers may escalate their grievance to senior management of the project who will determine whether the decision on a particular grievance should be reconsidered taking into consideration legislation, education, training, and technological changes. Further, escalation could be raised to the level of the Ministry of Health Project Implementation Unit (PIU), further to the Ministry of Labour as the penultimate medium of

adjudication and finally the courts if a resolution is not forthcoming.

GRIEVANCE ESCALATION TIMEFRAMES

- **Tier 1:** seven (7) working days. If a grievance is not resolved by the project team within Fourteen (14) working days, it is moved to Tier two.
- **Tier 2:** the Ministry of Health will seek to resolve grievances within thirty (30) working days, if a grievance is not resolved within this timeframe, it is then escalated to tier three.
- **Tier 3:** A grievance that is not resolved within thirty (30) working days, enters tier three. The timelines in this tier may vary dependent on institutional or legal resolutions enforced.

MODES OF COMMUNICATION

The following means of communication will be available to workers throughout the course of their employment

- **Primary Communication Workers weekly meetings**: weekly workers meetings will be the primary mode of communication between the management team and workers; these will be conducted routinely throughout the construction phase of the project.
- As well as one-on-one meetings by affected staff with members of the management team

- **Secondary Communication:** A designated email(s) and/ or telephone number(s) will be made available to workers, in addition, the project will designate a focal point person (s) through which aggrieved workers should contact to report grievances.

The Grievance Mechanism framework stipulates the need for the following:

- **Training –** those who are responsible for addressing grievances, must have detailed knowledge on how the project's grievance mechanism works and who to speak with for each category of issues. For example, environmental issues, Occupational Health and Safety, social issues, example adequacy of accommodation, a social team lead, engineering issues- Site engineering team lead.

- **Record Keeping** – all aspects of the grievance management process must be comprehensively documented, and accurate records should be maintained.

- **Reporting** - the project team will compile information relating to engagement activities as appropriate for reporting purposes, the project will decide how often it will report on the various aspects of the project elements.

- **Review** - the grievance mechanism framework will be periodically audited and / or reviewed by the project's senior management, and the client to determine its accuracy and relevance with project expectations and changes.

- **Monitoring and Reporting** - human health and Environmental monitoring should be undertaken by qualified social and environmental personnel, using the socio-

environmental baseline to guide analysis of current and future changes within the socio-environmental space. The level of monitoring will be informed by the level of activity and inactivity of the project in addressing and / or remedying workers grievances. The following Monitoring Checklist (seen below) provides an initial outline of key performance monitoring indicators that can be used to monitor the workers situation during the construction phase of the project.

- The Monitoring process will entail a two-pronged approach where the monitor will check contractor site records, and secondly, speak with management and workers. Monitoring visits can be conducted weekly by appointed personnel (for example a Social Specialist).

- **Information Management**- every meeting and interaction related to worker engagements should be recorded by the project team through the following mediums:
  - Grievance Mechanism log (entered a manual or computer-based Grievance Log system).
  - Minutes of all meetings.
  - Monthly/ quarterly reports

MONITORING CHECKLIST

- Worker accommodation
- Meals
- Sanitary conditions
- Labour Practices
- Discriminatory practices,
- Safety Conditions
- Appropriate resources
- Violence, Harassment, and Intimidation
- Renumeration
- Overtime
- Resolution of workers' issues
- Forced Labour
- Communication
- Freedom of Movement
- Child Labour
- Worker -employer relationship
- Compliance with National Laws
- Protection of workers
- Freedom of Association and Collective bargaining

*****This Checklist is not exhaustive**

REPORTING AND MONITORING

Overview

A key component to ensure compliance is reporting and monitoring of projects. Consultants will be expected to monitor and report on the progress of the project. Social monitoring parameters will include monitoring of parameters defined by the socio-cultural baseline, the socio-cultural impact assessment and the socio-cultural management plan. The project will also monitor and report on grievances of affected workers and community members.
A monitoring plan will be used to plan, manage, and document the project's compliance score card. This will ensure that comparable data will be collected on a regular and timely basis. It will identify the indicators to be tracked, specify the source, method, and schedule for monitoring as well as assign responsibilities to key personnel. The plan will help ensure that data are reported regularly to project management.

The elaboration of such a plan should preferably be undertaken with participation of all the stakeholders of the project, especially a representative of the beneficiary party, as well as the financing partner. A multiparty project steering or technical committee, with representatives of all stakeholders, is usually a good participatory mechanism to monitor progress. It allows for a shared view on planning and on monitoring indicators. It also offers opportunities for exchange of views among all involved on obstacles and potential solutions. The following elements could be included in the monitoring plan:

- Baseline data
- Performance indicators
- Performance targets
- Data Source
- Method of data collection
- Frequency and schedule of data collection
- Responsibilities for acquiring data
- Plans for communication and using monitoring information

Corrective measures should be implemented in cases where negative impacts are observed or reported. One way of ensuring this, is to engage in regular performance monitoring and community engagement.

DOCUMENTATION AND REPORTING TEMPLATES

Documentation and reporting are an integral part of project monitoring and evaluation systems. Documentation and reporting allow a project to record and present key data in a standardised format for a specific audience. During the documentation process the monitor can draw conclusions about project progress, gaps, and limitations. This activity allows the project to be in constant assessment of its performance, and to manage the impact of risks on project affected persons.
In keeping with good project management practices the project will utilise documentation and reporting as part of its social engagement process.
The Project's Social Engagement Reports will include meeting minutes, photographs of meetings and sign-in sheets where applicable. The Project's Social Engagement Report should

preferably be limited to 10 pages and should in no case exceed 15 pages. If more information is deemed pertinent and necessary, it should be presented in annexes to the report. The format of the report should include:

EXECUTIVE SUMMARY

Principal project achievements, problems, summary, financial execution, and future proposals (one page).

INTRODUCTION-CONTEXT

Brief history of the project. political, social, and economic context in which the project is carried out. This section should not exceed one page unless there were changes affecting. the development of the project (such as elections, natural disasters, and/or war).

PROJECT PROGRESS

This section must be based on the SCIA and Grievance parameters. Explanatory notes should not exceed three pages. And should refer to actual progress of the project. Indicate and discuss problems, deficiencies, errors etc and any corrective actions taken. It should also include photos of actual progress or issues (time stamped)

STAKEHOLDER ENGAGEMENT ASSESSMENT MATRIX

The Stakeholder Engagement Assessment Matrix is a project management technique to document desired engagements and monitor actual engagement levels of stakeholders. It helps identify potential gaps in the involvement of stakeholders (Project-Management Info, 2024).

Stakeholders	Impact How much does the project impact them (Low, Medium, High)	Influence How much influence do they have over the project (Low, Medium, high)	What is important to the stakeholder	How could the stakeholder contribute to the project	How could the stakeholder block the project	Strategy for engaging the stakeholder
REGIONAL DEMOCRATIC COUNCILS						
Upper Takatu/ Upper Essequibo Regional Democratic Council	High	High	The social and economic development of the Region	Providing logistics for meetings, mobilizing the requisite technical personnel, and permitting staff to attend meetings and share information required for the advancement of the project and providing project related data.	As a project opposer the RDC can limit personnel from engaging with project staff, deny requests for interaction within the local authority and the provision of information / data	Early and continuous engagement to alert the RDC about the project's scope, design plans, interventions, and cooperation
District Councils						
South Pakaraimas	High	High	The social, cultural, and economic development of the Region	Gaining approval to work within their administrative locality, obtaining vital community information, connecting the project to key stakeholders and helping to maintain project communication.	As a project opposer the RDC can limit personnel from engaging with project staff, deny requests for interaction within	Continued reporting and consultation on the preparation and sharing of implementation plans, grievance

					the local authority and the provision of information / data	management and matters of cultural importance
North	High	High	The social, cultural, and economic development of the Region	Gaining approval to work within their administrative locality, obtaining vital community information, connecting the project to key stakeholders and helping to maintain project communication.	As a project opposer the RDC can limit personnel from engaging with project staff, deny requests for interaction within the local authority and the provision of information / data	Continued reporting and consultation on the preparation and sharing of implementation plans, grievance management and matters of cultural importance
Deep South	High	High	The social, cultural, and economic development of the Region	Gaining approval to work within their administrative locality, obtaining vital community information, connecting the project to key stakeholders and helping to maintain project communication.	As a project opposer the RDC can limit personnel from engaging with project staff, deny requests for interaction within the local authority and the provision of information / data	
Central	High	High	The social, cultural, and economic development of the Region	Gaining approval to work within their administrative locality, obtaining vital community information, connecting the project to key stakeholders and helping to maintain project communication.	As a project opposer the RDC can limit personnel from engaging with project staff, deny requests for interaction within the local authority and the provision of	Continued reporting and consultation on the preparation and sharing of implementation plans, grievance management and matters of cultural

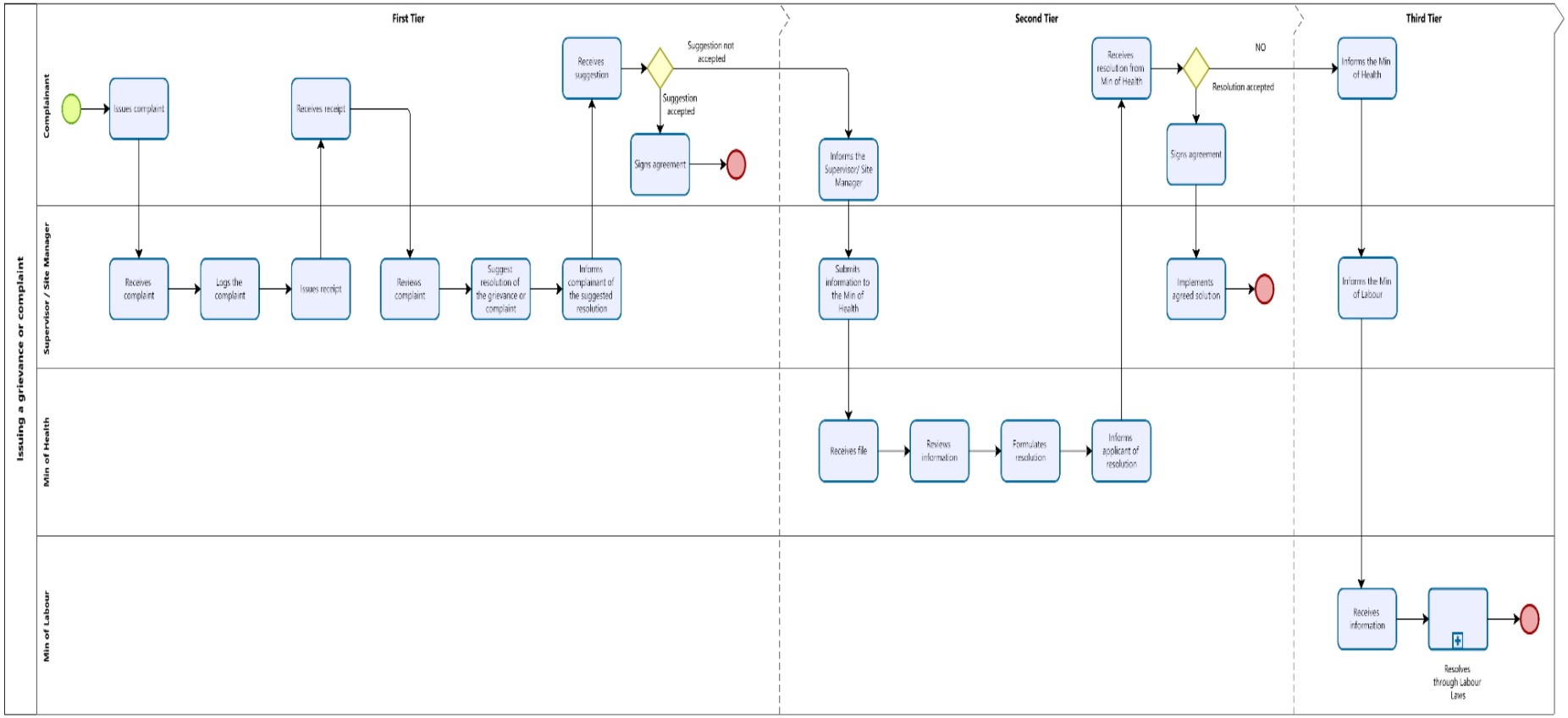
					information / data	importance
South Central	High	High	The social, cultural, and economic development of the Region	Gaining approval to work within their administrative locality, obtaining vital community information, connecting the project to key stakeholders and helping to maintain project communication.	As a project opposer the RDC can limit personnel from engaging with project staff, deny requests for interaction within the local authority and the provision of information / data	Continued reporting and consultation on the preparation and sharing of implementation plans, grievance management and matters of cultural importance
OTHER GOVERNMENT AGENCIES						
Lethem Power Company	High	High	As a utility provider	Providing insight about electricity transmission during the construction and operations phases of the project	N/A	Advanced and continuous engagement during the scoping and construction and phases of the project
Guyana Water Incorporated	High	High	As a utility provider	Providing insight into water transmission during the construction and operations phases of the project		Advanced and continuous engagement during the scoping and construction and phases of the project
Guyana Police Force Division #4 Lethem	High	High	Principal agent of Security and Protection	Providing key information including statistics on the security situation of the region, including GBV. Working as a project partner, providing security/ protection for project	N/A	Advanced and continuous engagement during the scoping and construction and phases of the

				workers.		project
Lethem Regional Hospital	High	High	Ensuring access to health services at all times during the construction and operational phases of the project.	Providing key data and ideas on communicable and non-communicable diseases within the region, examining health care amenities, capabilities and concerns from both staff and users of the facility	N/A	Advanced and continuous engagement during the scoping and construction and phases of the project
Annai District Hospital	High	High	Ensuring that the health system is not overwhelmed by a surge in population, and the introduction of alien infections and diseases	Providing key data and ideas on communicable and non-communicable diseases within the region, examining health care amenities, capabilities and concerns from both staff and users of the facility	NA	Advanced and continuous engagement during the scoping and construction and phases of the project
St. Ignatius Health Center	High	High	Ensuring access to health services at all times during the construction and operational phases of the project.	Providing key data and ideas on communicable and non-communicable diseases within the region, examining health care amenities, capabilities and concerns from both staff and users of the facility	N/A	Advanced and continuous engagement during the scoping and construction and phases of the project
Karasabai Health Center	High	High	Ensuring that the health system is not overwhelmed by a surge in population, and the introduction of alien infections and diseases	Providing key data and ideas on communicable and non-communicable diseases within the region, examining health care amenities, capabilities and concerns from both staff and users of the facility	NA	Advanced and continuous engagement during the scoping and construction and phases of the project
Sand Creek Health Center	High	High	Ensuring access to health services at all	Providing key data and ideas on communicable and non-	N/A	Advanced and continuous

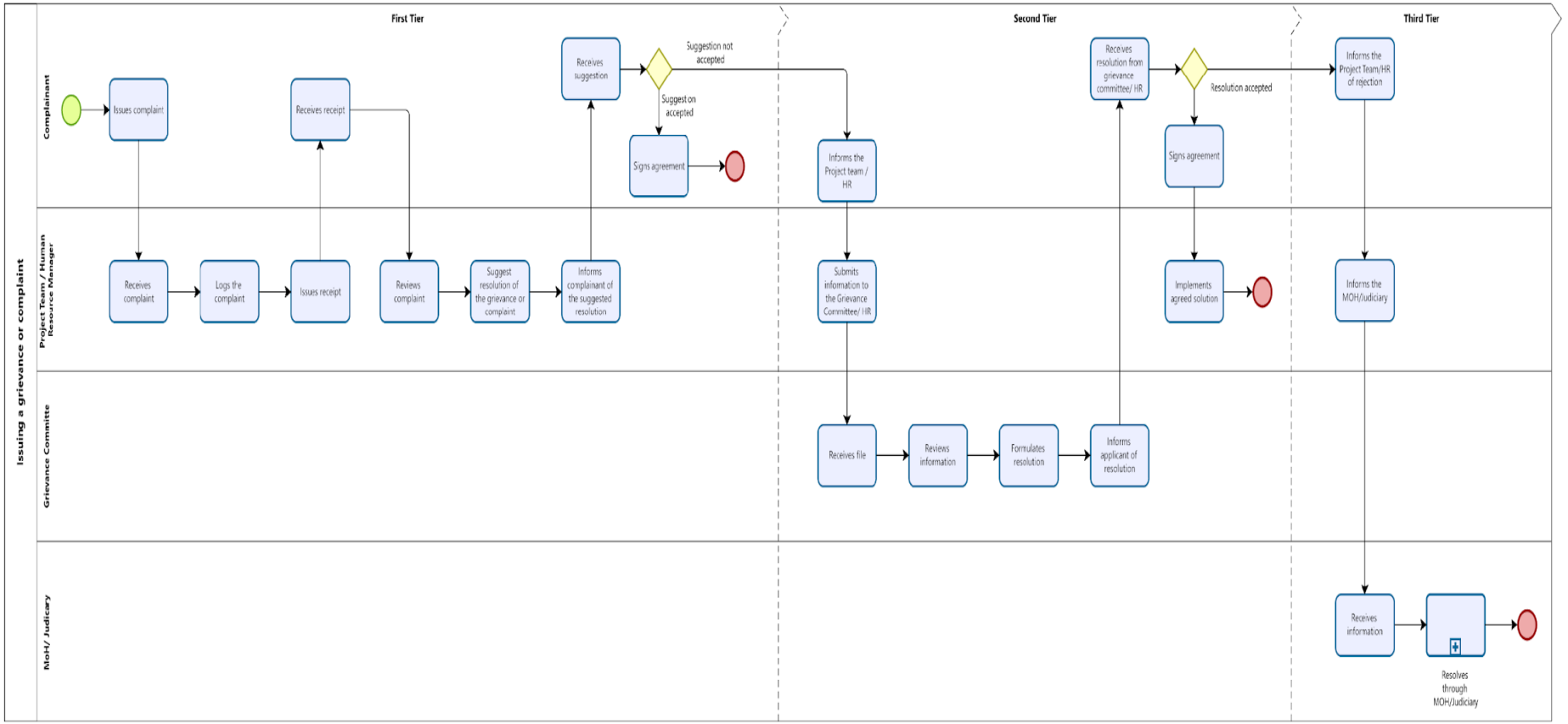
			times during the construction and operational phases of the project.	communicable diseases within the region, examining health care amenities, capabilities and concerns from both staff and users of the facility		engagement during the scoping and construction and phases of the project
Aishalton District Hospital	High	High	Ensuring that the health system is not overwhelmed by a surge in population, and the introduction of alien infections and diseases	Providing key data and ideas on communicable and non-communicable diseases within the region, examining health care amenities, capabilities and concerns from both staff and users of the facility	NA	Advanced and continuous engagement during the scoping and construction and phases of the project
Ministry of Education Region #9	High	High	Providing insight in the needs of students and staff within the direct project area	key informant data on the number of schools, population of students, students' health program, and ideas about students' health needs	N/A	Advanced and continuous engagement during the scoping and construction and phases of the project
National Trust of Guyana	High	High	The protection and preservation of Guyana's national and cultural heritage	The stakeholder can provide key information on the location of sites of historical effect, the necessary legislative instruments that govern the administration, finding, removal of materials of archaeological and cultural importance	Preventing the project from continuing due to a cultural find or failing to adhere to the legal requirements pertaining to the disruption, reporting and handling of cultural alteration	Advanced and continuous engagement during the scoping and construction and phases of the project

PRIVATE SECTOR AGENCIES						
Rupununi Chambers of Commerce	High	High	Ensuring that private sector businesses can continue to operate with minimum disruption	Supporting the supply of goods and services, provide data on the economic baseline data relative to the project area	N/A	Stakeholder engagement meeting and periodic project updates, awareness of grievance redress mechanism

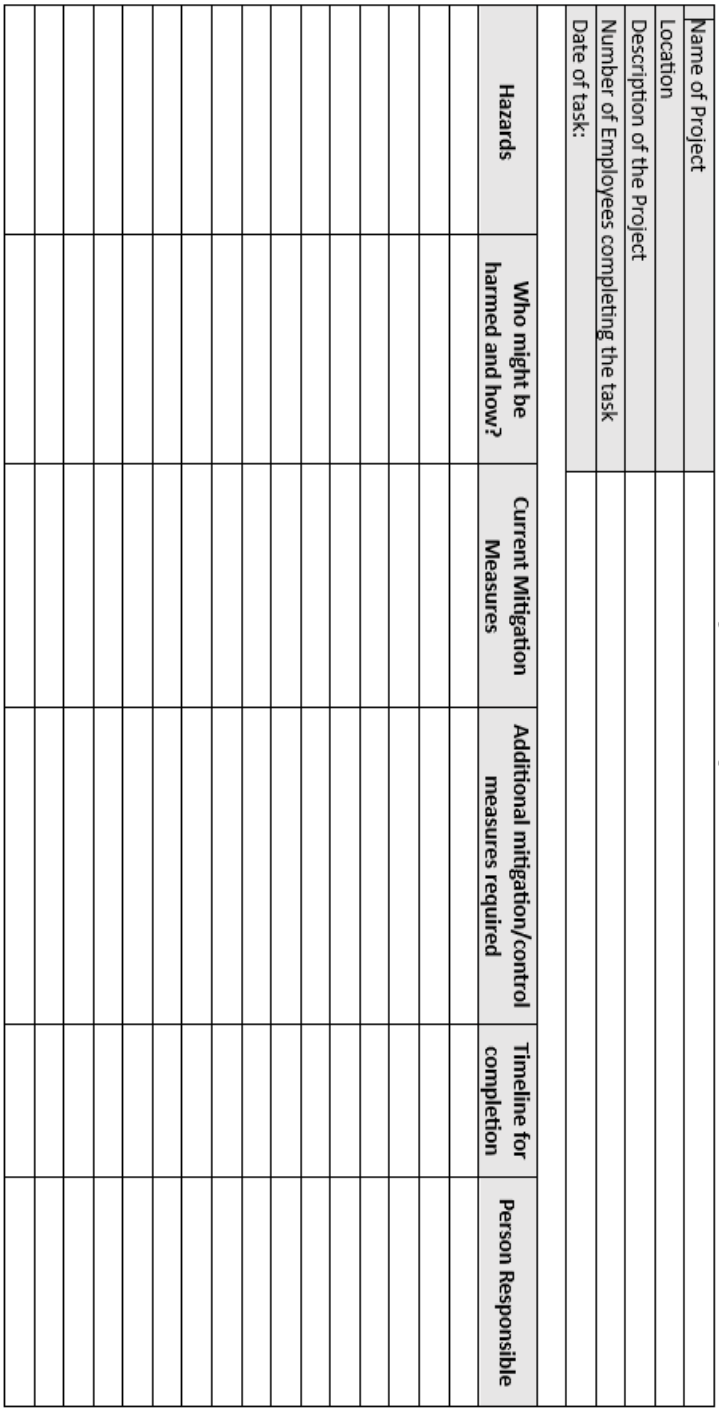
GRIEVANCE PROCESS: WORKERS



GRIEVANCE PROCESS: PROJECT STAKEHOLDERS



ANNEX 13: HEALTH AND SAFETY RISK ASSESSMENT TEMPLATE



CMEC-SINOPHARMINTL CONSORTIUM

Health & Safety Risk Assessment Template
(Annex 13)

Name of Project	
Location	
Description of the Project	
Number of Employees completing the task	
Date of task:	

Hazards	Who might be harmed and how?	Current Mitigation Measures	Additional mitigation/control measures required	Timeline for completion	Person Responsible

ANNEX 14: TRAFFIC MANAGEMENT PLAN

1.Introduction

This Traffic Management Plan (TMP) outlines the procedures and controls for the safe and efficient movement of vehicular and pedestrian traffic around the Lethem Hospital construction site. The aim is to minimize disruption to the local community, protect public safety, and support efficient site operations. However, the TMP will be subject to further development in consultation with the Town Council and local community members to reduce accidents and speeding along the likely routes of the project.

2.Objectives

This document provides practical guidance on the planning and control measures that will be implemented to ensure traffic safety throughout the execution of the project.

The objectives of this plan are to:

- Ensure the safety of the general public, construction workers, and site personnel through strategic traffic management plans.
- To establish the main principles for vehicle and pedestrian movement within and around the site boundary, maintaining positive segregation from employees and the community from the vehicles in use
- Maintain emergency vehicle access at all times.
- Ensure compliance with the Guyana Traffic Act and relevant safety standards

3.Roles and Responsibilities

All positions across the project have traffic and pedestrian responsibilities, to some extent. However, everyone has a base level duty to take care in their tasks to prevent physical and environmental harm. The table below outlines the primary roles and personnel who will be responsible for implementing this TMP.

Position	Responsibilities	Name	Contact Details*
Project Manager	Responsible for the overall preparation and implementation of TPMP	Brendon Inniss	lethem.hospital@gmail.com
Site Supervisor	Responsible for supervising the implementation of TPMP	Hu Yunlong	lethemhospital@cmec.com
Environment Consultant	Responsible for identifying and evaluating corresponding risks and impacts, preparing TPMP, and compiling reports.	Jenell Williams Pinder	jenellwpinder@brinsjensds.com
HSE Representative	Responsible for training and managing GRM related to social, environmental, and health issues	Travis Watsons	(592) 633-6336

Table 1: Project Roles, Responsibilities, and Contact Details

4.Key Stakeholders

To ensure that a practical TMP is created and maintained for the project, the following stakeholders will be engaged to allow us to continuously streamline our approach to traffic management.

- The Lethem Hospital Administration
- The Guyana Police Force – Regional Division
- The Lethem Town Council
- Emergency Services (Fire and Ambulance)
- Residents and businesses
- Subcontractors

5.Site Description

The construction site is located south of Main Street, Lethem, approximately 1.2 km from the Takutu River Bridge near the Brazil-Guyana border. The site is accessible via two major roads:

- **Main Northern Access:** Via Main Street from Takutu Bridge.
- **Southern Access:** Via St. Ignatius and Basha Village roads.

The specific names of the minor roads, located parallel to the perimeter of the hospital within the adjacent community, will be included in a later iteration of this TMP, for reference.



Map 1: The Lethem Regional Hospital and the several adjacent roads around the perimeter

Notably, the roads around the hospital's perimeter and in the community are approximately 20ft in width, asphalt paved with loam-based shoulders. There are no safety or directional road markings on the minor roads. Nor are there any traffic lights. Therefore, cautious and deliberate traversing of the area will be essential as our vehicles move around the community.

6.Separation of Pedestrians and Vehicles

Considering that the hospital will remain in operation while construction is ongoing, in addition to the presence of a school across the road to the north, temporary fences will be used to separate the project site from surrounding buildings and activities *(see the red line on the map below).* Construction vehicles and material transportation will enter the site through specific routes *(see the yellow line on the map below)*, and pedestrians and patients will enter the operating hospital through safe routes to avoid impacts and safety risks *(see the green line on the map below).*



Map 2: The separation of pedestrians and vehicles

7.Traffic Management Measures

We will maintain an open line of communication with the identified stakeholders through our Community Grievance Mechanism. Before the commencement of any project work on site, the TMP will be disclosed to the appropriate stakeholders in order to ensure all concerns and issues are appropriately mitigated.

Any issues and concerns expressed during public consultations will be addressed in an updated version of this TMP. Additionally, the public (the community) will also be made aware of available communication methods for them to express any issues and/or concerns about traffic management. All grievances, as well as their resolutions, shall be recorded in our grievance register.

7.1.Designated Access Routes

7.1.1. Heavy Vehicles and Deliveries:

- Proposed Route: Main Street > Hospital Site Northern Gate
- Proposed Operational Hours: 9:00 AM to 4:00 PM (avoiding school and morning/afternoon work rush)

7.1.2. **Light Vehicles and Site Personnel:**

- Proposed Route: Basha Village Road > Southern Entry Point
- Proposed Operational Hours: 6:30 AM to 6:00 PM

7.1.3. **Emergency Vehicles:**

- Uninterrupted access via Main Street with priority through all barricades

7.2.Onsite Traffic Flow

For optimum traffic safety outcomes while construction is ongoing, the following is proposed:

- One-way entry and exit system
- Clearly demarcated pedestrian walkways
- Dedicated laydown and turning zones for large trucks

7.3.Traffic Control Devices

All traffic control devices will be prepared in advance of the activities planned for the subsequent day. This is to allow adequate procurement and placement of the appropriate signage and devices at strategic locations. The following considerations will be included:

- Advance warning signs at 300m, 150m, and 50m from site access points
- Speed limit signs (20 km/h in site vicinity)
- Stop/go paddles during high-traffic activities
- Rumble strips and reflectors at all pedestrian crossings
- Cones or drums to limit or restrict access to certain sections of the road
- Some signs that we are likely to utilize include:
    - Construction Vehicles Ahead
    - Watch for Pedestrians
    - Reduce Speed to 20 km/h
    - Site Access: Authorized Vehicles Only"
    - Trucks Entering and Exiting
    - Men at work
    - Detour

7.4.General Traffic Management

The following measures should be implemented to manage the risks associated with project traffic, particularly during the construction phase:

- Arrangements for ambulance and emergency response access must be put in place prior to the commencement of construction.
- All drivers and operators from the contractors must be licensed in accordance with the Laws of Guyana and have the requisite experience and training.
- Drivers should be instructed to observe and respect all traffic and warning signs along the various roadways and to maintain all required speed limits.
- Appropriate safety signage will be posted leading up to the entrance of the construction sites.
- All light and heavy-duty equipment and vehicles will be properly maintained and in good working condition so as to comply with the national road fitness/safety requirements and the manufacturer's safety recommendations.
- Passengers will not be permitted to use mobile equipment unless they are being trained to operate the machine or are required to ride on it as an unavoidable part of their duties, provided it is safe to do so.
- Trucks and other construction-related vehicles and machinery will not be parked along the roadway for extended periods unless discussions are had with the relevant stakeholders.
- Subcontractors delivering construction materials to the hospital should respect speed limits and avoid parking and blocking access ways.
- Safe traffic control measures will be implemented, including temporary traffic signs and flag staff to warn road users, especially when moving equipment in and out of the facility compound.

8. Construction Traffic Scheduling

Activity	Traffic Volume	Proposed Time
Excavation	High	8:00 AM - 12:00 PM
Concrete Pouring	Medium	1:00 PM - 4:00 PM
Material Deliveries	High	9:00 AM - 11:00 AM
Equipment Mobilization	Medium	Off-peak hours only

9. Parking and Staging Areas

To ensure designated safe zones are established for our employees, visitors and hospital staff, the following is proposed for implementation:

- Designated parking zones for employees, visitors and hospital staff within site boundary
- Truck staging zones located 100m before site entrance (north and south)
- No parking allowed along Main Street within 200m of the site access

10.Work Areas and Route Maps Development

The following will be created to outline determined routes and spaces for vehicular movement throughout the project.

WORK AREAS AND ROUTE MAPS	
Work Area and Route Maps	**Route Maps:** Maps will be developed to identify the main roads, crossings, and footpaths that are adjacent and/or perpendicular to the Project site, construction site access points, and delivery locations that will be affected by construction activities and which will be used for deliveries. The following aspects will be carefully considered: • **Roads:** vehicular and bicycle traffic along the Public Road and relevant street crossings. • **Parking:** parking areas along the streets • **Pedestrian and cycling areas** **Buildings:** Particularly those with more affluence of people, such as markets, schools and places of worship.

Specific Considerations	The contractor will identify and prepare specific actions – including the following aspects: • During the construction phase, maintain the traffic and schedule construction activities, to the extent possible, to be conducted not during peak times (e.g., early in the morning) • Provide advance notice of scheduled construction activities and major traffic constructions via public service announcements (radio, TV, newspaper) • Coordinate the delivery of construction materials at times that minimize impacts to the existing traffic. • Deploy traffic, safety, and road detour signs in the appropriate language and close cooperation with the authorities. • Coordinate the delivery of construction materials at times that minimize impacts to the existing traffic. • Maintain one lane of carriageway open at all times to facilitate the flow of traffic • Install beams, retention walls and temporary passageways as needed (e.g., road safety barriers to facilitate safe access during construction) • Site H&S and security will be maintained during the construction phase by erecting fencing to form a secure construction site, preventing entry by children, members of the public, trespassers and vandals. Warning signage will be placed at strategic points on the perimeter fencing. Information signage will be placed at the site entrance.

11.Drivers' Safe Work Practices

All subcontractors and drivers must adhere to driving best practices. This will be shared with all assigned drivers to outline the expectations when conducting deliveries or driving tasks at the site.

Drivers Safe Work Practices	
Objective(s)	To minimize vehicle incidents through good driver behaviors and practices.
Management Strategy	Management controls.
Control(s)	Implementation of the following safe work practices for drivers: • Only operate vehicles if you are competent and authorized to drive them (i.e., authorized work permit if required) • Do not drive with impaired abilities (ill health, poor vision, prescribed/illegal drugs or alcohol) • Make sure you fully understand the operating procedures of the vehicles you control • Know the site routes and follow them. Take care of pedestrian crossovers. • Understand the system of signals used on-site • Visiting drivers: seek appropriate authority to enter the site and operate vehicles • Know the safe operating limitations of your vehicles, particularly relating to safe maximum loads and gradients • Carry out daily checks on your vehicles and report all defects immediately to supervisors • Follow site procedures and comply with all Site rules • Do not drive at excessive speeds (i.e., respect speed limits designated at the site) • Wear appropriate PPE when out of the vehicle • Keep the vehicle tidy and free from items which may hinder the operation of vehicle controls • Do not allow passengers to ride on vehicles unless safe seating is provided • Do not reverse without reversing aid or banksman assistance • Where visibility from the driving position is restricted, use visibility aids or a signaler. Stop if you lose sight of the signaler or the visibility aids become defective. • Do not attempt to get off moving vehicles • Do not make adjustments with the engine running and guards removed • Do not use a mobile phone whilst driving on site
Performance Indicator(s)	No accidents or incidents.
Monitoring	Daily briefings of drivers and contractors. Inspection of driving practices.
Reporting	Incident report on non-conformance of traffic movements.
Corrective Action(s)	• Investigate cause of any accident/incident/near miss. • Review controls and requirements.

12.Traffic Safety and Construction Equipment

The details below outline the expectations that drivers must commit to when using construction equipment at our construction site.

Construction Equipment	
Objective(s)	To minimize equipment incidents through good operator behaviors and practices.
Management Strategy	Management controls.
Control(s)	Implementation of the following practices: • Allow only trained people to drive construction equipment; Work Permits must be approved. • Conduct Job Hazard Analysis before commencing a task involving construction equipment. • Provide stop blocks at the edges of excavations, pits, spoil heaps, etc. to prevent equipment from falling. The blocks need to be positioned a sufficient distance away from any unsupported edges and slopes to prevent the weight of the vehicle from causing collapse • Do not operate the site equipment controls unless seated on the driving seat • Do not drive on gradients in excess of those safe for the plant/equipment (see manufacturer's instructions) • Avoid maneuvering on sloping ground • Drive at appropriate speeds for site conditions (i.e., respect the site's speed limits) • Do not leave the engine running when you leave the vehicle • Be aware of the difference in performance of the site equipment when loaded and unloaded (i.e., with construction materials), particularly speed, braking, and stability on slopes • Be aware of the different handling and braking characteristics of the vehicle in wet conditions • Do not alter tire pressures outside the manufacturer's specifications • Do not use a mobile phone while operating equipment
Performance Indicator(s)	No accidents or incidents.
Monitoring	Daily briefings of drivers and contractors. Inspection of driving/operating practices.
Reporting	Incident report for non-conformance of plant and equipment movements.
Corrective Action(s)	• Investigate RCA to determine the cause of the accident/incident/near miss. • Review controls and requirements.

13.Pedestrian Safety

The following considerations will be implemented as needed to ensure the safety of pedestrians in and around the construction site.

PEDESTRIAN SAFETY	
Objective(s)	1. To ensure and protect pedestrians both inside and outside the construction site 2. Ensure clear separation of pedestrians from work activities and traffic.
Management Strategy	Controls, signage and physical separation.
Control(s)	Measures to be applied include: • Ensure pedestrian routes are clearly separated from vehicle routes by fencing and/or a kerb, or other suitable means. • Ensure pedestrian routes are wide enough to safely accommodate the number of people likely to use them at peak times. • Ensure pedestrian routes allow easy access to relevant local work, tourist and residential areas. • Ensure pedestrian routes are kept free of obstructions. • Ensure pedestrian routes are clearly and suitably signed. • Ensure pedestrians can safely cross the main vehicle routes. • Ensure pedestrians have a clear view of traffic movements at crossings and at gates that lead onto traffic routes. • Ensure pedestrians have clearly marked, separate access for use at loading bays and site gates. • Ensure pedestrian routes provide safe access to regular hospital facilities.
Performance Indicator(s)	No accidents or incidents.
Monitoring	Daily inspection of work areas, route signage and protection.
Reporting	Incident report for non-conformance of pedestrian issues.
Corrective Action(s)	• Investigate the cause of any accident/incident/near miss. • Review controls and requirements

14.Training Awareness and Competency

We will conduct periodic traffic training, awareness, and competency engagements with our staff and subcontractors throughout the life of the project to ensure the relevant aspects of this TMP are communicated. The following considerations are made:

- All drivers must undergo site-specific traffic safety induction
- Subcontractors will be briefed weekly on traffic plan updates
- Any TMP updates will be communicated to the community via the town council and applicable community leaders
- Site Induction for drivers will include training on the TMP
- Incident bulletins will be placed around the site, as needed
- The TMP will also be discussed in any subcontractor kick-off meeting

ANNEX SMP1A: AGREEMENT FOR LAND USE BY THE LETHEM TOWN COUNCIL

Memorandum of Understanding

Memorandum of Understanding between The Mayor and Town Council of Lethem, Region #9 and CMEC-Sinopharmintl Consortium on .....1..April....2025.....

1. Purpose

This Memorandum of Understanding (MoU) outlines the terms and conditions under which the CMEC-Sinopharmintl Consortium (hereinafter referred to as "the Consortium") will be granted temporary use of land by the Mayor and Town Council of Lethem (hereinafter referred to as "the Council") for the construction of temporary facilities related to the Lethem Hospital Project.

2. Parties

- The Mayor and Town Council of Lethem, the governing body responsible for the administration of Lethem and its surrounding areas.

- CMEC-Sinopharmintl Consortium: The contractor responsible for the design and construction of the Lethem Hospital in Region No. 9, under contract with the Ministry of Health, Guyana.

3. Temporary Land Use

3.1 The Council grants the Consortium temporary use of approximately 1.02 AC of land for the purpose of constructing temporary facilities, including offices, dormitories, and material storage yards.

3.2 The land will be used exclusively for the purposes outlined in this MoU and will not be transferred, sold, or leased to any third party.

3.3 The Consortium acknowledges that it does not and will not acquire ownership of the land at any time during or after the term of this agreement.

4. Duration

4.1 The temporary use of the land shall be for a period of three (3) years, commencing on 1 April 2025 and ending on 31 March 2028 unless otherwise agreed in writing by both parties.

4.2 The Consortium may request an extension of the land use period, subject to the Council's approval.

5. Responsibilities of the Consortium

6.1 The Consortium shall be responsible for the construction, maintenance, and eventual removal of all temporary facilities on the land.

5.2 The Consortium shall ensure that the land is used in an environmentally responsible manner and shall comply with all local regulations and guidelines.

5.3 The Consortium shall restore the land to its original condition or as agreed upon with the Council upon the termination of this agreement.

6. Responsibilities of the Council

6.1 The Council shall provide the Consortium with access to the designated land for the duration of this agreement.

6.2 The Council shall not interfere with the Consortium's use of the land, provided that the Consortium complies with the terms of this MoU.

7. Termination

7.1 This MoU may be terminated by either party with a written notice of thirty (30) days, provided that such termination does not adversely affect the progress of the Lethem Hospital Project.

7.2 In the event of termination, the Consortium shall vacate the land and remove all temporary structures within sixty (60) days of the termination notice.

8. Governing Law

This MoU shall be governed by and construed in accordance with the laws of Guyana.

9. Signatures

IN WITNESS WHEREOF, the parties hereto have executed this Memorandum of Understanding as of the date first above written.

For the Mayor and Town Council of Lethem

THE MAYOR and TOWN COUNCIL of LETHEM

Keisha Vincent

Town Clerk

1 April 2025

Date

For CMEC-Sinopharmintl Consortium:

胡云龙 Hu.

Hu Yunlong

Contractor's Representative

ANNEX SMP1B: APPROVAL OF LAND USE FROM THE LETHEM TOWN COUNCIL

THE MAYOR AND TOWN COUNCIL OF LETHEM
LETHEM TOWN HALL
LETHEM,
CENTRAL RUPUNUNI
TEL: 772-2028 FAX: 772-2028
Email: lethemtowncouncil.gy@gmail.com

MOTTO: Working Together Harmoniously to Promote Equality and Transparency for the Benefit and Wellbeing of all.

11th February, 2025

Ms. Cui Jiao

CMEC-Sinopharmintl Consortium

Design and Build Lechten Hospital in Region No. 9

China Machinery Engineering Corporation

Georgetown Office

Dear Ms. Cui Jiao,

Re: Approval of Temporary Land Use for Lethem Hospital Project

The Lethem Town Council acknowledges your letter dated January 22, 2025, regarding the application for temporary land use for the transport facilities of the Lethem Hospital Project.

Council is pleased to inform you that your application for reserve to construct temporary facilities, including offices, dormitories, and material storage yards, has been approved by the Council at our 82nd statutory meeting. The land will be allocated for a period of three years, as requested, to support the smooth progress of the Lethem Hospital Project.

As part of the next steps, we will send a draft Memorandum of Understanding (MOU) for your perusal and acceptance. This draft MOU will outline the terms and conditions of the land use, including responsibilities for maintenance, safety, and restoration of the site upon project completion.

You are expected to prepare and submit to the Council a detailed construction plan which must include site layout for review and approval.

Should you require any further assistance or have additional questions, please do not hesitate to contact the office of the Town Clerk.

The Council wishes your company well in its endeavors.

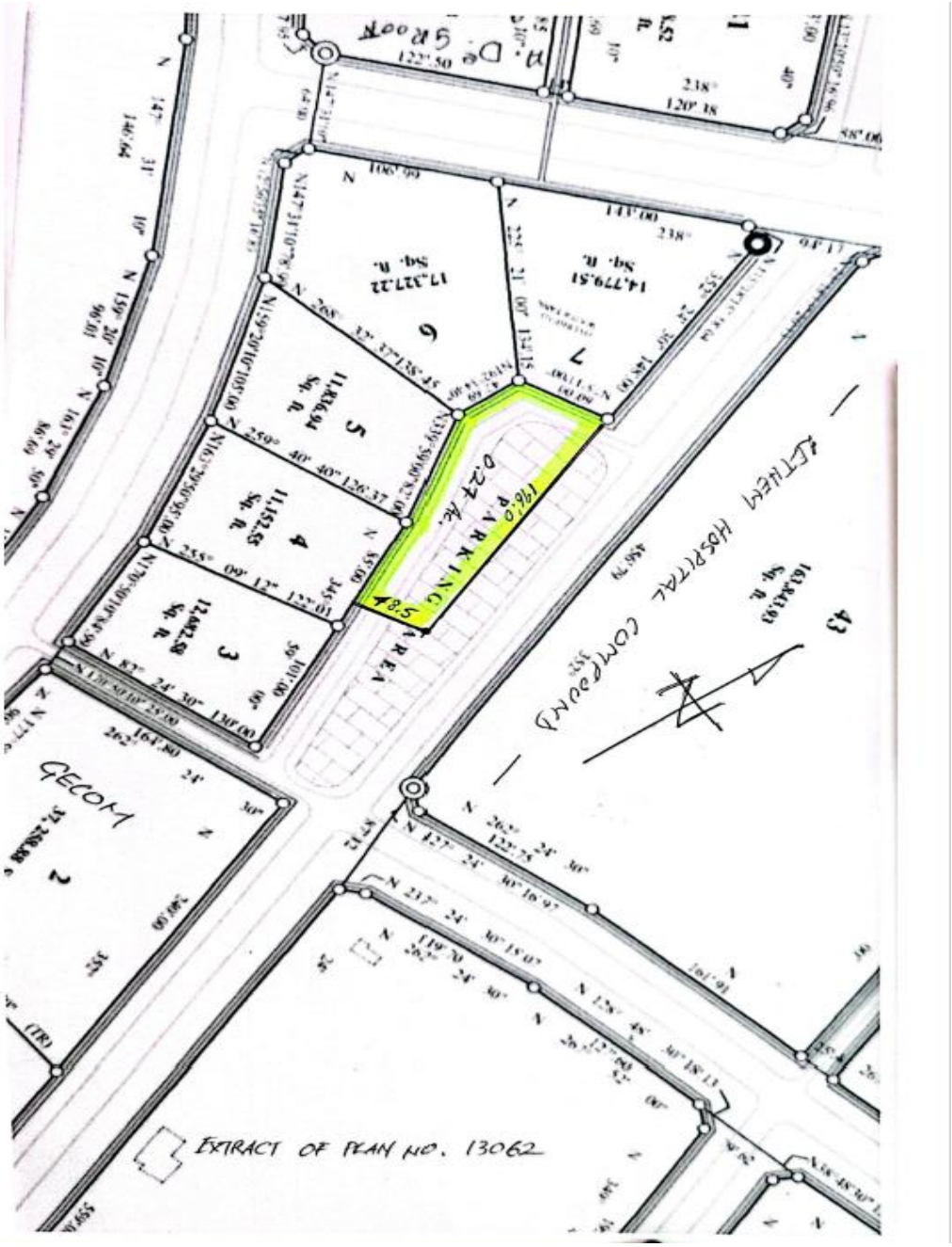
All for your information and guidance

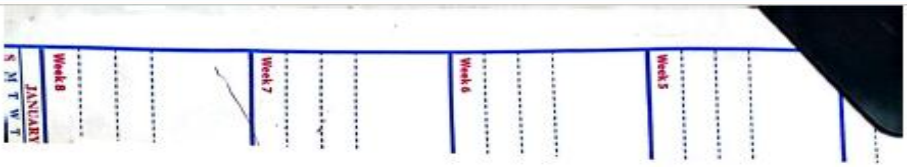
Yours sincerely,

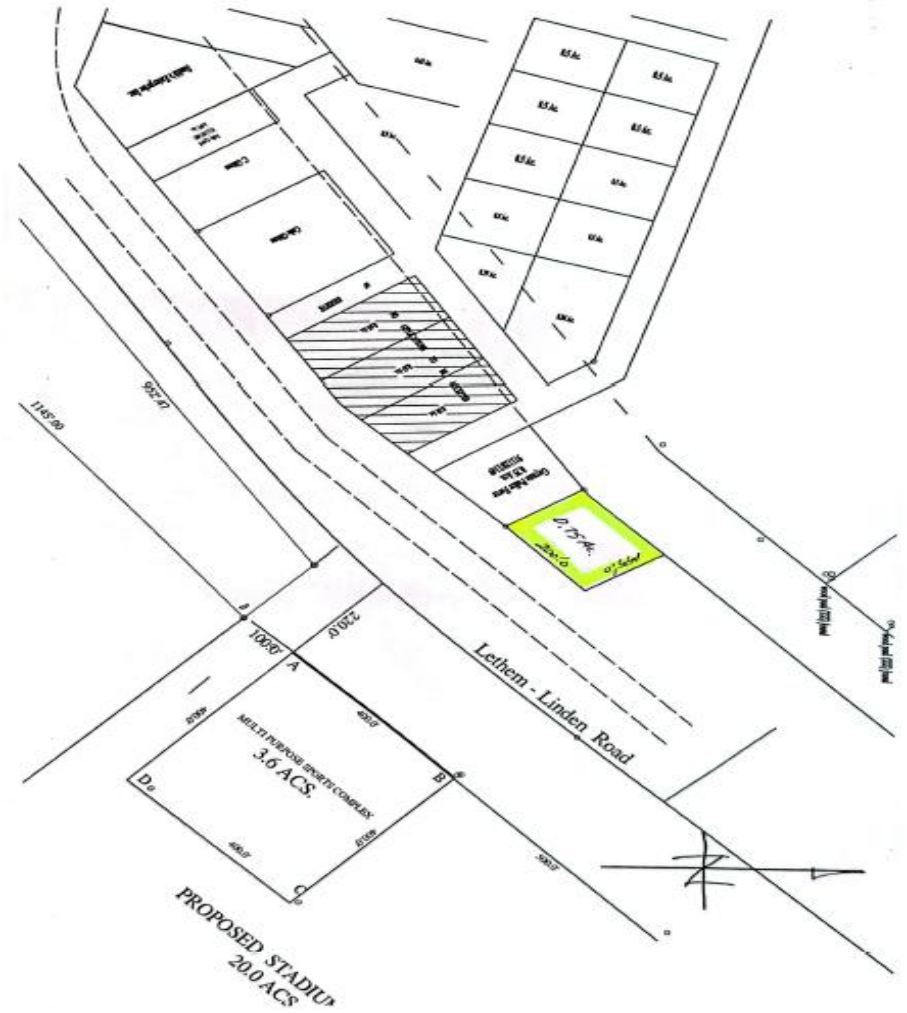
THE MAYOR and TOWN COUNCIL of LETHEM

Kcisha Vincent

Town Clerk


PARKING AREA
0.27 Ac.
EXTRACT OF PLAN NO. 13062


S M T W T
JANUARY
Week 8
Week 7
Week 6
Week 5


Lethem - Linden Road
MULTI PURPOSE SPORTS COMPLEX
3.6 ACS.
PROPOSED STADIUM
20.0 ACS

ANNEX SMP2: APPLICATION FORM FOR ENVIRONMENTAL AUTHORISATION

Environmental Protection Agency, Guyana
Application Form for Environmental Authorisation

This Application Form must be completed for consideration as to whether an Environmental Authorisation will be required for the implementation/operation of new developments. All questions must be answered and the requested information submitted before this Application can be processed. Please use additional sheets if necessary.

Notes to Applicant:

1. This Form must be completed in BLOCK LETTERS (preferably completed electronically) and submitted in TRIPLICATE along with any additional information requested to:

   The Executive Director
   Environmental Protection Agency
   Ganges Street
   Sophia, Georgetown, Guyana
   Telephone: (592) 225- 0506/5467-9/6044/6048/5472
   Facsimile: (592) 2255481
   Email: epa@epaguyana.org, Website:www.epaguyana.org

2. A non-refundable fee of US$50.00 or its equivalent in Guyanese dollars according to the Citizens Bank Daily Exchange Rate is required for the processing of this Application. This fee should be made payable to the **Environmental Protection Agency**.

3. The applicant should be the developer, or person in whose name the Permit should be granted to.The applicant should provide a copy of some form of identification to the EPA, such as an ID card, Driver's Licence or Passport.

4. Additional information required by the Agency for processing of the application is listed on the attached sheet. Further information may be requested if the EPA deems it necessary.

5. The EPA should be immediately notified in writing of any change(s) in the details provided in this application form that occur(s) after a decision has been made by the EPA. Failure to do so may result in an offence under the Environmental Protection Act, 1996.

6. **No construction or land clearing is allowed to be carried out at the proposed site of new projects until permission has been granted by the EPA. This can result in the issuance of a Prohibition Notice.**

7. All measurements/numerical data submitted to the EPA should be in metric units.

8. Please note that if an Environmental Authorisation is issued, it will be prepared in the name of the applicant who has signed this Form and has committed to the requirements by doing so. In the event that the Permit Holder should be someone else, kindly indicate this to the EPA in advance on this Application Form.

9. The validity of the Permit can range from one (1) year to five (5) years. Usually five (5) year Permits are issued, but if you require a Permit for a shorter period, please inform us early.

EPA-EMPD2014EAAF1R0

1. **Name of Applicant(s)/Intended Permit Holder(s):**

Ministry of Health

2. **Contact Details of Applicant(s):**

Address:

Lot 1 Brickdam. Georgetown, Guyana

Telephone Number(s):
- (592) 226-7400

Fax:

Email:
lethem.hospital.01@gmail.com

3. **If there are technical persons (e.g. architects, engineers, consultants, etc.) assisting in the completion of this application form, kindly provide contact information below:**

Name(s): Architect – CMEC- Zhang Pengfei
Project Management –CMEC- Hu Yunlong
Structural Engineers –CMEC – Zhou Zhixing
MEP Engineers – CMEC – Xue Tao

Address: No. 165 Jinze Road, Fengtai District, Beijing China

Telephone/Fax/Email: +592-7244005 huyl@cmec.com

4. **Project Title (Name of Company/Business Name):**

Design and Build Lethem Hospital Project in Region No. 9

5. **Address/Location of Project**
Lethem Hospital in Region No. 9, Guyana

6. **Activity or Type of Project or Business, e.g. logging, sawmill, poultry processing, hotel, gas station**
Building Hospital

7. **Name the Local Authority (e.g. NDC) under whose jurisdiction the project/development falls:**
Ministry of Health

8. **Please state the expected lifetime of the project:**
50+ years

9. **For new projects, please state time period in which it is expected that the project will be implemented:**
May 2025 to May 2027

10. **Please state alternative site(s) if any:**
N/A

11. **Economic/Financial Statement:**

State the capital investment in the project:
31,099,000USD

State the annual turnover of the project:
N/A

12. **Provide a description of the project site:**

Total land area occupied by the project:
3 acre – Length 3.3833", Breadth – 59.8"

The present land-use at the site, e.g. empty, squatters, houses, other buildings
empty

Describe the current land uses surrounding the intended site (please tick the appropriatecolumns below for each of the four directions):

	North	East	South	West
Residential				
Commercial				
Institutional	√	√	√	√
Recreational				
Industrial				
Mixed Use – State				

Attach a site map showing other land-uses surrounding the project area and watercourses in the area, giving an indication of separation distances (an 81/2 "by 11" map will be acceptable).

Give an outline description of the physical features of the site to include information on:

(a) topography and gradient i.e.
■ generally flat ☐ hilly ☐ rolling/undulating terrain

(b) the predominant soil type
■ clay ☐sand ☐loam ☐ alluvial

(c) during the rainy season/high spring tidesthe area
☐severely floods ☐rarely floods ■ does not flood

State the proximity to the following:

	<50 meters	50m-100m	101m-500m	501m-1000m	>1km
Sensitive ecosystems e.g. Wetlands/Mangroves					
Protected Areas					
Major Water Courses					
Threatened or endangered flora and fauna					
Residences			√		
Place of Worship			√		
Schools			√		
Hospitals		√			
River / Sea Defence					
Other – State					

Attach a plan showing the layout of the operation. This map should detail all entrances, exits, location of all pieces of machinery, storage areas and any ancillary equipment that may be utilized by the operation, such as generators etc. This map should not be less than 60 cm by 90 cm (24" by 36") in size. **It is advisable to submit a draft plan to the EPA for review. Any changes required can then be made prior to finalization of the plan.**

13. Site Preparation and Construction Phase

Does the project site require major earthworks such as?
■ clearing ☐cutting ■excavation ■grading ☐blasting ☐ dredging

If yes, state the method of disposal (and disposal site) of materials generated as a result.

Organic material to be removed with excavator and disposal of.

Does the site require: ■ filling ☐ reclamation ☐ coastlinestabilization/alteration

Would the site require infrastructure and utility development:

☐ access roads and/or bridges
☐ power generating or transmission facilities
■ installation or modification of drainage systems
☐ wharf
☐ other _____
☐ airstrips
☐ telecommunication
☐ sewage system
☐ ground water well

If, yes give details

Would the project require major waterworks such as: ☐ creation of standing water bodies
☐ abstraction ☐ ponds ☐ diversion of water courses

Will the project require relocation or closure of ☐ people ■ houses ☐ farmlands
☐ businesses/offices ☐ other facilities

If yes, give details.

There are 5 dormitories need to be demolished

What percentage of the projected area would be cleared of vegetation?

50%

Please state the current stage of project development, i.e. any mobilization on site: such as, land clearance, construction or operation in progress.

0%

Please sate mitigation measures for adverse impacts during site preparation and the construction phase.

Site will be hoarded, temporary drains will be constructed to avoid water buildup.

14. Provide a description of the project/operation:

Stages in development of the project (e.g. land clearing, construction, operation, etc. and what activities are expected at each stage)

The Project can be divided into four stages: pre-construction, construction, commissioning, operation;

Stage 1: Pre-construction: including demolish of existing buildings, land clearing;

Stage 2: Construction: including excavation, concrete foundation, steel structure frame, roofing, finishing works;

Stage 3: Commissioning: including testing system of HVAC, electrical, plumbing, and fire safety.

Stage 4: Operation, means normal operation of medical services such as outpatient, emergency, inpatient, and surgery

Please state the workforce for each phase:

Stage 1: Pre-construction, 10 persons

Stage 2: Construction, Foundation – 25 persons, Structure – 80 persons, finishing works-20 person

Stage 3: Commissioning, 20 person

Stage 4: Operation, 100 person (adjusted according to Lethem Hospital management)

What are the operating processes and the raw materials used in the operation?

Concrete works – Cement, sand/gravel mix

Structural Steel – As per drawings

Please state any ancillary processes and services that may be necessary to the operations, such as the operation of generators, etc.

Utility electrical supply; generator will be used during power shutdown

State the respective treatment methods intended for domestic wastewater, effluent and sewage as well as their final effluent points.

During stage 1-3, there are no wastewater generated;

During stage 4, operation period, the waste water will be treated according to the methods and regulations of Ministry of Health

State the source and consumption rate (m^3 per day) of process water and electricity (generators (include capacity and specifications), solar, other).

Construction Stage:

Potable Water Demand –20.0m^3/ Day

Process Water--20.0m^3/ Day

Electrical Demand—200KVA

Operation Stage:

Potable Water Demand –40.0m^3 / Day

Process Water – NA

Electrical Demand – 1000 kVA, among which 200KVA comes from Solar plate

Would the activity utilize any hazardous (i.e. toxic, flammable, explosive, radioactive etc.) substances?

Yes ☐ No ■

If yes, provide a listing of the substance and the quantities to be used or stored.

Construction Stage: No hazardous (i.e. toxic, flammable, explosive, radioactive etc.) substances

Operation Stage: parts of Medical devices such as CT can produce radioactivity

16. **Describe any actual / possible effects of the project on the physical environment for all stages of the project identified above and existing/proposed mitigation measures (actions to offset negative environmental impacts) for each impact:**

Impacts to Land/Soil:

Exposed Earth to be saturated to avoid dust.

Mitigation measures:

Sprinkle water or cover to eliminate dust

Impacts to Air:

Will the activities routinely produce odours(i.e. for more than one hour per day)?Yes ☐ No ■

Will the activity generate air emissions (i.e. particulate emission such as dust or pollutant gaseous emissions) during the operational phases? Yes ☐ No ■

If yes, describe types and sources and provide an estimate emission rate or loading.

Mitigation measures:

Noise and Vibrations:

Will the activities generate significant levels of noise (i.e. for more than one hour per day)
Yes ■ No □

If yes, describe sources and provide an estimate emission rate or loading.

During Construction stage: the running of construction machinery, such as excavators, concrete mixer, etc., will generate noise. Estimated 80-90dB

Mitigation measures:

Select a device that is in good condition;

Set up fences at the boundary of the construction site;

Try to avoid high noise construction work at night

Impacts to Water (both ground and surface):

None impact

Mitigation measures:

17. **Indicate whether or not a Permit or Licence from any other Government entity is required or have been obtained (include name of relevant sector Agency).**

Approval to extension of Lethem Regional Hospital has been issued by Lethem Town Council on 16th Jan 2024, see attached letter "No Objection to Extension of Lethem Regional Hospital"

18. CONFIDENTIALITY

Do you consider any information provided to be a trade secret or other confidential business information and that such information be omitted from the register?` Yes ☐ No ■

If yes, give details.

_____

_____

_____

_____

Other relevant Information

_____

_____

Please list any attachments included in the application.

_____

_____

_____

19. Further comments by applicant(s):

20. Declaration:

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge.

---------- ----------

Name (in script) Designation

_____ _____

ANNEX 15: DISASTER RISK MANAGEMENT PLAN

1. Introduction

A Disaster Risk Management Plan (DRMP) is essential for identifying and mitigating existing disaster risks. Due to its geographic location, Guyana is susceptible to natural disasters, primarily flooding and drought. To address these challenges, the government has established several national policies aimed at protecting the country.

While these policies are in place, CMEC has developed this plan to operate at the project level. The Company will align its efforts with national strategies to ensure that the project stays on schedule and that our employees remain safe and secure.

2.Scope

This Disaster Risk Management Plan (DRMP) is specifically designed for the construction of the new Lethem Hospital. It assesses various potential hazards that could occur if a natural disaster impacts the project area and outlines possible mitigation measures to reduce these risks.

Please note that this document does not address any hazards that may arise during the operation of the current or future hospital. *Annex 3A – Emergency Response Plan* also addresses our approach to managing several incidents that may occur at the construction site. As such, it is recommended that these documents be used together for managing both operational and natural disaster-related incidents. Additionally, this document does not supersede any national disaster management plans that may be implemented during times of disaster.

3.Command System and Responsibilities

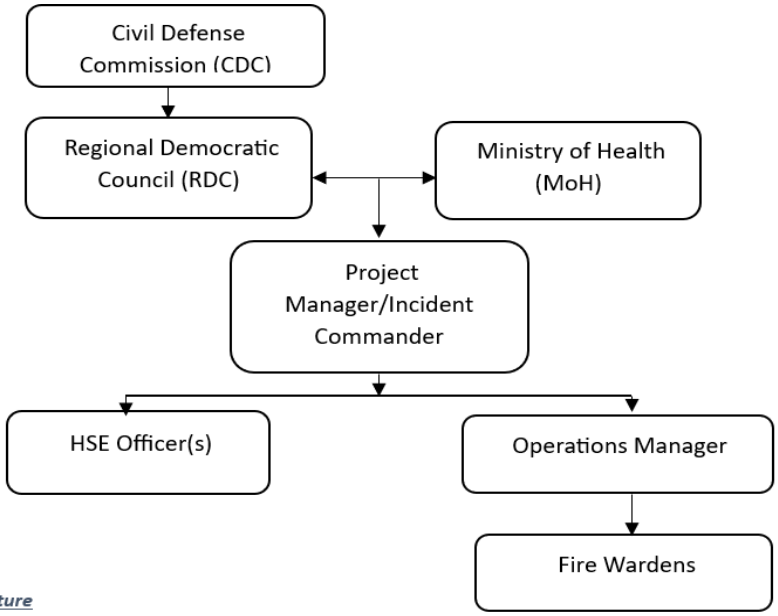


Figure 1: Incident Command structure

In the event of a natural disaster, the command system will take effect. The Command station will be at the company's office in Georgetown. The following are the responsibilities of the Contracting Company:

- **Project Manager/Incident Commander:** For this project, the Project Manager will take on the role of Incident Commander. He/She will function as the main point of contact between the company and the national agencies responsible for managing natural disasters. The Project Manager will also ensure that all necessary resources are available to address the disaster effectively and will approve any required financial expenditures.
- **HSE Officer(s):** The HSE team will coordinate a plan for utilizing resources to respond to the natural disaster. They are also responsible for completing all reports related to any incidents, maintaining an inventory of all available resources, and keeping all documents associated with each incident.
- **Operations Manager:** The operations team will assist in executing the plan and completing the tasks required.

- **Fire Wardens:** will assist in evacuations and monitoring the environment for any natural disasters.

4.Hazard/Disaster Identification

The main Natural Disasters that are likely to affect the area where the project is occurring are

- **Flooding:** one of the main natural disasters to affect Guyana is flooding. The largest flood recorded was in 2005, which affected 607,000 people and caused USD 465,000 in damages[5]. Although Region 9 is mountainous, most of the settlements are on the lower lands, and in the wet season, the rivers overflow and water accumulates or runs through these areas. Historically, during the rainy season, Lethem experienced flooding in 2012. The Caribbean Disaster Emergency Management Agency (CDEMA) Situation Report- Flooding in Guyana reported that due to heavy rain, the Rupununi River overflowed, causing flooding to the flat land and savannah. Bridges became impassable, and some farms became inundated. In other news articles, as recently as May 2024, the Newsroom reported that flooding in the Rupununi disrupts traffic between Lethem and Georgetown.

  Some hazards likely to develop due to flooding in the project site are:

  - The project site may be flooded
  - Delays in the project completion dates (and other milestones)
  - Electrical Hazards
  - Waterborne Diseases
  - Impassable access to the worksite

Drought is a significant concern in Guyana, primarily caused by changes in weather patterns and meteorological conditions that lead to reduced rainfall. One of the most severe and well-documented droughts occurred in 1997, impacting 607,200 people and resulting in damages estimated at USD 29,000. In Region 9, drought is a common occurrence, and it may occur at some point in the life of the project. A news article from the Guyana Chronicle in December 2018 discusses efforts to mitigate drought in the

[5] National Integrated Disaster Risk Management Plan and Implementation Strategy for Guyana

region, highlighting the commissioning of a new well in the area. This clearly shows the need for monitoring this natural disaster during the life cycle of the project. Some hazards that are likely to arise due to drought at the project site include:

- The creation of a dusty environment
- Spontaneous Combustion/Forrest Fires
- Erosion leading to ground instability
- Reduced water resources
- Delays in project completion (and other milestones)
- Dehydration and heat stroke of employees and/or subcontractors

5.Vulnerbility Assessment

In the event of a natural disaster within the project area, the project itself will become vulnerable. There would be delays to the completion of the project. This will affect the residents by delaying their access to better and needed healthcare services. Additionally, the identified hazards will affect the employees attached to the project by potentially causing the spread of diseases and physical injuries. The Table below provides a list of entities that would potentially be affected by a natural disaster in the project area.

Hazard/Disaster	What May Happen	Who/what would be affected
Flooding	The project site may be flooded	- Contract holder (MoH) - Employees - Contractors - Any flora/Fauna within the project area - Residents
	Delays in the Project completion date	
	Electrical Hazards	
	Waterborne diseases	
	Impassable access to the work site	
Drought	Dusty environment	- Contract holder (MoH) - Employees - Contractors - Any flora/Fauna within the project area - Residents
	Spontaneous combustion/Forrest fires	
	Erosion leads to ground stability	
	Reduced water resources	
	Delays in the Project completion date	
	Dehydration and heat stroke	

Table 1: List of entities Vulnerable to disasters in the Project area

6.Risk Assessment

The Risk assessment below identifies the likelihood and consequences of the hazards that may arise from natural disasters in the project area.

Hazard/Disaster	What May Happen	Who/what would be affected	Risk Assessment		
			L	C	R
Flooding	The project site may be flooded	- Contract holder (MoH) - Employees - Subcontractors - Any flora/Fauna within the project area - Residents	C	2	8
	Delays in project completion date		D	4	14
	Electrical Hazards		C	5	22
	Waterborne diseases		C	3	13
	Impassable access to work site		C	2	8
Drought	Dusty environment	- Contract holder (MoH) - Employees - Subcontractors - Any flora/fauna within the project area - Residents	B	2	12
	Spontaneous combustion/Forrest fires		C	3	13
	Erosion leads to ground stability loss.		D	4	14
	Reduced water resources		B	3	17
	Delays in Project completion date		D	3	9
	Dehydration and heat stroke		C	3	13

Table 2: Risk Assessment Table

		Consequence				
		1	2	3	4	5
		Minor	Moderate	Serious	Major	Catastrophic
Likelihood	A Almost Certain	10	16	20	23	25
	B Likely	7	12	17	21	24
	C Possible	4	8	13	19	22
	D Unlikely	2	5	9	14	18
	E Rare	1	3	6	11	15

RISK RATING KEY	
	Unacceptable: STOP work and review
	Moderate: Include tentative or immediate controls to proceed with the task
	Acceptable with Additional Controls
	Acceptable/Tolerable: Proceed task in a safe manner

CONSEQUENCES KEY	
	Fatality/Permanent Impairment, Irreversible damage to the environment
	Injury/illness requiring medical attention, Localized damage to the environment
	Serious injury and extensive damage to the environment
	No injury/ No illness, No harm to the environment

7.Mitigation Measures

The hazards identified will only occur during periods of drought or during the annual wet season (Traditionally May/June and December/January). The project is expected to be completed in 24-48 months. More than likely, it will encounter the hazards of the traditional wet season. The magnitude of the hazard will be dependent on the amount of rain experienced in the region. While all hazards should be addressed by the company, based on the risk assessment, the following hazards should be given priority by the project team:

During Flooding:

- Electrical Hazards
- Waterborne Diseases
- Delays in Project Completion

During Drought:

- Dry and dusty environment
- Spontaneous combustion of vegetation
- Reduced Water Resources
- Erosion leading to ground instability
- Dehydration and heat stroke in workers and subcontractors

To mitigate and reduce the impacts of these conditions, if a natural disaster should occur, the following will be done.

Hazards	Mitigation Measures
Flood Related Hazards	
Electrical Hazards	In the event of a flood in the project area, ensure that all electrical sources are turned off and lock out any equipment that contains stored electrical energy. When installing electrical wires, place warning marks in strategic locations to indicate where the wires are situated.
Waterborne Diseases	If flooding occurs, prevent employees from walking through the water. If it is safe to do so, ensure everyone sanitizes their hands and feet after coming out of the water. Once the floodwater recedes, sanitize the worksite.
Delays in Project Completion	Make sure all essential equipment, materials, and personnel are on-site at least one month before the rainy season. Also, ensure that all supplies are sufficient to last throughout the entire rainy season.
Drought Related Hazards	
Dry environment	To reduce dust on the project site, use wet suppression techniques whenever the area becomes dusty. Make sure to cover all loose sand stockpiles and keep their height below 2 meters. Additionally, ensure all employees wear appropriate personal protective equipment (PPE) to protect their faces from dust and exposure to dust inhalation
Reduced Water Resources	Regularly inspect pipes to ensure there are no leaks in the system, which can lead to water waste. During the wet season, use tanks and containers to store water, making sure to cover them to protect the water from insects. This stored water can be utilized during periods of drought.
Spontaneous Combustion of Vegetation	Maintain low vegetation around the project site. Additionally, ensure proper housekeeping to eliminate any extra fuel for potential forest fires. Fire wardens should conduct daily visual inspections of the project boundaries to monitor surrounding areas and provide early warnings of any potential fires.
Erosion leading to ground instability.	Preserve vegetation on the project site to help reduce dust. If necessary, construct terraces or other engineering solutions to minimize erosion near foundations and buildings.
Dehydration and heat stroke to workers and subcontractors	Provide daily access to water or other hydrating fluids for employees. Ensure they wear clothing that protects against extreme UV exposure.

Table 3: Mitigation measures

8.Preparedness

To prepare for any natural disaster during the life of the project, the Project Team will:

- Establish a relationship with the agency responsible for natural disasters in Guyana, the Civil Defense Commission (CDC). They can provide information on the national and regional resources available in the event of an emergency.

- Collaborate with the Regional Democratic Council (RDC) to ensure they have the necessary resources to manage any natural disaster.
- Refer to *Annex 3A - Emergency Response Plan* that outlines how the company will respond if a natural disaster (such as flooding, drought, or forest fires) occurs while the project is ongoing.
- Conduct drills to ensure the responses outlined in *Annex 3A - Emergency Response Plan* are adequate in the event of a disaster.

9.Response and Recovery

If a natural disaster occurs during the project, the Company has created a general ***Emergency Response Plan*** to address any immediate response.

For further information on planned responses, review the CMEC ***Emergency Response Plan***.

10.Review and Update

This document will be reviewed annually and updated as necessary. Updates will be required in the following cases:

- If any new natural disasters occur in Guyana or the project area.
- If new hazards arise from existing natural disasters that are already common in Guyana.

11.Reference

- Annex 3A – CMEC Emergency Response Plan.

ANNEX 16: SOLAR PANEL AFFIDAVIT

Affidavit - Project Developer

(Solar panels)

Project Developer's Name: CMEC-Sinopharmintl Consortium

Project: Design and Build Lethem Hospital Project in Region No.9 (HCNS-2024-WO1)
To: Ministry of Health Guyana

WHEREAS

We, the undersigned, declare as a sworn statement that we comply with the basic principles of corporate social responsibility and that we commit to carrying out our activities in a sustainable manner from an economic, social and environmental point of view, with integrity and transparency, and particularly to observe and apply internationally accepted standards on the Prohibition of Child Labor[1] and Forced Labor[2].

We declare to practice and comply with the environmental, social, health and safety responsibility established under the Environmental Policy or Framework applicable to the Project, which include general and specific provisions regarding human rights, energy and the environment, worker safety, labor, ethics, health and safety, management practices and other issues, not only with respect to our firm, but we will extend this commitment to subcontractors and key suppliers.

We declare that we, as well as none of our subcontractors, do not participate in any practice that violates the rights established in the Convention on the Rights of the Child or ILO Conventions on forced labor.

We undertake to follow a due diligence process to verify that we declare, to the best of our knowledge, that forced labor, child labor or practices that imply non-compliance with international or national labor standards have not been used in the Solar Panels and their main components, such as those defined in the ILO Convention No. 29 on Forced Labor and Protocol of 2014.

Likewise, we will be available to provide information that is required to demonstrate compliance with the commitments assumed in this Declaration.

It is understood that any false or misleading information that we have provided in connection with this statement or with the IDB Policies, will empower the IDB to adopt measures in accordance with its Policies and Procedures.

Signature of Project Developer's Authorized Representative: 

Name of Project Developer's representative: Cui Jiao

Contact: cuijiaochenziyi@hotmail.com

Dated on *June 4, 2025.*

[1] The United Nations Convention on the Rights of the Child has been practically universally ratified.
[2] The ILO Convention on forced labor of 1930 (No. 29) defines it in its Article 2 as any work or service required of an individual under the threat of any penalty and for which said individual has not offered himself voluntarily.

ANNEX 17: TERMITE TREATMENT PLAN



1.The necessity of termite control

(1)Termite control in buildings is very important because the damage they can cause is enormous.
(2) Termites also destroy non-cellulose materials as they search for food.
(3) Underground cable sheath materials, such as chloroprene rubber, plastic, rubber, leather and lead wrapping, are all subject to termite infestation.

2.The location of termite control area

(1) Termite need foods cellulose, Moisture and warmth to survive.
(2) Wood building material in and around home from the basement to the crawl space to the attic-can provide.
(3) The ideal food sources for these wood destroying insects.
(4) Common construction condition around homes, including area of sufficient grading that allow puddles to form near the foundation and air conditioning units.
(5) That create run-off moisture, can offer sufficient moisture for termite colony.
(6) Draw a diagram of the pharmaceutical treatment area (see shadow area)



3. Code used for Anti Termite Treatment

IS 6313 – Code for anti-termite measure in buildings.
IS 6313 Part 1 – Constructional measure.
IS 6313 Part 2 – Pre-Constructional anti-termite measure in building.
IS 6313 Part 3 – Treatment for existing structure or building.

4. Fipronil introduction (Chemical)

(1) Introduction of the agent Fipronil is a broad-spectrum insecticide of phenylpyrazole, commonly used in termite control. Its main characteristics are as

follows: Active ingredient: Fipronil, commonly used concentration is 0.01%-0.05%Damp wood Termites. Principle of action: blocking the GABA channel of the insect central nervous system, resulting in paralysis and death

(2) Medication preparation: The recommended concentration is 0.025%-0.05%. Usually, the 2.5% concentrated solution is diluted with water 100 times (40ml per liter). Stir well before use to ensure uniformity.

(3) The spraying of the agent should be arranged in the morning or evening to avoid high temperature and strong wind weather. The spraying operation shall not be carried out in rainy days or when it is expected to rain within 12 hours. After each spraying, the treatment area shall be closed for at least 24 hours, during which no personnel shall enter.

5.Prophylactico-therapeutic measures

(1) Pre-Construction Stage.
(2) Post-Construction Stage / Existing Building or Structure.
(3) Wood Work.
The detailed measure plan can be seen attached.

6.Safety Construction measures

(1) All operations must comply with safety instructions, municipal regulations, laws, and the project's safety plan.
(2) All personnel must receive training on the use of chemicals and safety precautions before entering the site.
(3) All workers and operators must be equipped with protective gear, including chemical resistant
work clothes, gas masks or protective masks with organic gas filters, waterproof
rubber gloves, waterproof rain boots or specialized construction boots, and protective goggles
(if necessary).
(4) Chemicals must not come into contact with food, drinking water sources, or areas where children play; eating, smoking, or drinking in the operation area is strictly prohibited,
and hands should be washed thoroughly with soap and water immediately after spraying.
(5) Personnel must not touch the chemicals for 24 hours after application, warning signs must be posted in the application area, and temporary barriers must be set up; if chemicals come into contact with the skin, eyes, or are inhaled, immediate emergency treatment

according to the MSDS instructions and medical attention should be sought.

(5) Remaining chemicals should be stored in sealed containers, and the packaging should be treated as hazardous waste.

8.Environmental Protection Measures

(1) Empty medicine bottles and used protective items should be treated as hazardous waste and handed over to qualified units for disposal.

(2) Do not discharge medicines into water bodies, sewers, or public areas.

(3) Ensure that the construction site has a water facility for hand washing and an emergency cleaning station.

Regularly monitor the environment around the spraying area; if any leakage or pollution is detected, immediate action must be taken.

9.Advantages of fenprolil in termite control

(1) Highly effective and long-lasting, with a residual effect in soil lasting 5-10 years. It is ideal for treating the foundation soil barrier of new buildings, providing long-term protection with a single application.

(2) Non-pheromone-based insecticide: Termites are less likely to detect the presence of the pesticide, so they do not avoid treated areas, creating an 'invisible kill zone.

(3) Contagious and spreadable (chain killing): Infested termites can carry the pesticide back to their nests, spreading it through contact, saliva, or excrement to other worker and queen termites, leading to the extermination of the entire colony.

(4) Suitable for various construction environments: It can be used for pre-treatment of foundations in new projects, local spot treatments indoors and outdoors, and injections into termite nests. The efficacy is not easily affected by temperature and humidity.

(5) No noticeable odor to humans, low irritation: Compared to older pesticides like chlordane, Fipronil has a weaker odor, making it more comfortable to use.

Pre-Construction Anti Termite Treatment

Pre-construction

(1) Site Preparation

Remove all roots, small plants and stumps from the worksite. In case the soil is to be treated as a porous, then firstly moistening process will be required to fill the capillary spaces in soil, to prevent the loss of chemical emulsion through excessive preclusion of the soil. In the case of water logging in foundation the water shall be pumped out before inject the chemical emulsion, a chemical emulsion should be applied only, when the soil is absorbent.

On other hand texture of soil is clayey and heavy in that case penetration is to be gradually and on sloping sites, where runoff is only one solution for that purpose soil surface should be provide a depth of 75mm.

Chemical Used as anti-termite agents: Chlorpyriphos 20% Bearing ISI Certification, dilute 1 part of Chlorpyriphos 20% with 90% of water.

(2) Sites and Bottom of the Trenches of Foundation
The first stage that is Pre- Anti termite treatment in foundation is carried out after excavation of the pit was complete, the bottom surface and the sides (up to a height of about 1 m) should be treated with the emulsion of chemical. Chemicals are listed above at recommended concentrations, masonry foundation and Basement should be treated with the emulsion of chemical at 5 liter per sq. meter of the total soil surface area.

(2) Backfill Treatment
After the treatment of masonry foundation, when the retaining wall of the basements come up, in backfilling is immediately contact with the foundation structure or substructure. It should be treated at the rate of 7.5 liter per sq. meter of the soil surface area.

Wall floor Junction Treatment
It is important step of the anti termite treatment, to establish the vertical emulsion of chemical barrier on the inner wall surface from the ground level up to the level of the filled earth surface. To achieve this treatment, a making small channel is 3 cm x 3 cm at all of the floor junction, wall junction and holes. Channel is made-up to the ground level at 15 cm apart and treating it with the anti-termite chemical emulsion.

Plinth Filling Treatment
As per the Bureau of Indian standards, the top surface of the consolidated earth within the plinth walls. It shall be treated with chemical emulsion at rate of 5 liters. per sq. meter of the surface before the stone, debrish bed is laid.

External Perimeter Treatment
After the completion of the building, the soil along the external perimeter of the building. It should be tapped at intervals of 15 cm and to a depth of 30 cm. By the forward and backward movement of tamping steel rod break up the soil and poured chemical emulsion along the wall. At the rate of 7.5 liters per sq. meter of the vertical surface area of the building. This process is forms a chemical barrier for termites in to the soil. All these stages are mentioned above are very essential for Prevention of Termites in New Construction work. To make the building completely termite proof. Another these miscellaneous stages are given below.

Soil Treatment for Pre-Construction Termite Treatment

(1) Expansion Joints

One of the most critical points in the structure is the lowermost floor level, where termites entered insides and damage the whole structure. In that case, Expansion joints are used. To provide protection against termites. The previous soil under expansion joints should be thoroughly used at 2 liters per linear meter. This is an important structural member of the Pre slab anti termite treatment.

(2) Plumbing or Sanitary Outlet and Inlet Points For Treatment

The inlet and outlet points of fresh and wastewater pipes are one of the most vulnerable areas. Special care should be needed around these areas as due to the constant moisture source these areas always remain to protect from termites. These areas should be making antitermite proof with the help of spraying chemical emulsion and the method of injecting conduit site.

The electric conduits can provide to be easy access for the termite invasion. The termites are used electric conduits or electric wires as pathways to move from one part of the building to other parts of the building and likewise moving from one floor to another floor. Therefore, the treatment of electric conduits and channels remains an integral part of pretreatment fortermites. Firstly excavated channels, before placing the wiring spraying chemical emulsion. Then after electric conduits are safe.

(3) A pressure pump shall be used to carry out the spraying operation. To facilitate proper penetration of chemicals into the earth. No spraying shall be carried out when it rains preparation shall be repeated at plinth area. If it rains immediately after a spraying operation and before the emulsion soak into the soil.

Post Construction Anti Termite Treatment

(1) Soil Treatment

The main objective of soil treatment is to establish the chemical emulsion barrier between the termites in the soil and the building to be protected. Basically, it consists of treating the soil adjacent to or under the building with a chemical emulsion, which kills or repels termites. Water emulsions are one type of chemicals given above that shall be used in soil treatment and applied precisely at the prescribed rate.

Treatment along the outside of the foundation:

The soil in contact with the external wall of the structure/ building shall be treated with chemicals at the rate of 7.5 liters/m2 of the vertical surface of the sub-structure to a depth of 300 mm. When adopting this treatment a shallow channel shall be excavated along and close

to the wall. Then after chemical emulsion shall be poured at a rate of 1.75 liters per running meter of the channel. The next step is tamping, with the help of a tapping rod having 12 mm diameter at 150 mm depth apart shall be done in the channel.
If necessary for uniform spraying of the chemical to 300 mm depth from the ground level. If there is a concrete or masonry unit around the building, approximately 12 mm diameter holes shall be drilled as close as possible to the plinth wall at 300 mm. The chemical emulsionmis pumped into the holes to soak the soil below at a rate of 2.25 liter per linear meter.

(2) Treatment of Soil under Floor

At the junction of the floors and walls as a result of shrinkage or the concrete. At construction joints in a concrete floor, cast in sections; and Expansion joints in the floor. The floor surface owing to construction defects:
A Chemical treatment should be provided within the plinth area of the ground floor of the structure. Wherever such type cracks are noticed, for protection drilling the vertical 12 mm holes at the junction of floor and walls.
The constructional and expansion joints mentioned above at 300 mm interval to reach the soil below. Chemical emulsion shall be poured into these holes using a manually operated pressure pump until to a maximum of one liter per hole. The holes shall be sealed. In general, the idea is to treat the soil below the floor at the locations of cracks with emulsion. So that termites in the soil are sealed the path through such cracks and opening in the floor.

(3) Treatment to voids in masonry

Termites are entered into the masonry foundation by voids and spreading all members of building at ground level and super structure. The movement of the termites through the building may be arrested by drilling holes into the masonry walls at plinth level and spraying chemical into the holes to soak the masonry. The holes shall be drilled at a downward angle of about 45 degree preferably from both sides of the plinth wall. At approximately 300 mm intervals. The spraying chemical emulsion by hand operated pressure pump.
The depth of drilled holes shall be dependent on several factors like decreased or increased the size of wall, for normal size brick wall that is 230 mm thick wall, at that case depth of drilled holes shall be 150mm. This process shall also be extended up to internal walls having foundations in the soil. Holes are drilled at critical points, such as wall corners and where door and window frames are put in the masonry or floor on the ground. Chemical Emulsion shall be spraying through the holes till to a maximum of one liter per hole. The treated holes shall be completely sealed.

(4) Treatment at Points of Contact of WoodWork

All existing woodwork in the building which is in contact with the walls or floors and which is infested by termites. They shall be treated by spraying at the points of contacts with the adjoining masonry with the chemical of concentration. The given above by drilling 6 mm holes at a downward angle of about 45 degree. At the junction of woodwork and masonry and spraying chemical into these holes.

(5) Treatment of Electrical Fixtures

If infestation in electrical fixture such as switch boxes, panel, wiring in the wall is noticed, covers of the switch boxes shall be removed and inside of such boxes. These shall be treated liberally with 5% Malathion dusting powder or Chlorpyrifos Dust. After dusting the powder, the switchboards are re fixed.





ANNEX 18: BUILDING WASTE HARMLESSNESS ASSESSMENT

Building Waste Harmlessness Assessment Report

(Asbestos and Mold Special Inspection)

Project Name: Design and Build Lethem Hospital in Region No.9

Issue Date: May 10, 2025

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1. **Key Conclusions**
    1. **Asbestos**: Not Detected
    2. **Mold**: Not Detected

Conclusion: This building waste is classified as **non-hazardous** and allowed to be demolished.

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2. **(II) Inspection Methods**

1. **Asbestos:** Visual inspection of building materials for asbestos content, mainly inspect the roof and walls of the building.

2. **Mold**

Visual inspection:

Observe walls, ceilings, floors, and other surfaces for signs of mold growth, such as spots, color changes (white, black, gray, brown, etc.), and moldy odors.

Odor:

- Mold usually emits a strong, cellar like or damp odor.

Check for damp areas:

- Pay attention to areas that may have moisture or water leakage, such as roofs, wall gaps, and around pipes, as these areas are more prone to mold growth.

Searching for potential sources of mold:

- Check for potential sources of mold, such as leaking pipes, damp walls or floors, and materials containing cellulose (such as gypsum board, wood, etc.).

Inspection Engineer:

(Wen Zhenping, Civil Work Engineer)




Outside




Roof




Walls




Floor

ANNEX 19: APPLICATION FOR TEMPORARY LAND FOR A MIXING PLANT

June 16th, 2025

Attn: **Mayor &Town Council, Municipality of Lethem, Region# 9**

Subject: Application for Temporary Land for a Mixing Plant Used for Lethem Hospital Project

Dear Sir/Madam,

We, CMEC – Sinopharmintl Consortium, are working as a Contractor on the Design and Build Lethem Hospital in Region No. 9 Project, with the Employer being the Ministry of Health, Guyana.

Since the construction of the Project requires a large amount of concrete, we plan to set up a mixing plant nearby to serve the concrete to the Project. Considering the convenience of transportation and minimal impact on surrounding residents, we propose a location after investigation, as detailed in the attachment. This land is expected to be used for two and half years.

Kindly find our proposed land attached and feel free to contact us should you have any questions.

Your kind support and cooperation would be highly appreciated.

Yours sincerely,

Cui Jiao
CMEC-Sinopharmintl Consortium
Design and Build Lethem Hospital in Region No. 9

Attachment: Location and land proposal

China Machinery Engineering Corporation
No. 178 Guang'An Men Wai Street, Xicheng District, Beijing, 100055, China Tel: (592) 7244005
www.cmec.com Email: huyl@cmec.com Fax: (86-10) 89161818

Proposed Land for Mixing Plant

The location and scope of the proposed land can be seen blow. The facilities to be built there mainly include mixing plant, gravel storage yard, sand storage yard, cement storage yard, diesel generator, water and diesel storage etc. The area to be used is around 1,200 m^2. The detailed layout can be seen attached.



Location of Land



Scope of the Land

ANNEX 20: APPROVAL OF LAND TO BE USED AS A MIXING PLANT

THE MAYOR AND TOWN COUNCIL OF LETHEM
LETHEM TOWN HALL
LETHEM,
CENTRAL RUPUNUNI
TEL: 772-2028 FAX: 772-2028
Email: lethemtowncouncil.gy@gmail.com

MOTTO: Working Together Harmoniously to Promote Equality and Transparency for the Benefit and Wellbeing of all.

16th June, 2025

Ms. Cui Jiao

CMEC-Sinopharmintl Consortium

Design and Build Lethem Hospital in Region No. 9

Dear Ms. Jiao,

Re: Approval of Temporary Land Use for Mixing Plant – Lethem Hospital Project

We acknowledge receipt of your application dated June 16th, 2025, requesting temporary use of land for a mixing plant to support the construction of the Lethem Hospital Project. After careful review pleased be informed that approval is granted for the location under the following terms:

1. Duration: The land may be used for a period of three (3) years, commencing from the date of this letter.

2. The site is to be used exclusively for concrete mixing operations related to the Lethem Hospital Project.

3. A temporary fence must be erected around the perimeter of the mixing plant site prior to the commencement of operations to ensure public safety and restrict unauthorized access. In addition to this safety signage must be prominently displayed in accordance with local regulations.

4. The land must be restored to its original condition upon project completion or earlier if the mixing plant is no longer required, including the removal of all temporary structures and fencing.

Should any modifications to the proposed plan arise, prior written approval from the Municipality will be required.

All for your information and guidance.

Yours sincerely,

THE MAYOR and TOWN COUNCIL of LETHEM

Keisha Vincent

Town Clerk

ANNEX 21: CONSULTATION REPORT – PHASE 1

CMEC-SINOPHARMINTL CONSORTIUM

CONSULTATION REPORT – ESA/ESMP FOR TEMPORARY FACILITIES AND PRE-CONSTRUCTION ACTIVITIES

Executive Summary

Utilizing a participatory approach, the project team met with concerned stakeholders of Lethem regarding the construction of temporary facilities and several preconstruction activities for the pre-construction phase of the Lethem Regional Hospital Project. The meeting was hosted in the training room of the Lethem Health Administration Building, on July 4, 2025.

Prior to the consultation meeting, a meeting notice was distributed to stakeholders in the immediate environment of the project site, regulatory representatives and hospital administrative personnel. Direct invitees included community residents, hospital administration from various operation centres and regional government representatives.

The meeting objectives included providing an overview of the pre-construction phase of the project, an examination of the likely social and environmental impacts and related mitigation measures. Attendees were also briefed on the Grievance Redress Mechanism (GRM) of the MOH. Most importantly, the forum allowed community members and other concerned stakeholders an opportunity to express any issues, expectations, concerns and provide comments that should be considered during this stage of the project's development.

During the consultation, a number of issues and concerns were raised, these were addressed by the project team as follows below.

The Approach to Consultation

Throughout the consultation process the project will utilize a participatory approach. The project team worked with the regional health authority, as well as regional government personnel and the Ministry of Health to notify the stakeholders about the meeting.

A participatory approach has the following objectives, firstly it seeks to empower community members by creating opportunities for them to provide input in the planning and development process. Recognizing also that indigenous peoples residing in the region, have better knowledge about the lay of the land and any intricacies that might need to be considered for example the most appropriate day and time to host consultations, and the choice of an appropriate and accessible venue.

Secondly, building relationships with community members. Through collaboration, the project is able to develop good relationships with stakeholders, which will positively contribute to the project's scorecard and finally help the project to gain buy-in from local stakeholders. With all stakeholders onboard, it is likely that communities can aid in the monitoring and evaluation of project development amongst other critical functions.

Stakeholders

A tiered consultation plan was implemented, that is identified stakeholders were engaged based on their interest and level of influence of the project. During this round of consultations, the Project Team invited the following levels of stakeholders:

- Tier I: Regional Representatives including Reginal Democratic Council (RDC) representatives, for example the Regional Chairman, Regional Health Officer, Town Clerk, Fire Service Officers, and representatives from the Mayor's Office etc.
- Tier II: Hospital Staff and administration who will be responsible for managing patient care while the construction activities are ongoing.
- Tier III: Community Members, these include members who reside close to the hospital, for example the Principal of the Arapaima Primary School, residents of Tabatinga where the project will be storing its construction materials (which can be referred to as the laydown yard) and residents located along the perimeter the Lethem Hospital.
- Tier IV: The Business community in operation close to and surrounding the Lethem Hospital

The full list of actual attendees from the above stakeholder groups can be viewed in the Appendix.

Notice of Meeting

A meeting notice was prepared which contained the particulars of the meeting including date, time, and location of the meeting (a copy of which is attached in the Appendix). In this notice, stakeholders were invited to attend the meeting to learn about the hospital development project, ask questions, and discuss any concerns with members of the project team.

The meeting notice was disseminated through three mediums:

1. Whatsapp: a copy of the notice was shared with key policy and governance stakeholders via their WhatsApp prior to the meeting. Stakeholders were encouraged to invite any key staff. Additionally, the Town Council circulated notices of the meeting through their municipal planning WhatsApp chat amongst local government personnel.
2. Hard copies: printed copies of the meeting notice were dispatched to members of the Tabatinga community
3. In-Person: The municipality went around to community members informing them about the project and inviting them to attend the meeting.
4. Project Team Community Visits: On the day of the meeting, upon arrival at Lethem, the project team visited the residents close to the project site to remind them of the meeting. Additionally, several Whatsapp reminder messages were sent to the stakeholders reminding them about the meeting.

Consultation Meeting

The consultation took the form of a public meeting. Public meetings are formal processes where governments or organizations seek feedback from the public and stakeholders on proposed policies, plans, or projects. It is viewed as an optimal way to gather diverse perspectives and ensure that decisions reached are informed by the needs and concerns of the stakeholders or community (ies) of interest.

The Meeting was convened on July 4 in Lethem, Region Nine, in the Training Room of the Lethem Health Administration Building. The meeting commenced at 11:00 am and concluded at 12:30 pm.

The meeting aimed to provide key information to stakeholders and provide an opportunity for the project team to gather feedback from stakeholders on the outlined potential risks/ impacts, and expectations based on the phase and scope of the project. The question and answers which followed the individual presentations allowed for robust participation (a copy of the meeting's agenda can be found in the Appendix).

During the meeting, the Project Team presented a PowerPoint presentation to the meeting attendees in addition to distributing hard copy versions of the presentation to the meeting participants. The presentations gave an overview of the project, its components and the likely environmental and social impacts of the project. Mitigation and management plans were also disclosed to the participants (a copy of the presentation can be found in the Appendix). The presentation was delivered in English.

A key discussion during the presentation was centered around the project scope, and development phase, what to expect, potential social and environmental impact as well as the project's grievance management process. It was highlighted that the grievance management process will govern both the workers and community grievances. Stakeholders were informed that Ms. Ashley Barakat will serve as the primary focal point person for the grievance redress process. Telephone contacts and e-mails for additional focal points, as well as the grievance mechanism form were also shared with participants. Attendees were also informed that this information will be available online on the Ministry of Health's website, including all other applicable project information. Project stakeholders were repeatedly encouraged to remain engaged with the project through the project team contacts, as well as through MoH's website.

On the ground logistics for the meeting were facilitated by the MoH, in conjunction with assistance from the Office of the Regional Health Officer.

Attendees

The meeting was attended by twenty-one stakeholders inclusive of regional governance stakeholders, hospital staff and the project team, inclusive of members of personnel representing the consulting firm, contractor, and the Project Execution Unit (PEU) of the MOH. Participants in the consultation included representatives from the following groups:

- The Lethem Regional Hospital (LRH): from Administration, Dental,

Laboratory, Imaging Department, Maintenance and MS.
- Lethem Healthcare Administration
- Lethem Town Council
- Region Nine (9) Department of Education
- C.B. & Associates
- Ministry of Health (MoH)
- CMEC Project Team Representatives

Organization of the Meeting

- **Issues and Concerns Discussed**

Questions	Answers
Will the hospital be designed in the same architectural design as other new hospitals across the country?	The Hospital will have its own design which will be designed by the project design team, in consultation with project stakeholders.
How much of the local labour force will be included in the project?	Locals will be employed to build the hospital. Approximately 40% to 50% of locals will be employed during the preconstruction phase of the project. These people will comprise skilled, unskilled, and technical/ supervisory talent. The GoG has written a 60% percent labour quota into the contractor's contract; however, the contractor has the discretion to determine whom they will hire.
How will the Contract address Human Trafficking and Child labour?	The project will ensure that no children are employed by the project, additionally the project will ensure that none of the materials that will be used by the project come from places or locations where child labor occurs. The project will also ensure that it adheres to the human trafficking and labour laws.
Will community members be able to access procurement opportunities with the project?	Community members will be able to take advantage of procurement opportunities
Will the project provide security at the site? **Additional Comment:** There is a need for security at the project site, there are a lot of break-ins that occur in the area.	The project will procure and provide security; we will also build a security gate. and local people will be hired to manage security.
How will we be informed about project activities **Additional Comment:** The town also has a communication plan. The town plays a vital role in communication of activities. The Town Council needs to be informed and will help to lead communication with the community.The Town Council would reach out to people in the constituency to inform them about the work. Real time information should be shared with the Town Council; the Town Council asks that the project maintain a	The project has a Communications Plan will be implemented throughout the various phases of the project

buffer zone between the community within the stockpile zone and the Project. The area in Tabatinga has been recently dredged, as a result the Town Council does not anticipate flooding in that area.	
Are there any special arrangements for noise pollution given that we are operating in a hospital environment, where there are sick patients?	Given the sensitivity to the area and the type of construction, the project will monitor the noise ranges both day and night. The project will endeavour to manage the noise ranges in consultation with people in the environment. Additional response: Note there are patients at the hospital day and night. The noise levels will be monitored with this in mind, to determine how patients are being affected by the project. The project will also implement buffers within specific areas to reduce the noise. Additionally, the project will ensure it adheres to local and international noise management levels for sensitive environments; it will also service its machines regularly. These measures are outlined by the project's ESMP.
The project should ensure that while transporting aggregate materials, its trucks are covered. The law prohibits transporting aggregate materials without covers. Additional Comments/Questions: -Attendees mentioned that consultation should be done with the Town Clerk for traffic and waste management. The town has a waste management system; the Town Council should be consulted on matters regarding waste management. -The Town Clerk will visit the site and would like to be consulted. The council will work closely with the project to mitigate negative impacts	The project team will ensure that it enforces the covering of aggregates through trainings with all drivers who will be contracted to deliver material. Additionally, the project has a Hazardous Waste Management plan which will be implemented throughout various stages of the project. Consultation on waste management and traffic management will be an ongoing activity with the community.
Can the temporary drainage be extended to the entire hospital? Water retention within the hospital environment is very high at the moment?	The project can try to work on extending its drainage plans; however, the Construction plan includes drainage to the entire hospital environment.
The project is also asked to note cultural and spiritual significance of trees to the community.	It has already been stated and committed to that no trees will be cut within the project site.
Will the morgue be affected by the project?	The project will find a way to accommodate the morgue without cutting down any trees or unnecessarily destroying any structures.

General Outcome and Commitments Made

- The project will confirm to the Laws of Guyana with regard to safeguarding human and environmental wellbeing.

- The project will seek to ensure it engages with community members as the project progresses. The project will utilize its communication plan and will engage with the Town Council as a key implementation partner in the areas of public communication. The Council acts as a convening agency for many aspects of social and economic development in the region.
- The project will try to ensure that it creates opportunities for the local labour force to participate in employment opportunities
- The project will try to ensure that it creates as many opportunities as possible for local businesses to participate in procurement activities for the project.
- The project will adhere to approved standards during the construction process (that is local and internationally approved standards for construction)
- The project commits to ethical practices in the form of Zero Child labour
- The project will maintain transparency and commit to a grievance management process that will treat every grievance with utmost importance.
- The Project Team will maintain various communication channels with all stakeholders, allowing contact to be made under various circumstances
- Engagements will be done on the topics of traffic management and waste management throughout the various phases of the project.

Lesson learned/Recommendations

The consultation team learned many lessons during this engagement. These are as follows:

- Stakeholders who attended the consultation meeting were pleased with the delivery of the content, they attributed it was clear, and explanations were sufficient.
- The language and visualizations used during the discussions were adequate and relatable. The team is encouraged to use this format at future meetings. The composition of the team added value. By having all members of the various teams present, the team members were able to answer technical directed questions, this model is proposed for future engagements.
- The Lethem Mayor and Town Council will support the PEU with dissemination of information regarding the project to the surrounding communities, and relevant agencies including, Fire, Police and Water agencies.

Conclusion

The consultation team deemed the consultation to be a success, given that the meeting met its objective of curating engaging with key stakeholders in the immediate environment of the project and those with responsibility for decision making and

administration. Though the meeting was poorly attended by residents, many in attendance were senior governance officials whose input was very useful to the process. This will allow for the project team to further establish a partnership/ working relationship with this category of stakeholders.

CMEC-SINOPHARMINTL CONSORTIUM

Notice of Meeting

Dear Stakeholders,

You are invited to attend a meeting on the development of the Lethem Regional Hospital. **The primary focus of this engagement is to present details on the construction of temporary facilities and several preconstruction activities.** These activities will be done before construction activities commence on the new hospital.

The meeting will be held on July 4, 2025, at 11:00 a.m. in the Training Room of the Lethem Health Administration Building (adjacent to the cenotaph).

We invite all to attend this meeting to learn about the Lethem Regional Hospital Project, ask questions, and discuss any concerns with members of the project team.

Light refreshments will be served. Looking forward to seeing you!

Kind regards,

The Project Team of CMEC-SINOPHARMINTL CONSORTIUM



Public Consultation – Phase 1: Temporary Facilities & Preconstruction Activities

Presented by: CMEC-SINOPHARMINTL CONSORTIUM

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Agenda

1. Welcome and Introduction
2. Project Overview
   - Background, purpose and scope of the project
   - Details on the Temporary Facilities
   - Details on the Stockpiling and Materials Storage
   - Details on the Preconstruction Activities
   - Relevant planning policies or approvals
   - Grievance Redress Mechanism (GRM) and the GRM Process
3. Key Issues and Impact Summary
   - Potential Impacts: Social, Environmental
   - Mitigation Strategies
4. Community Feedback and Questions & Answers
5. Next Steps & How to Stay Involved
6. Closing Remarks



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Welcome and Introduction

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Welcome and Introduction

Presenters

- **CMEC Representative**: Hu Yunlong
- **Social Specialist**: Ms. Vanessa Williams
- **Environmental and Safety Specialist**: Ms. Jenell Williams Pinder
- **Ministry of Health(MoH) Representative**: Ms. Ashley Barakat

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Project Overview

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Project Overview

Aim

Guyana continues to advance efforts to improve the standard of health care and this is reflected in :

- increased life expectancy;
- reduction in maternal and child mortality;
- decreased incidence, prevalence and mortality from communicable diseases;
- high levels of immunization coverage;
- greater awareness of environmental health issues;
- and improved water and sanitation facilities.

The Ministry of Health (MoH) is mandated to ensure effective policy formulation, regulation, coordination, monitoring and evaluation of the health sector.

Target:

- Overall, the upgrade's goals are to increase life expectancy at birth to greater than 75 by 2030, decrease Disability Adjusted Life Years (DALYS), reduce maternal and infant mortalities, reduce disabilities caused by Non-Communicable Diseases (NCDs), and reduce premature deaths due to NCDs.

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Project Overview

- This Project, Design and Build Lethem Hospital in Region No. 9 Project is part of The Health Care Network Strengthening in Guyana project.
- The project is undertaken by China Machinery Engineering Corporation. As the general contractor, the company is responsible for the design and construction of the hospital. The project duration is planned to be 30 months.
- The project Employer is the Ministry of Health, and the project activities will be carried out under the supervision of the project executing unit (PEU) established by the Employer.
- After the completion of the project, it will greatly enhance the healthcare service capabilities of the hospital in Region 9, providing a better medical environment and resources for 14 surrounding villages with a population of approximately 20,000 people.



Lethem Hospital Rendering

Project Overview

Upcoming Tasks:-

- **The construction of Temporary Facilities, which includes:**
  - A Site Office and,
  - Temporary Houses
- **Stockpiling and Material Storage**
- **Pre-Construction Activities**
  - Land Clearing (removal of garbage and obstacles)
  - Grubbing and Leveling of the Site
  - Termite treatment of the Soil
  - Installation of Site Hoarding
  - Demolition of Evacuated Buildings
  - Drainage works to manage rainfall runoff
  - Installation of Temporary electrical connections
  - Deployment of Site Security and Office

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Temporary Facilities

- Prior to the construction of the new hospital, we will set up several temporary facilities for project management and worker accommodation:
  - **Area A - Temporary Facility One:** Workers' Camp
  - **Area B - Temporary Facility Two:** Management Camp and Offices
  - **Area C – Temporary Facility Three:** Material Storage Yard



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Stockpiling and Material Storage

- Stockpiling and material storage in the temporary facilities involve organizing, securing, and managing supplies, equipment, and construction materials, such as sand, stone, cement, etc.
- Proper storage ensures community safety, efficient movement of materials, security, prevention of theft, and cost control.



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Land Clearing (removal of garbage and obstacles)

- The land clearing work will mainly include
  - grass and land surface removal,
  - removal of trees
  - garbage removal
  - removal of electricity and communication poles (or relocation of cables, as recommended by LPC and the internet company)






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Grubbing and leveling of the Site

- Grubbing and leveling are essential preparatory steps in construction, land development, and temporary facility setup.
- These processes ensure a stable, debris-free, and properly graded surface for further work.



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Demolition

- Demolition of existing erections within the scope of the future medical complex building site to facilitate the construction of the medical building.
- The buildings to be demolished include:
  - Staff Quarters - 3 buildings
  - Laundry and Kitchen Buildings
  - The Maternity Waiting Ward
  - The Generator Room



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- **Additional Pre-Construction activities:**
  - Site Surveying & Layout Planning
  - Material and equipment preparation
  - Excavation and backfilling
  - Foundation construction



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Project Overview

- Grievance Mechanism Measures (GRM) presented by the Ministry of Health (MOH)

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Key Issues and Impact Summary

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Key Issues and Impact Summary

- **Potential Social Impacts**

Vehicular Accidents	Disruption to daily activities
Transient populations	Pressure on infrastructure and services
Economic boom/ bust	Health risk to communities
Child Labour	Adverse social and community wellbeing
Human trafficking	Unfair treatment and discrimination of workers
Workers Rights	Discrimination in hiring
Archeological finds	Sexual violence and harassment
Gender pay Gap	Barriers to communication
Job Creation	Cultural Pluralism
Improved Health Care	Sourcing of Materials

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Key Issues and Impact Summary

- **Social Mitigation Measures**

- Traffic Management Plan Inclusive of Signage, Crossing Guards
- Adherence to Environmental Standards For Air, Noise
- Workers' Rights Policy
- Employment Policy And Plan
- Adherence to Chance Finds Procedure
- Sexual Harassment Policy
- Adherence to Labour Laws
- Communication Plan
- Health Care Management Plan
- Gender Policy
- Local Procurement Policy

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Key Issues and Impact Summary

- **Potential Environmental and Safety Impacts**

Environmental	Safety
Air pollution: dust and other airborne debris	Traffic Management Issues
Noise Disturbances	Chemical Spillage and Vapours from the termite treatment activity
Erosion to open land/soil	Nail punctures, splinters, cuts from timber or metal sheets
Material storage collapses if stockpiles are too high	
Poor waste management and handling	Unauthorised personnel gaining access to the various worksites
Poor water management/ Water Pollution	Unfamiliar faces around the community
Biodiversity disturbance	Exposure to heavy duty equipment
Aesthetic disturbances	Poorly trained and qualified employees

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Key Issues and Impact Summary

- **Environmental Mitigation Measures**
- **Air Pollution:** frequent wetting of roads, dusty surfaces and stockpiles. Covering trucks transporting loose material. Restrict vehicle speeds onsite and to the worksite.
- **Noise Disturbances:** Schedule high-noise activities during daylight hours or after consultation with stakeholders. Use noise-suppressing equipment. Monitoring of noise levels to ensure compliance with regulations.
- **Soil/Land Erosion:** Installation of silt fencing and sediment traps. Limit the creation of exposed areas. Staggered clearing exercises/activities
- **Stockpiling collapse:** Limit stockpile height and slope angle. Placement of barricades and warning signs around the stockpiles and storage areas. Regular inspection of stockpiles.
- **Waste Management:** Implementation of CMEC's Waste Management Plan
- **Poor Water Management:** Installation of temporary and permanent drainage systems to accommodate construction runoff. Installation of sediment traps if needed.
- **Biodiversity Disturbance:** careful consideration not to remove long-standing trees in the hospital and the community. Consultation with stakeholders before the removal of trees and similar environmental features
- **Aesthetic Disturbances: Placement of** well-maintained perimeter fencing or hoarding. The site will be kept clean and organized, promptly removing waste and debris.

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Key Issues and Impact Summary

- **Safety Mitigation Measures**
- **Traffic Management Issues:** Implementation of the CMEC Traffic Management Plan, appropriate placement of traffic signage (speed limits, warnings etc.), scheduled high traffic activities.
- **Chemical Spillage during Termite Treatment Activity:** Implementation of CMEC's Termite Treatment Plan. Conduct treatment activities during low-traffic hours and cordon off the area. Inform applicable stakeholders
- **Unauthorised access to the Worksite:** trained security personnel will be placed at strategic points. Display of clear warning signs (e.g., "Authorized Personnel Only"). Workers and visitors will be issued with badges.
- **Unfamiliar Faces in the Community:** Workers and visitors will be issued with badges. We will identify and appoint a Community Liaison Officer. Implementation of our employees 'Code of Conduct' policy.
- **Exposure to Heavy Duty Equipment:** We will have designated machine operating zones with barriers or cones and warning signs. Operators will use backup alarms, banksmen and spotters.
- **Poorly Trained Employees:** All employees will undergo the standard CMEC site-specific induction training. Regular toolbox talks and safety briefings. Only qualified personnel will be hired.

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Community Feedback and Questions & Answers

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Next Steps and How to Stay Involved

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Phase II Pre Construction Consultation: Construction of Temporary Facilities

Stakeholder List: July 4th meeting

Stakeholder Categories	Stakeholder Groups / Level	Stakeholders
Government	Regional and local government	Regional Democratic Council Municipality of Lethem Guyana Police Force Lethem Regional Hospital Ministry of Education Lethem Power Company / Hinterland Electrification Company Inc. Guyana Water Incorporated Hinterland Unit Guyana Fire Service
Main Project Parties	Project Implementation parties	Ministry of Health, CMEC
Directly Affected stakeholders and project affected people	Community members, including men, women, youth, local businesses, interest groups, NGOs, and CSOs	Affected individuals, Community Members

Meeting Agenda, July 4th, 2025

Construction of the Lethem Regional Hospital

Public Consultation – Phase 1 (Temporary Facilities and Pre-Construction Activities)

(PRESENTERS)

Welcome & Introduction (5 minutes)

- Welcome attendees and introduce Project Team (V. Williams)
- Outline meeting objectives and structure (V. Williams)
- Set ground rules for respectful discussion (V. Williams)

Project Overview (15-20 minutes) - Project Team

- Present background, purpose, and scope of the development stage (MOH)
- Present details on the Temporary Facilities to be constructed (CMEC Rep)
- Present details on the stockpiling and materials storage area (CMEC Rep)
- Present details on the preconstruction activities (CMEC Rep)
- Share visuals (e.g., maps, renderings, timelines) (CMEC Rep)
- Highlight any relevant planning policies or approvals needed (CMEC Rep)
- Present details of the GRM and GRM process (MOH)

Key Issues & Impact Summary (10 minutes)

- Address potential impacts: Social, Environmental, etc. (V. Williams and J. Williams)
- Summarize assessments or mitigation strategies in place (V. Williams and J. Williams)

Community Feedback & Q&A (25 minutes)

- Floor open for comments, questions, and concerns (V. Williams)
- Encourage respectful and inclusive participation (V. Williams)
- Note key themes and suggestions (Note takers/ Project Team)

Next Steps & How to Stay Involved (7 minutes)

- Outline the next stages in the consultation and development process (V. Williams)
- Brief overview of how feedback will be used and where and how communities can expect to see and receive project updates, and feedback, modes of updates (V. Williams and MOH)
- Provide contact details, feedback forms, and follow-up channels (V. Williams and MOH)

Closing Remarks (3 minutes)

ANNEX 22: NON-CONFORMANCE FORM

NCR. #	
Date	
Prepared by	
Subcontractor	
Subcontracting Category	

Description of the Non-Conformance

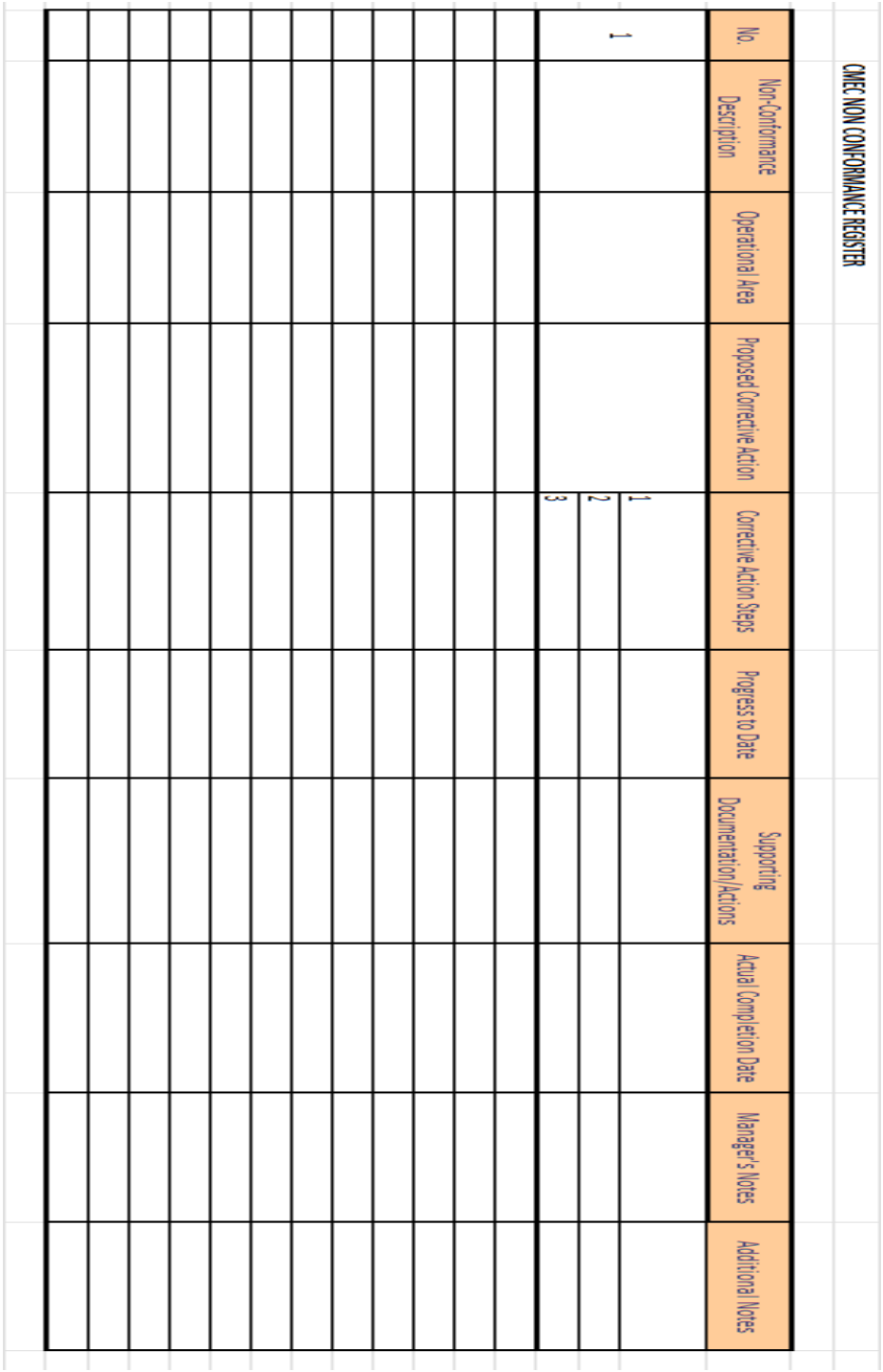
Location				
Non-Conformance Category (tick)				
Safety	Quality	Environmental	Social	Schedule
Other (Describe):				
Immediate Action Taken				
Root Cause Analysis (RCA)				
Corrective Action to be taken				

Responsible Person (s)		
Target Close-out Date		
Corrective Action Taken		
Follow-up / Verification		
Means of evidence of close out action taken.		
Verified by		
Verified by Supervision Firm		
Date		
Accepted	**Further Action Required**	**Rejected**
If further action is required		
Final Close Out		
Verified by		
Date		

Reference Images

[Insert relevant images of the identified non-conformance and corresponding corrective actions taken. Clearly label the images.]

ANNEX 23: NON-CONFORMANCE REGISTER



CNEC NON CONFORMANCE REGISTER

No.	Non-Conformance Description	Operational Area	Proposed Corrective Action	Corrective Action Steps	Progress to Date	Supporting Documentation/Actions	Actual Completion Date	Manager's Notes	Additional Notes
1				1 2 3					

ANNEX 24: EPA PERMIT – LETHEM REGIONAL HOSPITAL

Environmental Protection Agency

Ganges Street, Sophia,
Georgetown, GUYANA
Tel.: (592) 225-0506
Fax: (592) 225-5481
Email: epa@epaguyana.org
Website: http://www.epaguyana.org

Environmental Permit

Issued under the Environmental Protection Act, Cap. 20:05, Laws of Guyana, the Environmental Protection (Amendment) Act, 2005, and the Environmental Protection (Authorisations) Regulations, 2000

Reference No.:	**20250320-MHLHG**
Fee:	**Small (C2) - US$175 per year**
Fees Paid:	**US$875 for five (5) years – September 2025 to August 2030**

Addressee: **Ministry of Health**
Lot 1 Brickdam Street, Stabroek
Georgetown,
Guyana.

Activity: Construction and Operation of the Lethem Hospital

The Ministry of Health, herein referred to as the "Permit Holder", is hereby authorised in accordance with the Environmental Protection Act, Cap. 20:05, Laws of Guyana, Environmental Protection (Amendment) Act, 2005, and the Environmental Protection (Authorisations) Regulations, 2000, to construct and operate the Lethem Hospital at Lethem, Region 9, hereinafter referred to as "the Project", in the manner indicated in the Application submitted on March 20, 2025, subject to the terms and conditions set forth herein under the Environmental Protection Act, existing or forthcoming regulations made under the said Act and/or any other applicable Laws of Guyana, best practices, approvals, directives, guidelines and standards relevant to this project.

Terms and Conditions for construction and operation to be adhered to by the Permit Holder, his servants, agents, and sub-contractors:

1.0 GENERAL

1.1 The Permit Holder shall make an application to the Agency to vary this Environmental Permit in instances where it becomes necessary to:

a) change the construction, operation, structure, or layout of the facility and all associated buildings;
b) change equipment, machine, apparatus, mechanism, system, or technology serving the facility;

c) change the position and design of any outlet at the point or points of discharge of effluents;
d) or effect any other change outlined in 20(3) of the Environmental Protection (Authorisations) Regulations.

1.2 The Permit Holder shall adhere to the requirements of the **Occupational Safety and Health Act, Cap. 99:01, Laws of Guyana**.

1.3 The Permit Holder shall employ or designate an employee to the role of an **Occupational Health and Safety (OHS)/Environmental Officer** to be responsible for the implementation and coordination of all safety requirements and terms and conditions stipulated in this Permit, as well as compliance monitoring with the preparation of all required reports.

1.4 The Permit Holder shall make all employees, and third parties under their direction, aware of the conditions of the Environmental Authorisation and provide training on good environmental practices.

1.5 Construction works shall not be executed between 18:00 hrs. to 06:00 hrs. on any day, close to communal areas, unless approval is sought from and granted by the EPA. This requirement does not apply to large concrete pours or asphalt laying and earth removal, where work in the early morning and late evening is required.

1.6 The Permit Holder shall ensure that servicing and maintenance of the batching plant, machines, generator(s), and other equipment shall be conducted in accordance with the manufacturer's specifications. Summarised maintenance records shall be maintained onsite and be made available for inspection by the Agency upon request.

1.7 The Permit Holder shall ensure that upon completion of works, all barriers, equipment/material staging areas, and all support infrastructure, facilities, and equipment are removed in accordance with documents and plans submitted to the Agency.

1.8 The Permit Holder shall install adequate traffic control devices, signage, guardrails, and warning tape at work sites. Additionally, ensure that a speed limit is enforced to control traffic speed at the project site.

1.9 The Permit Holder shall adhere to the requirements of **the Health Facilities Licensing Act, 2007, Laws of Guyana.**

1.10 The Permit Holder shall ensure that hazardous materials (pharmaceutical and laboratory chemicals) are stored in accordance with the manufacturer's directions or Safety Data Sheet (SDS) instructions.

1.11 The Permit Holder shall ensure that all employees involved in the management of hazardous materials (pharmaceutical and laboratory chemicals) are trained on

Hazardous Material Communication and Emergency Preparedness Response. An annual training schedule shall be submitted to the Agency as a component of the **Annual Report.**

1.12 The Permit Holder shall ensure that emergency spill cleanup kits are established and maintained at the Project for response to potential spills. Kits should contain absorbent materials, drain seals, and other appropriate tools for clean-up. Spills should be cleaned up by the Best Available Technology (BAT).

1.13 Guyana Fire Service Approval shall be obtained and maintained annually and shall be submitted as a component of the **Annual Report.**

1.14 The Permit Holder shall ensure that they maintain fire prevention and control equipment in accordance with the Guyana Fire Service Approval. This may include a smoke detection and alarm system, fire extinguishers, fire hydrants, or sprinkler systems as appropriate.

2.0 BIO-HAZARDOUS WASTE MANAGEMENT

2.1 The Permit Holder shall adhere to the provisions of the **Environmental Protection (Hazardous Waste Management) Regulations, 2000.**

2.2 The Permit Holder shall ensure that all waste generated by the project is identified and segregated at the point of generation. Bio-hazardous wastes should be segregated according to their category.

2.2.1 All waste mixed with any medical waste shall be treated as bio-hazardous waste.

2.3 The Permit Holder shall ensure that the **bio-hazardous waste storage area** is maintained in accordance with the following conditions:

2.3.1 Be bunded to provide 100% containment of the waste stored;

2.3.2 Be secure and access restricted to authorised personnel only;

2.3.3 Have visible warning signs and biohazard symbols on the walls;

2.3.4 Be constructed with a hard, impermeable floor with drainage; the floor shall be designed to withstand cleaning/disinfection, without cracking, breaking, or damage that would prevent effective disinfection;

2.3.5 Allow easy access to waste collection vehicles; and

2.3.6 Be protected from contamination and contact with stormwater, rain, wind, and animals - measures should be taken to ensure the area does not become a breeding ground for vermin.

2.4 The Permit Holder shall ensure that bio-hazardous waste is properly labelled and colour-coded. Labelling shall include words such as "Infectious Substances", "Bio Hazardous Waste", and "Bio Hazard".

2.5 The Permit Holder shall ensure that bio-hazardous waste containers are labelled with the following information:

i. Name (location);
ii. Date;
iii. Type of Waste;
iv. List of Content; and
v. Quantity.

2.6 The Permit Holder shall ensure that bio-hazardous waste referred to in **regulation 19 (4)** of the **Health Facilities Act, 2007**, is kept separately from other wastes and shall be:

2.6.1 Stored in double impervious plastic bags at least **2 mm** in thickness, securely fastened and conspicuously marked **"infectious waste"**; when full, the bags should **not exceed 25 pounds** in weight;

2.6.2 Transported in receptacles that are conspicuously marked "**infectious waste**";

2.6.3 Held for pick-up in specially marked non-metal containers separated from regular waste;

2.7 The Permit Holder shall ensure that bio-hazardous wastes consisting of human cultures and biomedical waste containing infectious agents and cultures are treated and disposed of via incineration at a minimum furnace temperature of 850°C.

2.8 The disposal of sharps shall **NOT** incorporate cutting, breaking, bending, or any other manipulation.

2.9 The Permit Holder shall ensure that used sharps are placed in containers that meet the following requirements:

i. Rigid;
ii. Puncture resistant;
iii. Impervious to moisture, leak, and shatterproof;
iv. Display the universal bio-hazard symbols and a clear label of its contents; and
v. Can be sealed, preferably with a self-closing lid and/or a lid that prevents persons from removing sharps from the container.

2.10 The Permit Holder shall ensure that storage of bio-hazardous waste does **not exceed seventy-two (72) hours (3 days)**. The 3-day period commences when the first item is placed into the designated storage container.

2.11 The Permit Holder shall ensure that bio-hazardous waste is collected, transported, treated, and disposed of by an EPA-authorized waste disposal facility.

2.11.1 All bio-hazardous waste treatment and disposal shall be documented on a **Waste Manifest Form,** which must be submitted to the EPA as a component of the **Annual Report.**

2.12 The Permit Holder shall ensure that **broken or leaking bags** of infectious waste are **not transported** from the hospital unless it is re-bagged in accordance **with conditions 2.6 and 2.9.**

2.13 The Permit Holder shall ensure that where waste may constitute a hazard to any person or thing is compacted and the integrity of the container is compromised, the container shall be handled as infectious waste as outlined in the **Health Facilities Act, 2007.**

2.14 The Permit Holder shall ensure that the use of mercury-based medical devices (e.g., thermometers and blood pressure devices) is avoided and replaced with digital alternatives. Where mercury waste is generated, the waste shall be segregated for disposal at a facility authorised by the EPA.

3.0 RADIOACTIVE MATERIAL MANAGEMENT

3.1 The Permit Holder shall ensure that the following information for all radiation-emitting devices is submitted to the Agency before operation of the facility:

i. A list of the radiation-emitting devices and the serial numbers for the devices;
ii. Description of the location of all radiation-emitting devices;
iii. A Radiation Safety Manual Plan;
iv. The shielding calculations for the room(s) used to store radiation-emitting devices; and
v. Qualifications/ competency for staff operating radiation-emitting devices.

3.2 The Permit Holder shall ensure that the premises of the hospital that houses the x-ray department or unit conform to the following structural requirements for protection from radiation as outlined in the **Health Facilities Act, 2007**:

3.2.1 Radiation protection for the walls of the facility shall be a lead equivalent of 2 millimetres.

3.2.2 Where there is a room above the facility, radiation protection in the ceiling of the facility shall be a lead equivalent of 2 millimetres.

3.2.3 Where there is a room below the facility, radiation protection on the floor of the facility shall be a lead equivalent of 2 millimetres.

3.2.4 For the purposes of condition 3.2.3, a lead equivalent of 42 millimetres means:

i. A single brick wall at least nine inches thick;
ii. A six-inch thickness of solid concrete; or
iii. Two millimetres of lead sheeting.

3.3 The Permit Holder shall ensure that the waiting areas and changing rooms are situated that they prevent radiation exposure. **Zero-radiation** protection for patients shall consist of gonad shields or lead rubber aprons, where necessary to support a patient during an examination.

4.0 FUEL HANDLING AND STORAGE

4.1 The Permit Holder shall adhere to the provisions of the **Environmental Protection (Hazardous Waste Management) Regulations, 2000**.

4.2 The Permit Holder shall adopt and comply with the National SOP "Guidance for the Design, Construction, Modification, and Maintenance of Petrol Filling Stations" and any forthcoming code of practice/guidelines pertaining to the **operation of fuel storage.**

4.3 The Permit Holder shall ensure that a register of the quantities of fuel and associated hazardous materials stored onsite is established and maintained. Registered information shall be maintained on-site and made available to the EPA upon request.

4.4 The Permit Holder shall ensure that fuel at all times be stored above ground and away from ignition sources. '**No Smoking**' signs shall be posted where fuel is handled or stored.

4.5 The Permit Holder shall ensure that all secondary containment remains sealed and all piping entering or exiting the containment is over the wall. Secondary containment shall provide total containment, and no part of the tank infrastructure (e.g., dispenser, filling hoses, and valves) shall protrude outside the containment.

4.6 The Permit Holder shall ensure that secondary containment around the fuel tanks is inspected for cracks and deterioration to ensure they are liquid-tight to withstand the hydrostatic pressure of any contained liquid when full. An inspection report shall be maintained on-site and made available to the EPA upon request.

4.7 The Permit Holder shall ensure that direct discharge from the secondary containment of the fuel tank into the environment is **STRICTLY PROHIBITED**.

4.8 The Permit Holder shall ensure that in the event of a spill, contaminated wastewater from the secondary containment is pumped to a collection vessel and collected and treated by an EPA Authorised Hazardous Waste Disposal Facility.

4.9 The Permit Holder shall ensure that all collection, treatment, and disposal of wastewater from the secondary containment be documented on a Waste Manifest Form and made available to the EPA upon request.

4.10 The Permit Holder shall ensure that fuel storage tanks are visually inspected to verify their integrity. Inspection reports shall be maintained on-site and made available to the EPA upon request.

4.11 The Permit Holder shall ensure that protection measures for fuel storage tanks, such as painting and coating, are maintained to minimise corrosion of fuel tanks.

4.12 The Permit Holder shall ensure that maintenance and/or repair of fittings, pipes, and hoses are in accordance with the manufacturer's specifications. A summarised inspection report shall be kept and submitted to the EPA upon request.

4.13 The Permit Holder shall ensure that the overfill protection is installed and maintained on all fuel tanks. This may include an automatic shut-off device or an audible or visible overfill alarm.

5.0 AIR QUALITY MANAGEMENT AND NOISE ABATEMENT

5.1 The Permit Holder shall adhere to the provisions of the **Environmental Protection (Air Quality) Regulations, 2000,** and the **Environmental Protection (Noise Management) Regulations 2000**.

5.2 The Permit Holder shall ensure that noise emissions are monitored at the Project's boundary to determine compliance with **Guyana National Bureau of Standards (GNBS) Guidelines for Noise Emissions** into the Environment, not exceeding the limits listed below:

During Construction
Construction Limits: 80 dB during the daytime (06:00 h - 18:00 h)
65 dB during the night-time (18:00 h - 06:00 h)
During Operation
Commercial Limits: 80 dB during the daytime (06:00 h - 18:00 h)
65 B during the night-time (18:00 h - 06:00 h)

5.3 Noise Quality Monitoring of the parameters above shall be conducted at the approved sampling point/s and the results analysed at a GNBS-certified laboratory or by trained

personnel using calibrated equipment. Analyses shall be submitted to the Agency as part of the Annual Report.

5.4 The Permit Holder shall carry out all construction and operation activities in a manner to avoid, minimise, and control potential noise disturbance to the surrounding environment.

5.5 The Permit Holder shall ensure that all machines/equipment are serviced in accordance with the manufacturer's specifications to ensure efficiency and reduce the level of noise produced. A summarised maintenance report shall be maintained on site and made available to the EPA upon request.

5.6 The Permit Holder shall ensure that all equipment and machinery are placed upon foundations properly designed to ensure effective damping of vibrations.

5.7 The Permit Holder shall ensure that all significant noise-producing equipment, such as generators, is equipped with appropriate silencers or mufflers and/or enclosed in suitable acoustic enclosures where necessary, to reduce noise levels impacting the surrounding environment to achieve compliance with Guyana National Bureau of Standards (GNBS) requirements.

5.8 The Permit Holder shall locate generators away from communal areas to minimise noise, fumes/soot impacts on the contiguous areas/residents. Ensure that the exhaust stacks of generators are at a sufficient distance from communal areas to minimise adverse fumes/soot impacts on the contiguous areas.

5.9 The Permit Holder shall ensure that exhaust stacks of generators are at least 2 metres above the tallest nearby building.

5.10 The Permit Holder shall monitor ambient air quality at the boundary of the property to assess compliance with the requisite standards below:

No.	Air Pollutant	Averaging Time	Maximum Permissible Level	Type of Monitoring
1.	Carbon Monoxide	1 h	35ppm	Ambient
2.	Nitrogen Dioxide	1 h	200µg/m^3	Ambient
3.	Sulphur Dioxide	24 h	20 µg/m^3	Ambient

5.11 The Permit Holder shall monitor air quality during construction in accordance with the Environmental Permit to determine compliance with the **World Health Organisation (WHO)** Air Quality Guidelines for Particulate Matter in the

Environment, not exceeding the limits below:

$PM_{2.5}$: 25 µg/m3 24-hour mean
PM_{10}: 50 µg/m3 24-hour mean

5.12 The Permit Holder shall employ dust suppression methods, such as watering or erecting dust screens/fences, to control dust emissions from material stockpiles and other dust-generating components of the project.

5.13 The Permit Holder shall place stockpiles downwind to avoid materials being transported by wind to sensitive receptors (e.g., residences, schools, etc.). Confine loading and offloading activities, as far as possible, to this location.

5.14 The Permit Holder shall minimize the potential for particles to become airborne by keeping drop heights at a minimum when loading and/or offloading materials such as sand, aggregates, etc.

5.15 The Permit Holder shall keep engine idling during on-loading and off-loading activities to a minimum during construction.

5.16 The Permit Holder shall record, investigate, and address complaints of excessive noise, dust, and vibrations from the public promptly upon receipt. Maintain a record of all complaints received and the action taken.

6.0 WATER QUALITY

6.1 The Permit Holder shall adhere to the provisions of the **Environmental Protection (Water Quality) Regulations, 2000.**

6.2 The Permit Holder shall maintain the integrity of the existing waterways adjacent to and within the project site at all times. Any discharges into the environment must be in accordance with the Guyana National Bureau of Standards (GNBS) *Interim Guidelines for Industrial Effluent Discharge into the Environment.* The following are the allowable limits for this type of project and should not be exceeded:

- pH 5.0-9.0;
- Temperature < 40 °C;
- Biological Oxygen Demand (BOD) < 50 mg/L;
- Chemical Oxygen Demand (COD) < 250 mg/L;
- Total Suspended Solid (TSS) < 50 mg/L;
- Oil and Grease < 10 mg/L

6.3 The Permit Holder shall monitor the parameters specified above, in **Condition 6.2**, **annually;** sample points should include the final discharge point(s) from the project site, as well as an upstream and downstream sample from the receiving body of water.

The results should be compiled and incorporated into the project's Annual Report submission. ***The Agency reserves the right to request an independent analysis from an EPA-approved certified laboratory.***

6.4 The Permit Holder shall take all practicable precautions to prevent erosion, siltation, and sedimentation of existing water bodies/drains within the vicinity of the project site during the construction and operation phases.

6.5 The Permit Holder shall avoid soil and water contamination from fuel, grease, waste oils, and other petroleum products that might be used at the project site during construction. Ensure that all oils, fuel, paints, and chemicals are stored in a designated area, at least 10 meters away from waterways.

6.6 The Permit Holder shall conduct refueling, oil changes, and maintenance of vehicles, machinery, and other equipment on an impervious base. Spills should be cleaned up immediately, utilising the best practicable means.

6.7 The Permit Holder shall adequately store and/or cover temporary stockpiles of construction materials and excavated waste in a secured designated area to prevent release into the surrounding environment, especially in rainy conditions. As stated above, the designated area should not be placed within 10 meters of any water body.

6.8 The Permit Holder shall construct and maintain drainage systems capable of handling the probable maximum precipitation storm event.

6.9 The Permit Holder shall ensure that the disposal of excavated materials into surrounding drains is strictly prohibited.

6.10 The Permit Holder shall ensure that there will be no discharging or dumping of solid waste and/or trade effluent directly into receiving waters without prior treatment. Install and maintain a grease trap/ an oil-water separator(s) at the final discharge point of the onsite sewage facility through which all effluent must pass before final discharge.

6.11 The Permit Holder shall direct discharge of untreated effluent, including biohazardous waste such as bodily fluids, into the environment is **STRICTLY PROHIBITED**.

6.12 The Permit Holder shall treat all wastewater with a 10% bleach solution prior to discharge into the sewerage system. Discharge of wastewater into surface drainage is prohibited.

6.13 The Permit Holder shall ensure that disposal of medical wastes that consist of human cultures that may contain infectious agents into the surrounding drainage system is **STRICTLY PROHIBITED.**

6.14 The Permit Holder shall ensure that only non-radioactive decontaminated/non-infectious liquids that have been treated shall be disposed of into the Sewerage System.

7.0 WASTE MANAGEMENT

7.1 The Permit Holder shall adhere to the provisions of the **Environmental Protection (Litter Enforcement) Regulations, 2013**, and promote good sanitation and solid waste disposal practices on site. Covered garbage receptacles shall be placed on an impervious base at strategic locations, both within and outside the facility.

7.2 The Permit Holder shall ensure that dumping of waste into the surrounding environment is **STRICTLY PROHIBITED.** Waste, inclusive of waste oil and/or fuel, shall not be stored within 10 meters of any waterways.

7.3 The Permit Holder shall ensure that Non-hazardous solid waste is not burnt at the Project. All solid waste shall be disposed of at a sanitary landfill by an EPA Authorised Waste Disposal Company.

7.4 The Permit Holder shall maintain good housekeeping, sanitary, and hygienic practices shall be maintained at all times. The facility's drains and surroundings shall be kept free of vegetation and litter.

7.4.1 Solid waste receptacles shall be secured when not in use.

7.4.2 Waste collection areas shall be kept clean. Dry methods shall be used when cleaning around waste handling and disposal areas (e.g., sweeping, use of absorbents).

7.5 The Permit Holder shall construct and maintain a septic system on site; the septic tank shall not be located within 1.5 m of a building or property boundary and should be accessible for cleaning and de-sludging. Any modification to the septic tank shall be in accordance with the **Guyana National Bureau of Standards (GNBS)** Code of Practice for the Design and Construction of Septic Tanks and Associated Secondary Treatment and Disposal Systems.

7.6 The Permit Holder shall adhere to the requirements of the **Food and Drug Act Cap. 34.03. Laws of Guyana.**

7.6.1 Pharmaceuticals stored by the project should be in accordance with the **Food and Drug Act Cap. 34.03** and associated regulations.

7.6.2 Expired Pharmaceuticals shall be disposed of in accordance with the regulations of the Government Analyst Food and Drug Department (GA-FDD) requirements.

7.6.3 Each disposal of expired and recalled drugs shall be recorded on a Waste Manifest Form and shall be submitted as a component of the **Annual Report.**

8.0 SPILLS AND EMERGENCY MANAGEMENT

8.1 The Permit Holder shall notify the Agency **immediately** in instances where section 19(1) of the Environmental Protection Act Cap 20:05 is contravened, and **within one (1) hour** of the discovery of any emergency, which emergency shall include but not be limited to:

a. the accidental or unintended discharge of contaminants;
b. sudden onset disaster;
c. an accident; or
d. any other occurrence, whether induced by natural, technological, or human factors, which causes or threatens to cause severe environmental damage and harm to human health and livelihood.

8.2 The Permit Holder shall ensure that all near misses, spills, and unwanted/accidental discharges, amounting to less than five (5) imperial gallons, must be recorded and reported to the Agency.

8.3 The Permit Holder shall ensure that discharges of contaminants amounting to **five (5) imperial gallons or more** must be reported to the Agency by submitting an "Incident Notification Form for Spills in Onshore Operations" using the most recent template provided by the Agency, within forty-eight (48) hours of the incident. A follow-up incident notification form shall be submitted **within seventy-two (72) hours** of the submission of the initial notification form (a total of five days after the discharge of the contaminants).

8.4 The Permit Holder shall establish procedures for analysing accidents and failures to determine the causes of the failure and minimize the possibility of a recurrence. This information shall be made available to the Agency upon request.

8.5 The Permit Holder shall ensure that an electronic shutdown system is maintained as a primary emergency response mechanism, along with one or more suitable leak detection mechanisms.

8.6 The Permit Holder shall provide a fully equipped first aid kit at all primary work sites and ensure that functional communication and transportation systems are in place to respond to emergencies.

8.7 The Permit Holder shall maintain an Emergency Response Plan (ERP) for the entire facility, inclusive of the pipeline system. The ERP shall contain, but may not be restricted to, the following:

b. Spill detection and mitigation procedures;
c. Escape, evacuation, and rescue plan and assessment;
d. A list of responsible parties and duties;
e. A list of regulatory agencies to be notified;
f. Names and addresses of response organizations;
g. Training procedures;
h. A list of equipment to be utilized;
i. Testing procedures to ensure that the equipment to be used remains in working condition; and
j. Clean up and hazardous waste disposal procedures.

8.8 The Permit Holder shall annually simulate the entire ERP with relevant stakeholders as directed and/or approved by the Agency. The Agency reserves the right to attend any exercise organised in accordance with this Condition.

8.9 The Permit Holder shall produce appropriate documentation to the EPA, evidencing the conduct of the exercises required by **Condition 8.8**. The documentation must be submitted no later than thirty (30) calendar days following the emergency response exercise and shall include information detailing the:

I. Type of exercises;
II. Date and time of the exercises;
III. Description of the exercises;
IV. Objectives met; and
V. Lessons learned.

9.0 COMPLIANCE MONITORING AND REPORTING

9.1 The Permit Holder shall monitor the implementation of the conditions of this Permit, insofar as they involve adherence by your employees and all third parties under your direction.

9.2 The Permit Holder shall notify the Agency in writing of any change of name or ownership of the Permit Holder's facility within **thirty (30) days** after the change occurs.

9.3 The Permit Holder shall notify the Agency **within twenty-one (21) days** in the event of death, bankruptcy, liquidation, or receivership of the Permit Holder or if the Company becomes a party to an amalgamation.

9.4 The Permit Holder shall maintain and submit to the Agency, as a component of the Annual Report, records of the type, composition, and quantity of contaminants released (i.e., any solid, liquid, gas, odour, sound, vibration, radiation, heat, or combination of any of them).

9.5 The Permit Holder shall submit an **Annual Report** to the EPA on their compliance

with this Permit on or before **March 31, each year.**

9.6 The Permit Holder shall report to the Agency any non-compliance(s) with the Environmental Permit:

i. Within **twenty-four (24) hours** of the time the Holder of the Environmental Permit becomes aware of the non-compliance, outlining the anticipated manner in which human health or the environment may be impacted.

ii. Within **seventy-two (72) hours** of the time the Holder of the Environmental Permit becomes aware of the non compliance, submit to the Agency a written report containing a description of the non-compliance, its cause, the period of non-compliance, including exact dates and time and the anticipated time it is expected to continue if the non-compliance(s) has not been corrected.

9.7 Any Approval granted in accordance with this Permit shall be subject to such terms and conditions as may be required by the Agency, and shall be considered as forming part of the present Permit so that any breach or contravention thereof shall be considered a breach or contravention of the Permit.

9.8 The Permit Holder shall comply with any lawful directions given by the EPA from time to time in furtherance of the implementation of any international or other obligation for the environmental protection of Guyana.

9.9 It is the responsibility of the Permit Holder to ensure the permitted activity and premises are secured and that all practicable steps necessary to prevent fires, explosions, leaks, or suspected leaks and spills at the permitted premises are taken.

10.0 INSTITUTIONAL AUTHORITY/ LIABILITIES

10.1 The terms and conditions of this Permit are binding upon the Permit Holder, and the Permit Holder is responsible for any violations hereunder. The Permit Holder agrees that it can pay compensation for any loss or damage which may arise from the Project or breach of any term or condition of this Permit.

10.2 The Permit Holder shall be liable for any material environmental harm caused by polluting the environment, pursuant to s. 39 of the Environmental Protection Act, Cap. 20:05, Laws of Guyana.

10.3 The Permit Holder shall be liable for any serious environmental harm caused by polluting the environment, pursuant to s. 39 of the Environmental Protection Act, Cap. 20:05, Laws of Guyana.

10.4 The Permit Holder shall be strictly liable for any loss or damage to the environment caused by any act or omission done intentionally or recklessly.

10.5 The Permit Holder shall be liable for any activity that causes or is likely to cause pollution of the environment unless all reasonable and practicable measures are taken to prevent or minimize any resulting adverse effect, pursuant to s. 19 of the Environmental Protection Act, Cap. 20:05, Laws of Guyana.

10.6 The Permit Holder shall be liable for discharging, causing or permitting the entry into the environment, of any contaminant in any amount, concentration or level in excess of that prescribed by the regulations or stipulated by this Environmental Permit, pursuant to s. 19 of the Environmental Protection Act, Cap. 20:05, Laws of Guyana.

10.7 The Permit Holder shall be liable to compensate any person who suffers any loss or damage as a result of contravening conditions 9.3 and 9.4 of this Environmental Permit, pursuant to s. 19 of the Environmental Protection Act, Cap. 20:05, Laws of Guyana.

10.8 The Permit Holder shall not be indemnified by the Agency for any activity that causes or is likely to cause pollution to the environment, resulting from adverse effects through the discharge, any contaminant in any amount, concentration, ultra-hazardous substances, chemicals, or otherwise, and shall be rendered liable to prosecution and to penalties prescribed under the Environmental Protection Act and Regulations.

10.9 The Permit Holder, his Servants and/or Agents shall be jointly and severally liable for any negligence, gross negligence or wilful misconduct which causes harm to the environment, biodiversity, protected species and natural habitat.

10.10 Should the Permit Holder contravene or be likely to contravene any condition of this Permit, the Agency (EPA) may serve on him an Enforcement Notice in accordance with Section 26 of the Environmental Protection Act, Cap. 20:05, Laws of Guyana.

10.11 Where it appears to the Agency that the Permit Holder is engaged in any activity that may pose a serious threat to natural resources or the environment, or a risk of serious pollution of the environment or any damage to public health, the EPA may issue to the Permit Holder a Prohibition Notice, which may order him to immediately cease the offending activity, in accordance with Section 27 of the Environmental Protection Act, Cap. 20:05, Laws of Guyana.

10.12 The EPA reserves the right to conduct regular inspections of the Permit Holder's construction activities as part of its monitoring and enforcement requirements under the Environmental Protection Act, Cap 20:05, and the Environmental Protection (Amendment) Act, 2005, and Environmental Protection (Authorisations) Regulations, 2000.

10.13 The Permit Holder, His Servants and/or Agents shall at all times allow entry to the permitted facility to any Officer designated by the EPA for the purposes of conducting inspections or any other legitimate business of the Agency. Pursuant to Section 38 of the Environmental Protection Act, Cap. 20:05, Laws of Guyana, it is an offence to assault, obstruct, or hinder an authorised person in the execution of his/her duty under the said Act or its Regulations, and the Permit Holder shall be liable to penalties prescribed under paragraph (c) of the Fifth Schedule for doing so.

10.14 The EPA has the right to modify, cancel, or suspend this Permit for breach of any of the terms and conditions contained herein.

10.15 **This Environmental Permit is not the final consent; all relevant Permissions should be obtained from other regulatory bodies for continued operation.**

10.16 This Environmental Permit is effective for the period stipulated herein: **September 2025 to August 2030.**

10.17 This Environmental Permit shall remain valid until **August 31, 2030**, unless otherwise suspended, cancelled, modified, or varied, in accordance with the provisions of this Permit or the Environmental Protection Act, Cap. 20:05, Laws of Guyana, Environmental Protection (Amendment) Act, 2005, and the Environmental Protection (Authorisations) Regulations, 2000.

10.18 This Permit must be renewed by submitting a completed *Application Form for Renewal of Environmental Authorization* to the Agency at least six months before this Permit expires, that is, no later than **February 28, 2030.**

10.19 Any late submission of renewal application after the specified date as stated above, may require the Permit Holder to pay, in addition to the renewal fee, a late penalty fee (accruing at the time such obligation was first owed for renewal) at a rate of **two thousand dollars (GY$2000.00) per day for every business day late, until such renewal application is submitted to the Agency**, without prejudice to any other rights of the Permit Holder in connection therewith.

10.20 Failure to comply with the requirements of this Permit or with applicable laws and regulations, whether existing or forthcoming, shall render the Permit Holder liable to prosecution and to penalties, inclusive of civil penalties, injunctive relief, and imprisonment, as prescribed under the Environmental Protection Act, Cap. 20:05, Laws of Guyana, the Environmental Protection Regulations, and other applicable Laws of Guyana.

Signed by _____ on behalf of the Environmental Protection Agency.

Environmental Protection Agency
Kemraj Parsram
Executive Director
Executive Director

Date 2025. 9. 11

I hereby accept the above terms and conditions upon which this Environmental Permit is granted and agree to abide by the Environmental Protection Act, Cap. 20:05, the Environmental Protection (Amendment) Act, 2005, and the Environmental Protection (Authorisations) Regulations, 2000, and any existing or forthcoming regulations, guidelines, approvals, directives, best practices, and standards made under this Act.

NAME:	Xue Tao
DATE:	2025. 9. 12
SIGNATURE:	
DESIGNATION:	Site Manager

ANNEX 25: SOCIO-CULTURAL ANALYSIS (SCA)

Introduction

Over the past five years, the Government of Guyana (GOG) has embarked on an illustrious development plan, which holistically targets every social sector, including Guyana's health sector. In 2024, the Government of Guyana announced plans to increase the health service delivery network with four new hospitals across the country, with the country's primary hospital, the Georgetown Public Hospital Corporation (GPHC) continuing to serve as the main supplier of health services for Guyana's more than 800,000 people.[6]

Recognizing that as Guyana's population bourgeons, there is a need to increase the stock of health care facilities. In 2024, the GOG allocated $6.5 billion to upgrade the Lethem Regional Hospital[7] in the Upper Takatu- Upper Essequibo administrative region, Region Nine. Public pronouncements by government officials indicated that the hospital would be equipped with operating theatres, dialysis machines, CT scanners and digital x-ray machines, a modern laboratory, a 24-hour accident and emergency unit, several outpatient departments and other modern amenities and services[8].

The construction of the hospital aims to bridge the health care divide that currently exists between coastal and rural health care services throughout the country. It will create equality, ensuring that residents of the living in the hinterland region receive the same level of healthcare as those on the coastland.

Some of the expected outcomes of the project are an increase in life expectancy at birth to greater than seventy five percent (75 %) by 2030, decrease disability adjusted life Years (DALYS), reduce maternal and infant mortalities, reduce disabilities caused by non-communicable diseases (NCDs), and reduce premature deaths due to NCDs. Finally, the new hospital is expected to elevate the region's pandemic preparedness capacity in a post pandemic era[9].

CHAPTER 1 – OVERVIEW

A Socio-Cultural Analysis (SCA) is a tool that assesses the interdependence between the ecological, social, economic, and cultural aspects of a society, community, organization, or group. Specifically, it examines the values, norms, culture, governance structures, institutions, relationships and communications of the entity being assessed.

SCAs reveal hidden communal practices, important routines, rituals, and ways of exercising power.

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[6] https://www.worldbank.org/en/news/feature/2024/04/08/guyana-takes-strategic-steps-to-ensure-long-term-success-of-health-sector

[7] https://guyanatimesgy.com/lethem-health-care-sees-services-vastly-improve/

[8] https://health.gov.gy/press_release/sod-turned-for-5-4b-kato-hospital-region-8/#:~:text=The%20Kato%20Hospital%20will%20feature,other%20modern%20amenities%20and%20services.

[9] Project's TOR

They integrate principles of cultural responsiveness, gender equity, sustainability, and intersectionality[5] to ensure that projects consider and respect local/ community knowledge, values, and decision-making processes while promoting inclusivity.

When conducting SCAs factors such as language, cultural norms, Indigenous knowledge systems, and specific community contexts are carefully considered to curate a full picture of the communities under assessment in an effort to craft culturally appropriate and sustainable development projects.

SCAs are used by the Inter-American Development Bank (IDB) to assess the social, political and economic realities of project proponents. The purpose of the SCA is to help the Bank to gain in-depth knowledge/ understanding of the cultural realities and / or impacts of projects on communities, and / or vulnerable groups such as indigenous peoples, women, sexual minorities, disabled persons etc.

This SCA effectively captures the unique experiences and perspectives of stakeholders in the Upper Takatu-Upper Essequibo region. It aims to yield a meaningful and contextually relevant understanding of the cultural and social nuances that guide community life of the population of Region Nine, paying keen attention to how communities will interact with the hospital development project, and how the project can impact community, social, and economic life.

This SCA report has been prepared by *BrinsJen Systems Development Specialists* on behalf CMEC-SINOPHARMINTL CONSORTIUM as part of the Terms of Reference (TOR) requirements for the analysis of the Health Care Network Strengthening in Guyana, project (referred to as the Project). The SCA

- Identifies key project stakeholders
- Contains a stakeholder engagement plan, and a tiered communication plan
- Identifies and assesses the cultural, social, and economic characteristics of indigenous communities in the Upper Takatu- Upper Essequibo region
- Assesses the potential cultural and social impacts both positive and negative of the project
- Provides Social Action and Gender Management plans, as well as a Grievance Management Plan
- Proposes actionable recommendations to ensure that project implementation is culturally appropriate and socially inclusive
- Provides an overview of all communities that may be impacted by the project

1.1. Purpose of the SCA

The Purpose of this SCA is to identify, analyse, manage, and monitor potential cultural and social impacts that the project may induce. The SCA assesses those objects, key receptors or persons, most likely to directly experience the weight of the perceived impacts of the project, termed project affected persons (it is key to note that project affected persons can experience positive as well as negative impacts of a project). Additionally, the SCA provides the framework for engagement with project stakeholders during the lifecycle of the project. The engagement framework also outlines a structure for engagement to address any grievances that may arise.

Finally, the SCA provides a framework for managing and monitoring relations with project workers, and key project stakeholders such as special interest groups (women, elderly, children, minority groups, and youth).

1.2. Objective of the SCA

- To provide an overarching assessment of the social and cultural environment within the project area
- To establish the social, cultural, and economic baseline of the project area
- To identify project affected persons
- To assess the potential anthropogenic impacts the project may induce
- To develop management and / or mitigation strategies to address the assessed social and cultural impacts.
- To provide a framework for engagement with project affected persons.
- To provide a policy outline for addressing grievances, monitoring, and reporting on the projects' social and cultural capital.

1.3. Scope and Structure of the SCA

The scope is defined as the extent of the area over which any activity operates or is effective, and the range of applications or subjects embraced which is relevant (Oxford English Dictionary, 2023).

Therefore, this SCA, which covers Lethem and surrounding villages, gives an overall assessment of the potential impacts that can occur during the Construction and Operations Phases of the project.

As such, the SCA is organized in the following subsequent chapters:

- Chapter 1- Introduction
- Chapter 2- Project Summary
- Chapter 3- Methodology
- Chapter 4- Legislations and Institutional Framework
- Chapter 5- Community Profile and Social Baseline
- Chapter 6- Impact/Benefit Assessment of Project
- Chapter 7- Planned Implementation Arrangement
- Chapter 8- Gender Baseline
- Chapter 9 – Cultural Assessment
- Chapter 10-Social-Cultural Management Plans
- References
- Appendix

1.4. Socio- cultural baseline

The socio-cultural baseline is a carefully selected set of social indicators (social and cultural variables) with accompanying qualitative and / or quantitative data for the communities in the project's area of influence. The baseline refers to a point of comparison – in other words, social and cultural indicators about the affected communities that will be used as the reference data against which to measure the impacts of the project as it develops, and/or to determine the adequacy or otherwise of existing facilities and their interrelationships.

In accordance with local and international legislation, policies, and good practices, the socio-cultural baseline examined the existing socio-cultural, socio-economic, and physical environment to understand the existing situation within the project's area of influence prior to the commencement of the project. The baseline provided parameters for analysing how potential anthropogenic inducements could affect the social, cultural, educational, health, environmental, and economic conditions within the project's area of influence. Additionally, the socio-cultural baseline considered inclusion of vulnerable groups including youth, elderly, sexual minorities, migrant populations, and cultural nuances which currently facilitate the participation of these groupings in social, political, and economic opportunities within the project area.

The socio-cultural baseline was compiled using secondary and primary data. Secondary data was derived from preexisting sources, for example national census data, cultural heritage data, and other existing texts; while primary data was compiled through Key Informant Interviews (KII) and Focus Group Discussions (FGDs). A total of 28 KII interviews and 2 focus group discussions were conducted with key project stakeholders and project affected persons (PAPs) within the Project's direct and indirect area of influence (DAoI). Please see Chapter XXV for detailed description of stakeholder engagements.

The baseline conditions for the project are stated in this chapter.

2. Legislative Framework

The legislative framework that guides the socio-cultural and economic baseline of this SCA contains a mixture of local laws and regulations and international policies, which helps to establish a framework for advancing the conduct of socio-cultural projects within the local development environment. Amongst these legislations and policies are regulations that cover a range of areas including Indigenous rights, gender, cultural heritage, environmental protection, labour, occupational health and safety and community engagement. These legislation and policies are discussed in this chapter of the SCA.

2.1. Environmental Protection Act- Cap 20:05

The **Environmental Protection Act of 1996 "EPA"** was assented to by the Prime Minister of Guyana while performing the functions of President and came into operation that said year. The Environmental Protection Act as Guyana's principal environmental provision is aimed at protecting Guyana's natural environment and fostering the sustainable management of natural resources.

The EPA was enacted to provide for the management, conservation, protection, and improvement of the environment, the prevention or control of pollution, the assessment of the impact of economic development on the environment, and the sustainable use of Guyana's natural resources as cited in the preamble of the Act.

The Environmental Protection Act was amended in 2005 and a series of provisions; on water quality, hazardous waste management, noise management, air quality, environmental authorisations, litter enforcement, and the banning of expanded polystyrene were adopted to give greater effect to the legislative framework provided by the Act. Notably, the Act stipulates that every project that has the

potential to impact human health and the environment should be assessed. The assessment should:
(A) identify, describe, and evaluate the direct and indirect effects of the proposed project on the environment including:

I. human beings;
II. flora and fauna and species habitats;
III. water;
IV. soil;
V. air and climatic factors;
VI. material assets, the cultural heritage, and the landscape;
VII. natural resources, including how much of a particular resource is degraded or eliminated, and how quickly the natural system may deteriorate;
VIII. the ecological balance and ecosystems;
IX. the interaction between the factors listed above;
X. any other environmental factor(s) which needs to be taken into account or which the Agency may reasonably require to be included; and

(B) assess every project with a view to the need to protect and improve human health and living conditions and the need to preserve the stability of ecosystems as well as the diversity of species.[10]

2.2. Labour Act- Chapter. 98:01

An act to provide for the establishment of a Department of Labor, for the regulation of the relationship between employers and employees and the settlement of differences between them. The Act sets out the duties, rights, and obligations of employees. The Act serves to guide how employers should treat with treat employees including the payment and deduction of wages, and hours of work of employees.

2.3. Employment of Young Persons and Children Act- Chapter 99:01

Under this Act, a "child means a person under the age of fifteen years" while a young person means a "person who has ceased to be a child and who is under the age of sixteen years".
Section three subsections 3 (1); (2); and (3) forbid the hiring of children or young persons under the age of fifteen years. Where a young person is employed, a register must be maintained.
Section 5 subsections (1); and (2) address the penalties to be imposed for breach of the act, these penalties are:
5 (1) if any person employs a child in any occupation or work or a young person in any industrial undertaking in contravention of this Act, he shall be liable on summary conviction to fine of $10,000 or in the case of a second or subsequent offense of $15,000
(2) where the offence of taking a child into employment in contravention of this Act is in fact committed by an agent or workman of the employer, such agent or workman shall be liable to a penalty as if he were the employer.

[10] Environmental Protection Act 1996, (Guyana)

2.4. Public Health Ordinance- Chapter 145

The Public Health Ordinance makes provisions for the management of the public's health and safety. Relevant to the project, the Ordinance addresses infectious diseases for example (yellow fever, smallpox, alastrim, cholera, plague and typhus); sanitation and the provision of gendered water closets and / or latrines. The Act gives Public Health Boards the authority to make regulations with regard to the control of infectious diseases for any of the following purposes:

a. the restraint, segregation, and isolation of persons suffering from any such disease, or likely from exposure to infection to suffer from any such disease.
b. the removal to hospital and curative treatment of persons suffering from any such disease;
c. the removal, disinfection and destruction of personal effects, goods, buildings, and any other article, material or thing exposed to infection from any such disease.
d. the promotion of cleanliness, ventilation, and disinfection; and
e. the doing of any such matter or thing as may appear advisable for diagnosing, preventing, or checking such diseases, including the prohibition or restriction of movement of persons and public and private conveyances of any kind whatsoever within and to and from an infected area.

The Ordinance also makes provisions for the sanitation of dwelling places and the sufficient / proportionate provision of water closets for workers. The Ordinance stipulates "the local sanitary authority may by written notice require the owner or occupier of the house within the time specified therein to construct a sufficient number of water-closets or latrines for the separate use of each sex, and receptacles for refuse matter."
It also sets out the framework for complaints, inspections, and sanctions for failing to comply with the Act.[11]

2.5. Occupational Health and Safety Act – Chapter 99:10

An act to provide for the registration and regulation of industrial establishments, for occupational safety and health of persons at work, and for purposes connected therewith or material thereto. The Act sets out the roles and responsibilities of employers towards employees including ensuring that workers have the requisite training, skills, and equipment needed to perform the job, the provision of a healthy and safe working environment. Equally, the Act places responsibility on employees to ensure their own safety while on the job by adhering to safety guidelines and the proper use of Personal Protective Equipment (PPE) by employees[12].

2.6. Amerindian Act-Act No. 6 2006

An Act to provide for the recognition and protection of the collective rights of Amerindian Villages and Communities; the granting of land to Amerindian Villages and Communities and the promotion of Good Governance within Amerindian Villages and Communities.

[11] https://parliament.gov.gy/documents/ordinances/22195/chapter_145_-_public_health.pdf
[12] https://gcci.gy/wp-content/uploads/2013/07/Occupational-Health-and-Safety-cap9910.pdf

2.7. Local Government Act -Chapter 28:02

An act to make provision for local government in village districts, country districts and rural districts and for matters related there to.

2.8. Town and Council Planning Act – Chapter 20:01

An act to make provision for the orderly and progressive development of land, cities, towns and other areas, whether urban or rural, to preserve and improve the amenities thereof, and for other matters connected therewith.

2.9. Trafficking in Persons Act

In 2024, Guyana passed a Combating of Trafficking in Persons Act, amending the Act of 2005 and the 2013 Amendment. The amendment fills gaps in victim protection, increases penalties for traffickers, and enhances prosecution provisions. It extends protection, non-criminalization, and access to services to survivors, regardless of their immigration status.
Guyana developed national Standard Operating Procedures on Trafficking in Persons (TIP) in 2021.

2.9.1. Persons With Disabilities Act -Chapter 36:05

Sub-part three, Sections (20), (21), and (22) set out the responsibilities of the Minister with responsibility for health to collaborate with the National Commission on Disability to ensure that health services are provided for people with disabilities. [13]

2.10. Combating Trafficking in Persons Act 2023

An Act provides comprehensive measures to combat trafficking in persons and for connected matters.
The act purports to mitigate and prosecute persons who "abuse a person's position of vulnerability". That is, taking advantage of the vulnerabilities of a person by causing that person to believe that there is no reasonable alternative but to submit to the labour or service demanded of the person, and includes taking advantage of the vulnerabilities resulting from the person having entered the country illegally or without proper documentation, pregnancy, any physical or mental disease or disability of the person, including addiction to the use of any substance, or reduced capacity to form judgments by virtue of being a child. [14]

[13] https://www.parliament.gov.gy/publications/acts-of-parliament/persons-with-disability-act-2010
[14] https://mhsss.gov.gy/Documents/Legislation/Trafficking%20In%20Persons/The%20Combating%20of%20Trafficking%20in%20Persons%20Bill%202023.pdf

Prevention of Discrimination Act 1997

The *Prevention of Discrimination Act* expressly recognizes sexual harassment as an act of discrimination. It defines sexual harassment as:
"unwanted conduct of a sexual nature in the workplace or in connection with the performance of work which is threatened or imposed as a condition of employment on the employee, or which creates a hostile working environment for the employee."
One of the grounds on which the legislation makes it unlawful to discriminate, is on the grounds of sex. Section 8 of the *Prevention of Discrimination Act* provides that any act of sexual harassment against an employee committed by an employer, managerial employee or co-worker shall constitute unlawful discrimination based on sex.

Penalty
Prohibition of sexual harassment extends to employment agencies, educational authorities or qualifying bodies. A person who commits sexual harassment may be fined up to $20,000.00. Pressuring a person to discriminate carries a penalty of a fine of $15,000.00.[15]

2.11. International Policies

2.11.1. **Inter-American Development Bank: Environmental and Social Performance Standards (2021)**

The IDB's Environmental and Social Performance Standards comprise of ten (10) standards put forward to guide the environmental, social, and cultural performance of projects funded by the Bank. The guidelines are as follows:

Standard 1: Assessment and Management of Environmental and Social Risks and Impacts
Standard 2: Labour and Working Conditions
Standard 3: Resource Efficiency and Pollution Prevention
Standard 4: Disaster Risk
Standard 5: Land Acquisition and Involuntary Resettlement
Standard 6: Biodiversity and Living Natural Resource Management
Standard 7: Indigenous Peoples
Standard 9: Gender Equality
Standard 10: Stakeholder Engagement and Information Disclosure [16]

2.11.2. **Sustainable Development Goals**

The United Nations Sustainable Development Goals 2030 came into effect in January 2016, as a group of global goals that precede the Millennium Development Goals. The SDGs propound to achieve a better and more sustainable future for all. The SDGs address key global challenges, including those related to poverty, inequality, climate, environmental degradation, prosperity, and peace and justice.

[15] https://caribbean.unwomen.org/en/caribbean-gender-portal/caribbean-gbv-law-portal/gbv-country-resources/guyana#:~:text=The%20law%20governing%20domestic%20violence,the%20incidences%20of%20domestic%20violence.
[16] IBD ESPS Guidelines Document, (2021) English Version

The 17 interconnected goals of the United Nations seek to ensure that no one is left behind with the support of the United Nations framework. Additionally, governments who are signatories to the Goals are encouraged to integrate the SDGs into their national development plans and policies[17]. Guyana became a signatory to the UN in 1966. [18]

2.11.3. **UNICEF Minimum Standards for Community Engagement**

UNICEF Minimum Standards for Community Engagement outlines sixteen (16) performance standards that aim to provide standardization and benchmarks for measuring the effectiveness of community engagement. The indicators include participation, empowerment and ownership, inclusion, two-way communication, adaptability and localization, building on local capacity, informed design, planning and preparation, managing activities, monitoring, evaluation, and learning, government leadership, partner coordination, integration, human resources and organizational structures, data management, resource mobilization and budgeting. [19]

2.11.4. United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) **(2007)**

A comprehensive international instrument outlines the individual and collective rights of Indigenous peoples, including land rights, self-determination, and cultural preservation.

2.11.5. ILO Convention No. 169 on Indigenous and Tribal Peoples **(1989)**

A legally binding international treaty addressing the rights of Indigenous and tribal peoples, including land rights, employment, and participation in decision-making. The Government of Guyana has not ratified ILO 169, claiming that Guyana's Amerindian Act 2006 completely documents and represents the rights of the Amerindian people, so there is no need for ratification of Convention No. 169.

2.11.6. Convention on Biological Diversity (CBD) **(1992)**

Recognizes the role of Indigenous peoples in biodiversity conservation and sustainable use, emphasizing their traditional knowledge.

2.11.7. International Covenant on Civil and Political Rights (ICCPR) **(1966)**

Article 27 protects the rights of ethnic, religious, and linguistic minorities, including Indigenous peoples.

[17] Our work on the Sustainable Development Goals in Guyana. Accessed at https://guyana.un.org/en/sdgs 1/16/2024

[18] Guyana and the United Nations. Accessed at https://www.un.int/guyana/guyana/guyana-and-united-nations#:~:text=Membership%20of%20the%20United%20Nations,independence%20on%2026%20May%201966. 1/16/2024.

[19] https://www.unicef.org/mena/media/8401/file/19218_MinimumQuality-Report_v07_RC_002.pdf.pdf

2.11.8. International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966)

Are a group of 31 principles that address the economic, social, and cultural rights of people globally, including those of Indigenous peoples.

2.11.9. UNESCO Universal Declaration on Cultural Diversity (2001)

A compilation of twelve articles that promote cultural pluralism. The articles highlight the importance of protecting Indigenous cultures, and languages.

2.11.10. Nagoya Protocol on Access and Benefit-Sharing (2010)

Ensures Indigenous communities' benefit from the use of their traditional knowledge and genetic resources.

2.11.11. Convention on the Rights of the Child

The Convention on the Rights of the child is a compilation of articles which were adopted and opened for signature, ratification and accession by the United Nations General Assembly resolution 44/25 of 20 November 1989; and came into force 2 September 1990, in accordance with article 49. The Convention sets forth 54 principles/ safeguards to guarantee the inalienable rights of all members of the human family, but specifically children.

Article 24 recognizes the role of the State to provide the highest attainable standard of health and to provide facilities for the treatment of illness and rehabilitation of health of children. It espouses that State parties shall strive to ensure that no child is deprived of his or her right to access to such health care services.[20]

[20] https://www.ohchr.org/sites/default/files/crc.pdf

3. Project Area

The Health Care Network Strengthening in Guyana project will support interventions in the Upper Takatu- Upper Essequibo administrative region- Region Nine (9); in the town of Lethem; 459 miles or 738 kilometers south of Georgetown.

The Upper Takatu- Upper Essequibo Region is fondly referred to as the Rupununi (this name originates from the Makushi word "rapun," which is a type of black-bellied whistling duck that is found in the area). The Rupununi is made up of vast hinterland forests, savannahs, and highlands.[21] The Rupununi is divided into North and South Rupununi by the Kanuku Mountains- a group of mountain ranges 5000 square kilometers (1930 square miles) that is divided by the Rupununi River.[22] The north savannah measures about 2,000 square miles in area, while the south savannah ranges approximately 2,500 square miles[23].

The Upper Takatu- Upper Essequibo region, is the largest of Guyana's ten (10) administrative regions. The region covers a total area of 22,300 square miles (57,750 km²). The capital of the Upper Takatu-Upper Essequibo region is located in the town of Lethem. The town gets its name from a former British governor of Guyana, Sir Gordon James Lethem (1941-1947).[24]
Lethem is the international border between Guyana and Brazil, Guyana's Southwestern neighbor.

Historically, the settlement of Lethem began in the early twentieth century as a border post on the eastern bank of the Takutu River, which serves as Guyana's boundary with Brazil. The Takutu River Bridge built over the Takutu River in 2009, is the only road link between Guyana and Brazil, situated, opposite the Brazilian town of Bonfim, Lethem's immediate neighbor to the west (in the days before the Takutu Bridge, travelers to Brazil crossed the river by boat to get to the town of Bonfim). [25]

The town was pre-dated by several Amerindian villages in the vicinity and by the nearby Jesuit mission of St Ignatius. By the time Guyana gained independence in 1966, Lethem boasted a district commissioner's headquarters, police station, and dirt airstrip.

In January 1969, Lethem was the epicentre of the Rupununi Uprising, a short-lived but violent rebellion by a small group of Rupununi ranchers against the government in Georgetown. Five policemen were killed before soldiers flown in from the coast restored order. For most of the following two decades, Lethem remained a sleepy village, until in the late 1980s a dirt road was carved through the forests and savannahs of central Guyana, connecting Lethem to Georgetown by land.

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21 https://en.wikipedia.org/wiki/Rupununi#:~:text=The%20Rupununi%20/r%CA%8Cp,Rupununi%2C%20that%20flow%20through%20Guyana

22 https://ntg.gov.gy/monument/kanuku-mountains/

23 https://www.unicef.org/lac/media/4651/file/PDF%20Region%209:%20Upper%20Takutu-Upper%20Essequibo.pdf

24 https://en.wikipedia.org/wiki/Lethem,_Guyana

25 https://www.caribbean-beat.com/issue-147/lethem-guyana

The road (referred to as the trail) facilitates approximately 50,000 travelers between Georgetown to Lethem; and by extension Brazil — these travelers are mostly prospectors, tradesmen, and tourists.[26] During the Rainy season which has traditionally been in the months of May to mid-August. Heavy downpours of between 200 and 400mm a month make the coastland prone to flooding and keep humidity high[27]. During this period the trail can become impassable to vehicular traffic. The Government of Guyana is in the process of constructing a one hundred and twenty-one (121) kilometers long and 7.2 meters wide two-lane all-weather carriageway between Linden to Mabura, The project forms part of the wider development of the Georgetown to Lethem corridor. paving the way for a transportation link between Brazil and Guyana to facilitate trade and cultural exchanges between the two countries. The improvement to this road will also provide a complete integration of the countries in the Guyana Shield Hub as it intersects with the proposed East-West transportation network linking Venezuela with Guyana, Suriname, and French Guyana. [28]



The region is home to Amerindians of the Wapishana, Macushi, Wai-Wai, and Patanoma indigenous tribes. The current population of Region Nine is approximately 24,238. There are 58 villages in the region. The Patamonas are thought to have lived in sections of the Pakaraima mountain range from very early times.[29] Central and North Rupununi are inhabited mainly by the Macushi, and the south is inhabited by the Wapishana and Wai Wais. The South Rupununi consists of a forest-savannah eco-zone with settlements today consisting of main villages, satellite villages, hamlets, homesteads, farm camps and hunting and fishing camps that are widely dispersed across the area.

The affairs of the region are managed by its combined central and local governance structures. The Regional Democratic Council is elected at the same time as the members of the national assembly at regional elections, which are held every five years; and the Village Councils, which are elected every three years by the local population. The two governance structures work collaboratively to decide on regional and community development projects. The regional democratic organs are responsible for administration of financial oversight, provision of infrastructural, regional, and social services inclusive of education, health, and public health. The RDC comprises fifteen members (four of whom are females). The Regional Executive Officer is also the accounting / financial officer of the region and functions as the Clerk of the Regional Democratic Council. Within the Council there is a combination of Government and Opposition Councilors.

There are 58 Village Councils. The village councils are responsible for representing the villages, providing advice and on strategic direction to the village; plan for the development of the village; encourage the preservation and growth of culture; regulation of the conduct of non-residents within

[26] https://www.caribbean-beat.com/issue-147/lethem-guyana
[27] https://visitrupununi.com/best-time-to-visit-guyana/
[28] https://www.iirsa.org/admin_iirsa_web/uploads/documents/aic_26_carretera_boa_vista_georgetown.pdf
[29] https://minorityrights.org/communities/indigenous-peoples-3/

village lands, maintain discipline, good order, the prevention of dis orderly conduct and nuisance amongst other functions in accordance with the Amerindian Act section 13 subsections 13 (1) (a-j). 13 (2); 13 (3) (a-b) and Section 14 (1), subsections (a-q) and Section 14(2); subsections (1-4).

The primary languages spoken in the region are English, Portuguese, and Wapishana (which is spoken mostly by elderly persons) The Government of Guyana is currently undertaking a pilot program to teach the Wapishan dialect in nursery and primary schools in select schools in three communities Karaudarnau, Sawariwau and Mururanau. The goal of the project is to develop quality bilingual education for primary school children with the aim of adequately responding to the needs of indigenous children, as well as passing on the wisdom and traditions of their culture[30]. This is a collaborative effort between the Ministry of Education, the Ministry of Indigenous People's Affairs and the Toshaos of Deep South Rupununi, supported by the Jesuits working in the Rupununi.

The dominant religion in the region is Roman Catholicism.

The region's economic sustenance is buttressed by trade, tourism, cattle ranching, logging, and gold mining.

The once quite town of Lethem has and is slowly transforming into a metropolitan town owing to its now robust trade economy. Businesses in the region not only serve Guyanese, but also Guyana's neighbour, Brazil. People from across the border travel to access merchandise and services, and vice versa. There are approximately 362 businesses in the town of Lethem[31]. These businesses range from hospital, hardware, services, and agriculture etcetera.

Tourism is Guyana's third largest export sector, employing 6.9 percent of the population and a total contribution of GYD 68.6 billion dollars. [32] and the sector is projected to grow to GY$7.7B by 2028. [33]

The region's lush savannah makes it an optimal location for cattle rearing. Livestock produced in the Rupununi plays a major role in the agriculture sector. It is a significant contributor to the way of life of many rural farmers. Over two-thirds (67.5%) of households derive incomes from agro-processing (Ballayram 2015). However, other non-traditional activities are used to support household income such as forestry and fishing. Livestock contributes to the livelihood of approximately 2000 low-income farmers, contributing about 3.1% of the agriculture GDP. [34] The mining sector (which includes oil and gas) contributed 65 percent of Guyana's GDP in 2022, according to the Ministry of Finance's Budget 2023 report.[35]

3.1.1. **Logging**

There are seven forestry concessions within region nine, these concessions are both public and

[30] https://guyanachronicle.com/2017/06/18/quality-bilingual-programme-for-region-nine/
[31] Bureau of statistics

[32] Budget speech 2025
[33] https://guyanainvest.gov.gy/wp-content/uploads/2023/11/Tourism_web.pdf
[34] https://www.kaieteurnewsonline.com/2024/04/13/importance-of-improving-livestock-breeds-in-guyana/
[35] https://www.trade.gov/country-commercial-guides/guyana-mining-and-minerals-sector

privately owned. One of the concessions is located within the Iwokrama Rainforest Conservation area. This conservation area comprises 371,000 hectares of forest (1.6% of Guyana's landmass and 2% of Guyana forests). Which has been set aside in an international agreement between the Guyana Government and the Commonwealth Secretariat.
In Lethem logging concessions are located in Aranaputa, Katoka and Moco-Moco, with approximately 10 loggers per area. [36] In the town of Lethem there are four major logging companies that operate: Kings Lumber Yard, Osbert and Sons, Beerdat Harrinandan Construction and RL Timbers and Construction.[37]

There are seven lumber yards, in the region, four are located in Lethem, while the other three are located in Surama village. According to the regional authorities, the lumber yards located in the town provide retail lumber, while those in Surama are wholesalers. The proceeds from the sale of lumber to the Village of Surama is used to sustain the village economy. [38]

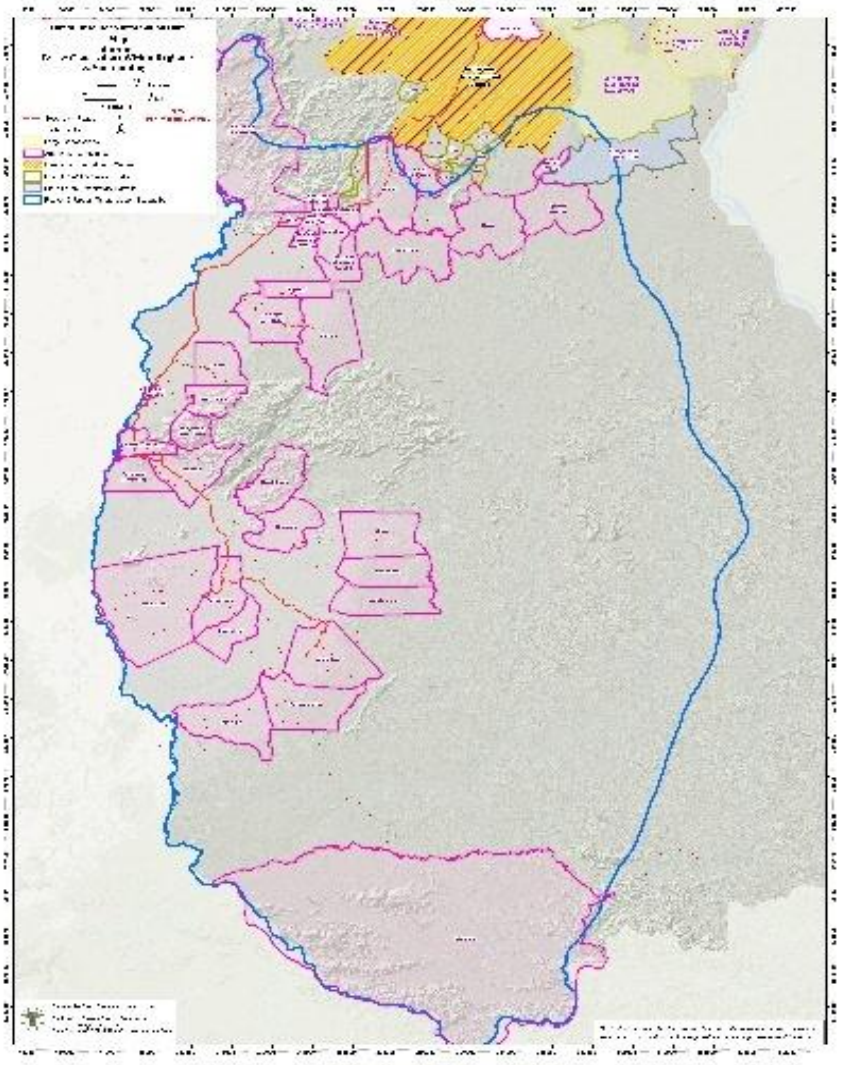
Table 33: List of Concessions in Region 9

No	Owner	Folio No	Short Description
1	Aranaputa Community FS	Ess 01/23	RB Burro-Burro River, North-Western Boundary Annai Village
2	Aurora Ventures Inc	Ess 25/25	Left Bank Rupununi River, Southern boundary Iwokrama
3	L&A Enterprise	Ess 26/25	LB Rupununi River, North-western boundary Rewa Amerindian Village
4	Julia Rehanna Hamilton	Ess 27/25	South eastern boundary Annai Extension
5	Rong An Inc	SFEP 01/22	LB Berbice,RB Essequibo R.
6	Variety Woods & Greenheart Ltd	LC 02/17	LB&RB Bce River,RB Ess River,LB Maam River
7	Iwokrama International Centre	Bio-Reserve	LB Essequibo River,LB Sipariparu River,RB Surama River, RB Siparuni River

Source: Guyana Forestry Commission

[36] Regional Executive Officer, August 21, 2025.
[37] Ibid
[38] Data obtained from the deputy Mayor and Town Clerk, August 21, 2025

Figure 34: Map Showing Forestry Concessions in Region 9



Source: Guyana Forestry Commission

4. Cultural Activities in the Rupununi

Important cultural activities in the region include the Rupununi Rodeo which is an annual cowboys' extravaganza held in the town during the Easter holiday weekend. The Rodeo attracts both local and international patrons who are eager to immerses themselves in the local culture, experience the spirit of the communities, and are equally interested in enjoying indigenous performances, local crafts, and traditional food. The Rodeo plays a key role in Guyana's tourism offerings. The nearby community of Sand Creek also hosts a Rodeo on Easter Monday, reflecting the area's strong ranching traditions.[39] Apart from Rodeo, other cultural activities include St. Johns Nights, Rupununi Town Week, Rupununi Music and Arts Festival, Turtle Festival and a Christmas Fair hosted in December. Other forms of social interaction include the Surama Cup Football Games, cycling and volleyball activities, which provide expressions of talent by youth.

An Important feature of the region is the Iwokrama International Centre for Rainforest Conservation and Development (IICRCD). The IICRCD is an international not-for-profit organisation, established in 1996 under a joint mandate from the Government of Guyana and the Commonwealth Secretariat to manage the Iwokrama forest, a unique reserve of 371,000 hectares of rainforest. The center provides a dedicated place for research "to develop, demonstrate, and make available to Guyana and the international community systems, methods and techniques for the sustainable management and utilisation of the multiple resources of the tropical forest and the conservation of biological diversity".[40]

Finally, the region is teeming with wildlife and biodiversity. It is considered a "Land of Giants" due to its healthy populations of large geotropically species like jaguars, giant anteaters, and giant otters. The region is also home to the largest freshwater fish in the world, the Arapaima, and the Black Caiman. A total of 425 individual wildlife species were recorded in the region, with over 70% being fish species[41]. The Rupununi boasts over 600 of Guyana's 800 bird species, making it one of the richest birding destinations in South America. Its diverse landscapes—from wetlands to savannah support a remarkable variety of avian life.

[39] https://visitrupununi.com/services/rupununi-rodeo-tour/
[40] https://iwokrama.org/about-us/
[41] https://conservation.org.gy/cg/cc/media/eDNA-Tool-for-Biodiversity-Baselines.pdf

5. Project's Area of Influence

The project has identified fifty-eight (58) villages within the project's area of influence, which is defined for the purpose of this assessment as those communities that will benefit from the hospital's services (these villages are identified in table # 1 below). Each village has a unique and rich history, and diverse, economic, social and community cultural systems.

Table 35: List of villages and satellite villages in the project location

No	Village	Area of Influence Direct/Indirect
South Pakarimas		
1	Tiperu	Indirect
2	Rukumuta	Indirect
3	Yurong Peru	Indirect
4	Tiger Pond	Indirect
5	Taushida	Indirect
6	Karasabai	Direct
7	Pai Pang	Indirect
8	Kakshibai	Indirect
North		
9	Annai	Direct
10	Annai Central	Indirect
11	Toka	Indirect
12	Massara	Indirect
13	Yakarinta	Indirect
14	Kwaimatta	Indirect
15	Wowetta	Indirect
16	Surama	Indirect
17	Kwatamang	Indirect
18	Rupertee	Indirect
19	Fairview	Indirect
20	Apoteri	Indirect
21	Rewa	Indirect
22	Crash Water	Indirect
23	Aranaputa	Indirect
Deep South		
24	Aishalton	Direct
25	Para Bara	Indirect
26	Masakenari	Indirect
27	Shea	Indirect
28	Maruranau	Indirect
29	Awarewaunau	Indirect
30	Achawib	Indirect
31	Karaudarnau	Indirect
32	Chirkidnau	Indirect
33	Bashaizon	Indirect

34.	Marudi Mountain	Indirect
Central		
34	Katoka	Indirect
35	Semonie	Indirect
36	Yupukari	Indirect
37	Fly Hill	Indirect
38	Kaicumbay	Indirect
39	Quatata	Indirect
40	Nappi	Indirect
41	Parishara	Indirect
42	Hiowa	Indirect
43	Moco Moco	Indirect
44	St Ignatius	Direct
45	Kumu	Indirect
46	Quarrie	Indirect
47	Lethem	Direct
South Central		
48	Sand Creek	Direct
49	Shulinab	Indirect
50	Meriwau	Indirect
51	Quiko	Indirect
52	Potarinau	Indirect
53	Baitoon	Indirect
54	Katu'ur	Indirect
55	Shiriri	Indirect
56	Sawariwau	Indirect
57	Katoonarib	Indirect
58	Rupunau	Indirect
59	Parikwarunau	Indirect

6. Demography and Population Characteristics

The region occupies 57,750 km² of Guyana's land area. The current population of Region Nine is approximately 24,238, comprising mainly of indigenous nations of the Wapishana, Macushi, Wai-Wai and Patamona Tribes. There are also other ethnic and racial groups such as afro- Guyanese, Chinese, White, East Indian, Portuguese, persons of mixed descent, Venezuelans, and Brazilians residing in the region. The indigenous population is 85% while other ethnic groups are approximately 15%.

This region, while large, is characterized by a sparse population. The region's population density is 0.42 person per square kilometer (1.1 person per square mile). Further, the average household size is 4.7 persons/household, with most families occupying three different family dwellings a permanent house in the main village, a house or hut on the family homestead or farm camp near to their farming grounds, and a semi-permanent hunting and fishing camp in the bush.

The population comprises of approximately 42, 682 (52.48 %) men, and 38, 651 (47.52%) women. The working age population (15-64 years) is approximately 54.43%; the elderly population ages (60-85+ years) is stated as approximately 5.81 %. 10.95% of the region's population are aged 15-19. The region experienced a population growth of 2.5% over the period 2002-2012. The age dependency of the population (less than 15 years and over 65 years) is 99.2%, which is one and half times the national average. The median population age is 17.22 which is lower than the national average of 26.442. The indigenous population of the region is estimated at 85.86%.

Table 36: Population Count by Ethnic Groups

Ethnic Groups	Population Count
African/Black	353
Amerindian	20,808
Chinese	10
East Indian	253
Mixed	2,708
Other	4
Portuguese	73
White	29
Total	**24,238**

Source: Bureau of Statistics 2012 Compendium 2

[42] https://statisticsguyana.gov.gy/wp-content/uploads/2019/10/final 2012 Census Compendium2.pdf

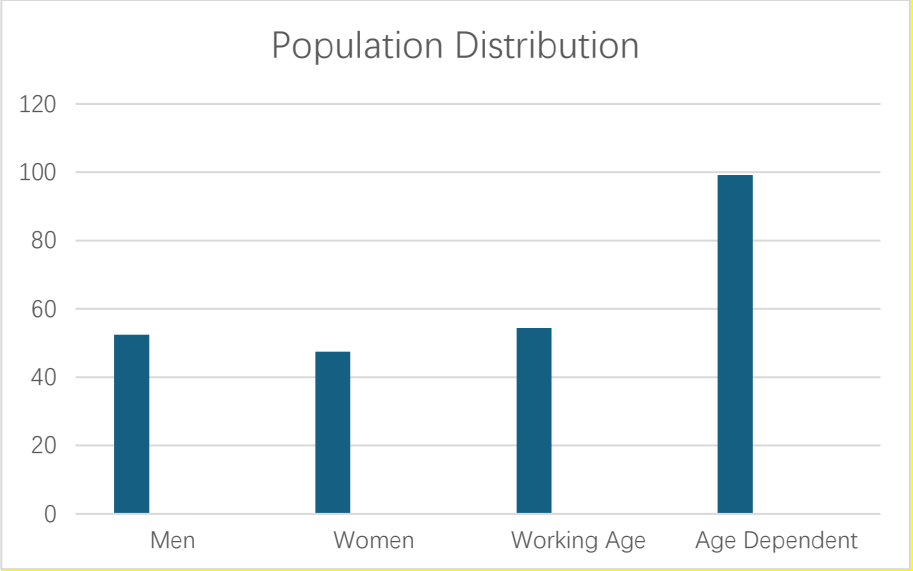


Figure 43: Population Distribution. Source (Bureau of Statistics, Compendium 2)

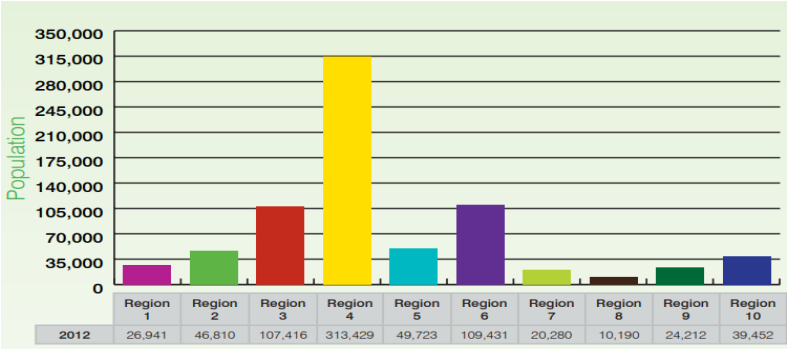


Figure 44: Regional Population Distribution 2012. (Source: Bureau of Statistics, 2019)

7. Governance of the Region

At the national level, Guyana has a unicameral National Assembly. The National Assembly of Guyana comprises 65 members. Women hold 40 per cent of representation in Guyana's National Assembly. Thirty-nine percent (39%) of women in Guyana's Parliament are Indigenous; to date, three (3) Indigenous women have led Guyana's Ministry of Amerindian Affairs.43

For administrative purposes, Guyana is divided into ten (10) administrative regions, where a Regional Executive Officer (REO) heads each region. The REO along with a body of regional councilors, assigned to respective Neighborhood Democratic Councils (NDCs) are responsible for the day-to-day administration of each neighborhood. The Regional Chairman presides over the Regional Democratic Council in an administrative region. The Regional Democratic Councils are elected every five years during the Country's Regional and General Elections.

[43] https://guyanachronicle.com/2025/04/22/guyanas-investment-in-education-health-and-water-transforming-indigenous-communities/

Simultaneously, in townships, municipal governments exist. That is, the municipalities operate under the Municipal and District Councils Act (Chapter 28:01). This Act makes provision for a Mayor, Deputy Mayor and Councilors. The Town Clerk is the Administrator of the Township. Each Municipal Council has the responsibility for solid waste collection and disposal, maintenance of infrastructure services (roads, bridges, etc.), market facilities, and child welfare services, among others.

The Municipalities receive an annual subvention from the Ministry of Local Government & Regional Development. This is in accordance with budgetary allocations approved by Parliament and is meant to execute developmental works. In traditional municipalities, the collection of rates and taxes are the main source of revenue for councils.

There are special arrangements for region nine. Within Region nine, a tri-partite governance system exists. The Regional Democratic Council is responsible for administration at the regional level. The Municipal Council is responsible for administration of the Town, and the Village Councils are responsible for administration of the Villages.

The Rupununi is divided into five sub districts, there are District Councils responsible for the various subdistricts, as well as village councils. The Village Councils much like the Neighbourhood Democratic Councils, comprises of a chairman. The head of the Village Council is the Toshao, the cultural Chief. The Toshaos, along with their councilors, are responsible for carrying out the decisions of the village. Villagers play a participatory role in the decision-making process of their villages through Village General Meetings, which occur quarterly. However, the village councils meet monthly to discuss communal administrative matters, for example financial statements from communal economic ventures and revenue earnings from these ventures. Villages own a number of communal businesses and capital assets including village shops, tractors, craft centers, block making and agro-processing factories; and collect revenues from mining, and forestry operations etc. The Ministry of Amerindian Affairs overlooks all of the villages.

Community Development Officers (CDOs), also assist the village council with administrative duties, which could include assisting at health centers and schools [44] some of their primary functions include monitoring village projects and meeting with village councils and villagers to understand the issues they may have so that the Ministry can action same.

Part III subsection 10 of the Amerindian Act-Act No. 6 2006 promulgates the establishment, and functions and /or responsibilities of the village councils. There are fifty-eight (58) Village Councils in Region nine. The Village Council is elected every three years following a local indigenous process.

Women play an active role in governance in the region. There are four women on the Regional Democratic Council. Additionally, in the Township women hold positions of Deputy Mayor, Town Clerk, and Regional Education Officer, and five 5 females occupy the role of Toshaos in the region.

The Regional Council comprises 15 members, nine of whom are members of the ruling administration and the remaining six (6) represent the parliamentary opposition. There are thirty-four village chiefs,

[44] https://guyanachronicle.com/2025/04/22/toshao-aguilar-highlights-tremendous-transformation-in-region-nine/

twenty-two senior councilors and one (1) NDC chair within the five sub districts.

The Region extends from the watersheds between the tributaries of the Ireng and Siparuni Rivers; Kuiparu, and Rupununi Rivers; Essequibo and Rupununi Rivers at its northern extremity to the common boundary between Guyana and Brazil at its Southern extremity, and from the watersheds between the tributaries of the Essequibo and Berbice Rivers; Essequibo and Corentyne Rivers and the Essequibo and New Rivers at its eastern extremity to the common boundary between Guyana and Brazil at its western extremity.

The region contains two (2) subregions- Rupununi West and East Rupununi/Upper Essequibo, four (4) districts, eight (8) communities, nineteen (19) neighbourhoods and forty-four (44) neighbourhood committees. The administrative center of the region is Lethem.[45]

Table 37: List of administrative districts

Administrative Districts	Inhabitants of Districts
South Pakaraimas	Macushi,
North	Macushi,
Deep South	Wapishana
Central	Macushi,
South Central	Wapichan and Macushi,

[45] Guyana Lands and Survey

8. Economy

Guyana experienced a record-breaking 43.6% GDP growth in 2024 and a 13.1% expansion in the non-oil economy.[46]

The region's robust trade economy, comprising approximately 362 businesses in the town of Lethem. These businesses range from hospitality, hardware, services, manufacturing etc. The businesses support markets in Guyana as well as neighboring Brazil. Despite rapid changes in the business sector, most Amerindians continue to operate outside the cash economy and are still dependent on a subsistence way of life. Despite its development trajectory, data suggests that the region is considered one of the poorest regions' in Guyana.

53.8 percent of the population in region nine is employed in the primary sector. This sector makes direct use of natural resources. It includes production of raw materials and basic foods. Its activities include agriculture (both subsistence and commercial), mining and quarrying, forestry, farming, grazing, hunting and gathering, fishing and packaging of the raw materials associated with this sector.[47]

Beginning in the early 1980s, growth in gold and diamond mining has attracted many Amerindian males. Some indigenous prospectors have become wealthy as a result of mining. Semi-precious stones and gold are mined among the foothills of the Kamoa Mountains and the Marundi Mountains by artisanal and large-scale miners who hire Amerindians to work the mines. The scale of Amerindian involvement in mining is causing consumer goods acquisition to become a measure of status and has devalued subsistence agriculture and other socio-cultural practices. The mining sector (which includes oil and gas) Despite facing tremendous challenges in the first half of 2024, the gold mining industry turned around to record growth of 0.5 percent in 2024[48].

Region Nine is a growing hub for quality cattle rearing[49]. The population also engages in cattle ranching. Most of the cattle are farmed to produce beef and a few are kept for milk. There are large ranches at Aishalton, Annai, Dadanawa and Karanambo. Much of the beef produced is sold in neighbouring Brazil, because transportation to the other regions of Guyana, especially Region Four the country's capital, is very expensive.[50] Livestock contributes to the livelihood of approximately 2000 low-income farmers, contributing about 3.1% of the agriculture GDP. [51]

Tourism is also a major economic contributor. The region's diverse flora and fauna is a key attraction for eco-tourists, adventure tourists, nature lovers, and biodiversity researchers. The region is home to

[46] https://guyanachronicle.com/2025/04/20/region-nine-gets-massive-infrastructural-boost-with-over-7b-worth-of-bridges/
[47] Bureau of statistics Compendium 3 Economic Activity, 2016
[48] https://finance.gov.gy/wp-content/uploads/2025/01/Budget_Speech_2025.pdf
[49] https://guyanachronicle.com/2025/04/21/lethem-rodeo-spurs-economic-growth-community-spirit/
[50] https://www.unicef.org/lac/media/4651/file/PDF%20Region%209:%20Upper%20Takutu-Upper%20Essequibo.pdf
[51] https://www.stabroeknews.com/2024/04/13/opinion/letters/livestock-farming-set-to-play-a-major-role-in-the-agriculture-sector-in-guyana/#:~:text=Livestock%20farming%20plays%20a%20major,3.1%25%20of%20the%20agriculture%20GDP.

approximately 425 individual wildlife species, with over 70% being fish species[52]. 350 species of birds, including the Harpy Eagle; along with a number of animals such as the Black Caiman, Giant River Otter, Arapaima Fish (the largest freshwater fish in the world) and the Giant Anteater. Tourism, is Guyana's third largest export sector, employing 6.9 percent of the population and a total contribution of GYD 68.6 billion dollars. [53]

The forestry sector is estimated to have grown by 4.6 percent, mainly driven by growth in logs, roundwood and sawnwood production. The most recently available data shows that approximately 483,000 cubic metres of timber products were produced in 2024, compared with 462,542 cubic metres in 2023. There are seven (7) forestry concessions located in region nine, these concessions are both publicly and privately owned. This sector contributed greatly to the country's exports, which reached US$20.5 million in 2023. Timber exports were expected to increase to US$31.4 million in 2024, marking a significant expected increase of US$10.9 million, or approximately 53%. More importantly, in 2023, Guyana's forestry sector generated a gross domestic product of approximately US$86.32 million. With an expected growth of 3.9% in 2024, the sector's GDP is projected to increase to around US$89.68 million. This growth is driven by sustainable practices and increased timber production.[54]

Progress is also ongoing with capacity building at relevant government agencies supporting Guyana's Timber Legality Assurance System with expectations for the first certificate to be issued in the second half of 2026 which will open export markets to the EU by assuring potential buyers of the sustainable and legal origin of forest products from Guyana.[55]

Women participate equally in the economic life of the region. Women's economic ventures include making indigenous craft[56] such as hammocks made from local fibers; pottery vessels used for storing water, cooking, and ceremonial purposes; handcrafted jewelry, including earrings made from local seeds and beads; Traps, arrows, and bows which are essential for securing protein sources, as well as t-shirts and other indigenous clothing and cultural headdresses. Women and men bring their traditional craft to life using age-old techniques that have shaped their cultural heritage. Many of these craft items bridge utility, aesthetics, form and function, to ensure everyday activities can be carried out.[57] The craft produced is sold mainly on the Brazilian market and to international tourists who visit the region.

Women are also involved in agro-processing, the St. Ignatius Women's Helping Hand Factory (a multi-lateral venture) located in Aranaputa, North Rupununi, produces peanut butter, jellies, juices, pepper sauce, cassareep, cashew nuts and more,[58] providing employment for more than fifty (50) women.[59] The factory also helps to supply meals for the Ministry of Education National School

[52] https://conservation.org.gy/cg/cc/media/eDNA-Tool-for-Biodiversity-Baselines.pdf
[53] Budget speech 2025
[54] https://forestry.gov.gy/2024/06/10/guyana-produced-enough-timber-in-2023-to-build-more-than-20000-homes/#:~:text=With%20an%20expected%20growth%20of%203.9%%20in,declines%20in%20fuel%20wood%20and%20split%20wood.
[55] Budget speech 2025
[56] https://guyanachronicle.com/2016/03/12/fredericks-the-balata-craftsman/
[57] https://cobracollective.org/news/indigenous-crafters-of-guyana-a-directory.php#:~:text=Is%20your%20matapee%20worn%20out,and%20traditional%20knowledge%20and%20skills.
[58] https://guyanasouthamerica.gy/news/2020/06/13/the-st-ignatius-womens-helping-hand-peanut-factory-has-been-closed/
[59] https://www.stabroeknews.com/2010/03/21/news/guyana/aranaputa-women-open-peanut-butter-factory/

feeding Program in the region.

8.1. Sand and Stone Deposits

Within region nine, Sand and laterite resources are managed by the Lethem Town Council. That is the sand mine is controlled by the town. However, suppliers purchase sand and then retail this commodity. The Suppliers are Takatu Holdings, Troy Harrinandan, Julian Nelson and St. Ignatius Village Council. The monies gained from the sale of sand is used by the Lethem Town Council to develop the road infrastructure in the Capital region. Outside of the town, there are at least 50 individuals who are involved in qarrying in the Marudi Mines.[60]

Stone is sourced from neighbouring, Brazil, as there are no stone quarries in the region.

8.2. Forestry activities in region

There are seven forestry concessions within region nine, these concessions are both public and privately owned. One of the concessions is located within the Iwokrama Rainforest Conservation area. This conservation area comprises 371,000 hectares of forest (1.6% of Guyana's landmass and 2% of Guyana forests). This has been set aside in an international agreement between the Guyana Government and the Commonwealth Secretariat.

In Lethem logging concessions are located in Aranaputa, Katoka and Moco-Moco, with approximately 10 loggers per area. [61] In the town of Lethem there are four major logging companies that operate: Kings Lumber Yard, Osbert and Sons, Beerdat Harrinandan Construction and RL Timbers and Construction.[62]

There are seven lumber yards, in the region, four are located in Lethem, while the other three are located in Surama village. According to the regional authorities, the lumber yards located in the capital city provide retail lumber, while those in Surama are wholesalers. The proceeds from the sale of lumber to the Village of Surama is used to sustain the village economy. [63]

8.3. Labour Force Participation

According to the International Labour Organisation (ILO), the labour force can be defined as the sum of working-age persons who are both employed and unemployed. Guyana's labour force participation rate (population aged 15+) was recorded as 49.6 percent in 2021. The rate represents a slight decrease with respect to the first and second quarters of 2021 when the overall labour force participation rate was 51.1 and 50.3 percent respectively.[64]

Guyana's employment-to-population ratio was recorded as 42.4 percent in the third quarter 2021, with a significant difference between the rate of men's and women's participation rate. Women were less

[60] Regional Executive Officer, August 22, 2025
[61] Regional Executive Officer, August 21, 2025.
[62] Ibid
[63] Data obtained from the deputy Mayor and Town Clerk, August 21, 2025
[64] https://statisticsguyana.gov.gy/wp-content/uploads/2019/10/GLFS_Bulletin_2021_Third-Quarter.pdf

represented in the labour force (30.9) percent, while men accounted for (54.6) percent of the employed.

Consistent with the employment to population data, unemployment figures also indicate that women represent the majority of unemployed in Guyana. The youth unemployment rate for the third quarter of 2021 was recorded at 31.9 (Bureau of Statistics).

Within the Region the employment base predominantly comprises of persons working in the agriculture, fisheries, and forestry sectors; water supply, sewage and waste; education; and the construction sectors respectively in rank order. 81% percent of population is employed. Of this number, men account for the largest proportion of the employed population, that is 4,402 males are employed versus 1,751 females who were reported as being employed by Bureau of Statistics in its last official census in 2012. The majority of employed people were reported to either own their own businesses, were privately employed, or employed by the government. The largest proportion of the working population is between the ages of 15-19 years (2409) or 20.3 % of the working age population.

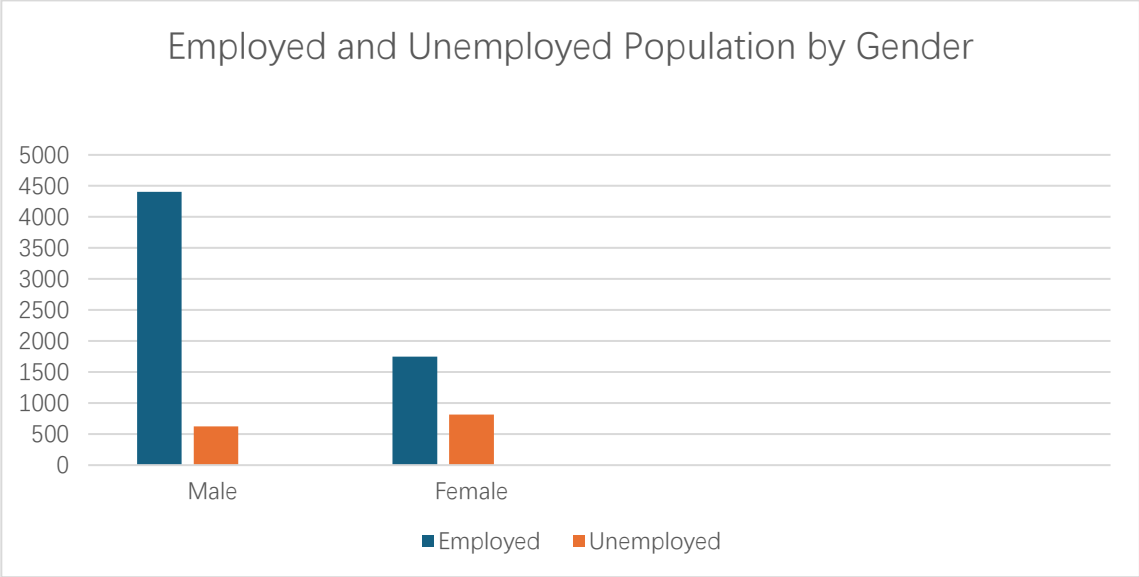


Figure 45: Employed and unemployed Population by Gender, Bureau of Statistics, 2012 Census

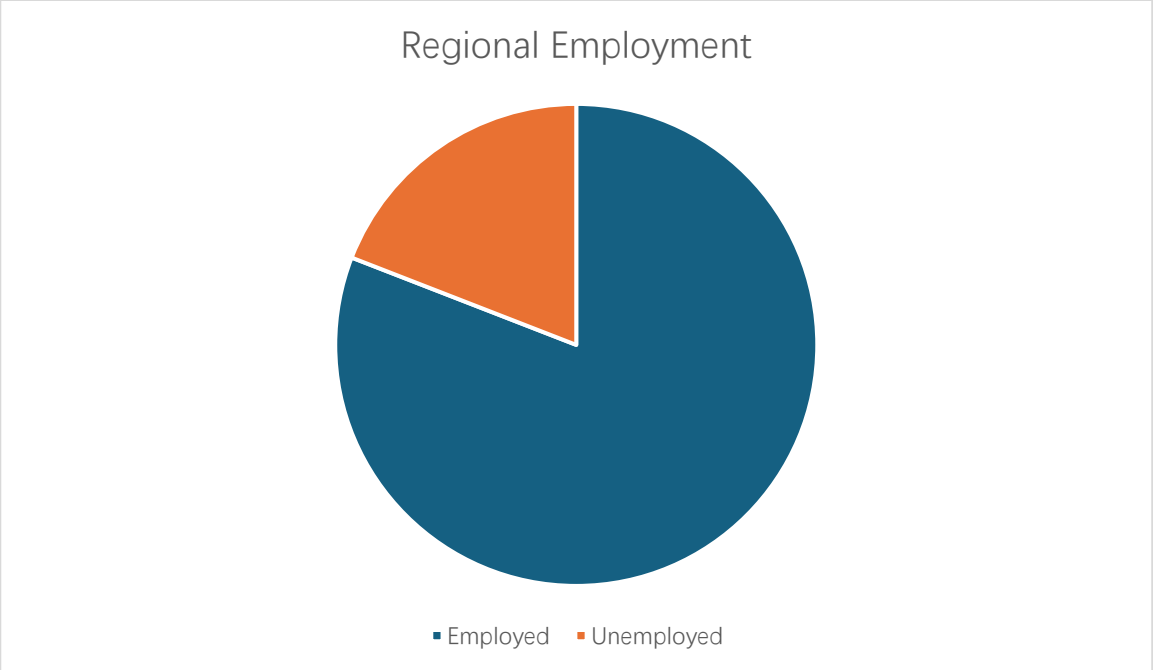


Figure 46: Regional Employment Bureau of Statistics 2012 Census

Further examination of the disaggregated regional Labour Force Participation rate shows that a significant proportion of the population of the Upper Takatu- Upper Essequibo is employed. Of those unemployed, there is a larger percentage of females unemployed rather than males, this is consistent with national statistics.

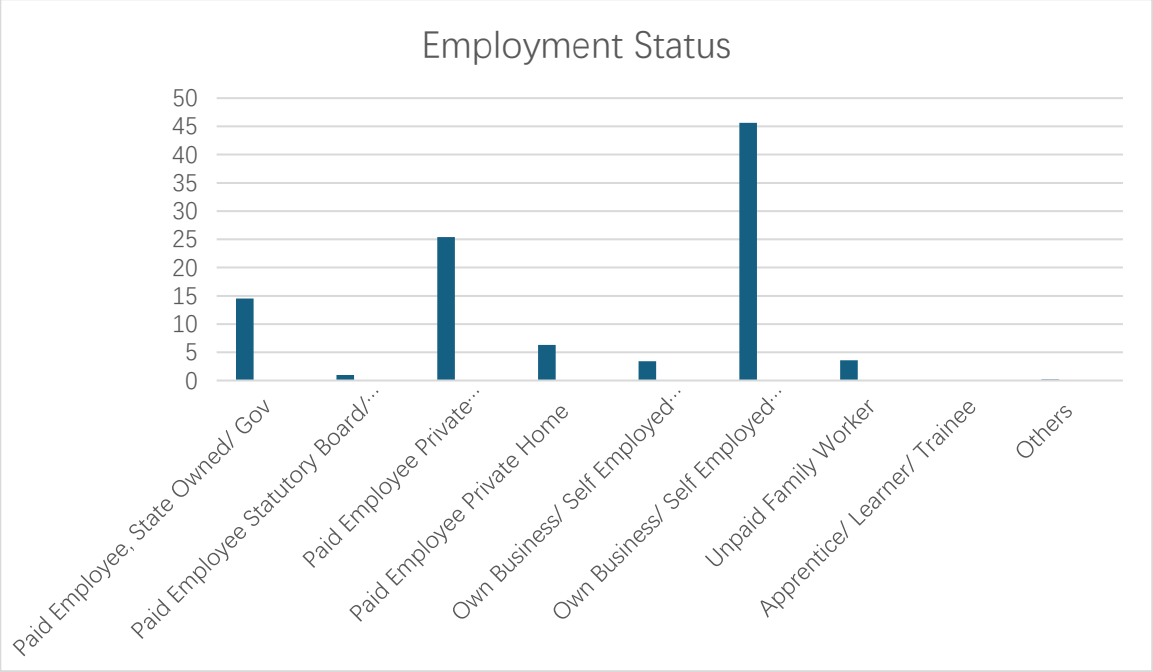


Figure 47: Employment status, Bureau of Statistics 2012 Census

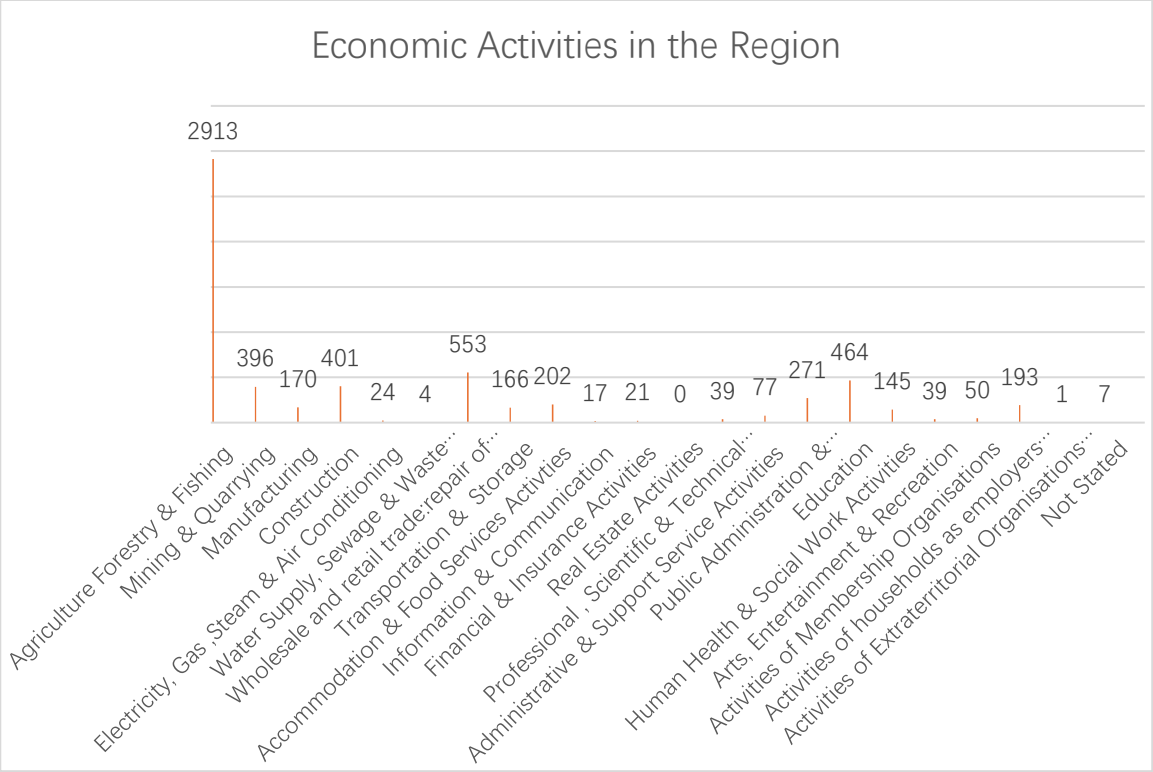


Figure 48: Economic Activities in the Region Bureau of Statistics 2012 Census

8.3.1. **Working Age Population**

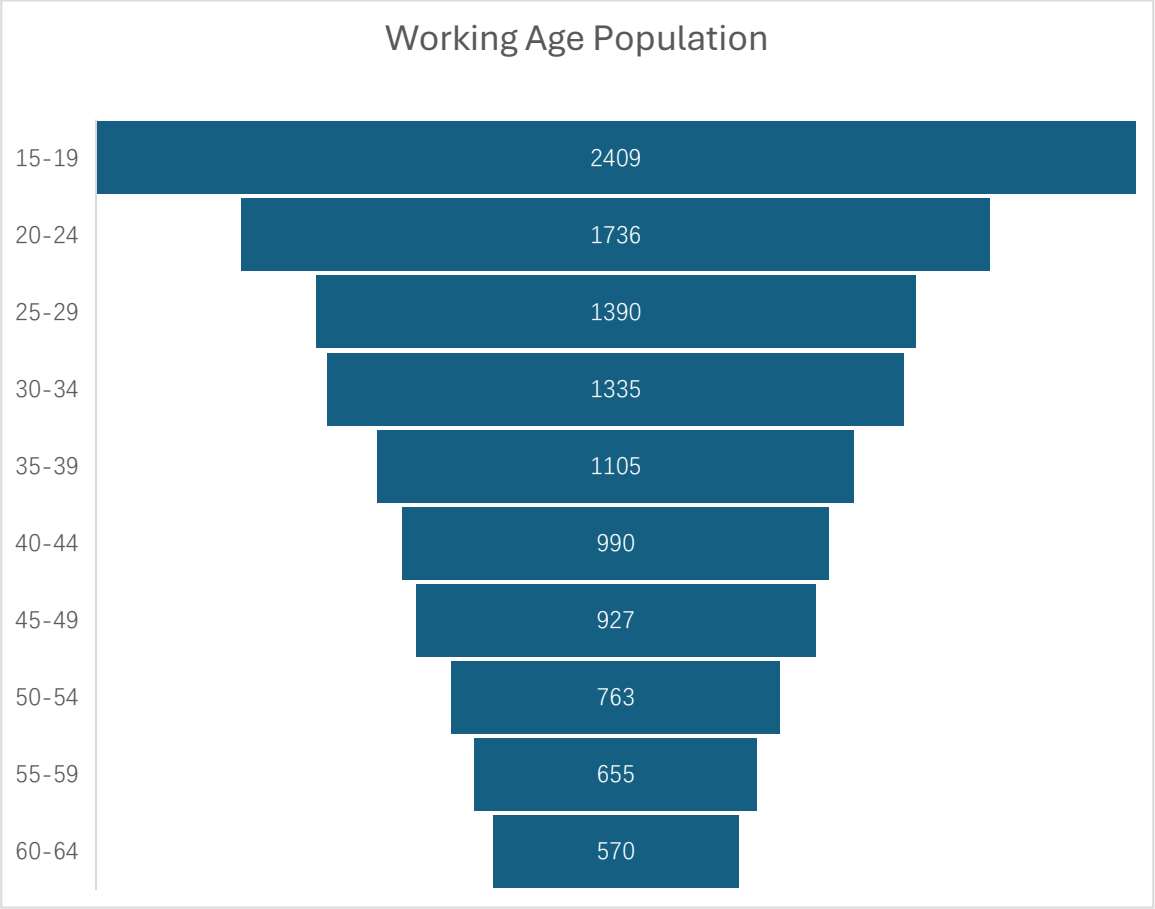
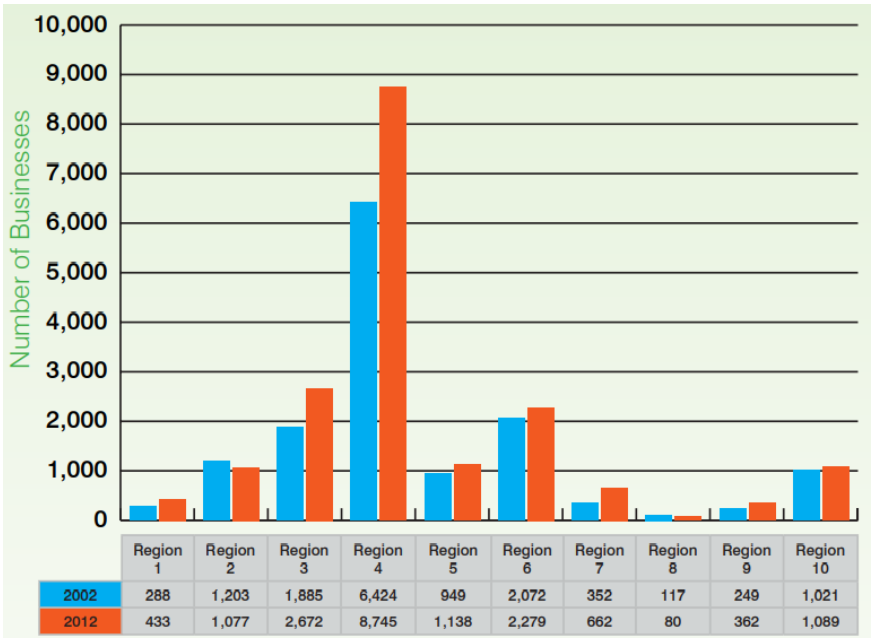


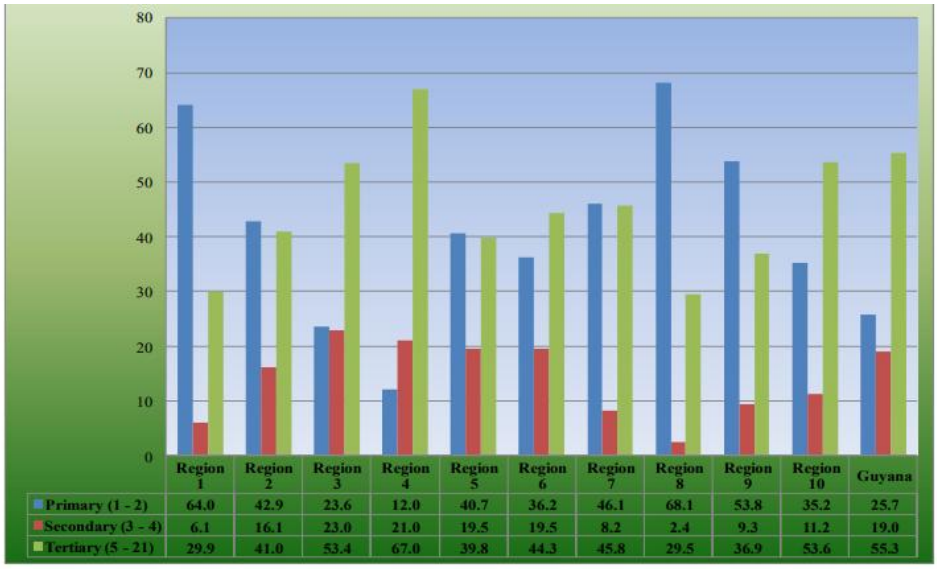
Figure 49: Working age Population Region 9 (Source: Bureau of Statistics)

The largest proportion of the working age population of Upper Takatu- Upper Essequibo are between the ages of 15-19 years of age. Indicating a very youthful population exists within the region, that are available to work.



	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
2002	288	1,203	1,885	6,424	949	2,072	352	117	249	1,021
2012	433	1,077	2,672	8,745	1,138	2,279	662	80	362	1,089

Figure 50: Number of Businesses by region (Source: Bureau of Statistics- Preliminary Census report 2012)



	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Guyana
Primary (1 - 2)	64.0	42.9	23.6	12.0	40.7	36.2	46.1	68.1	53.8	35.2	25.7
Secondary (3 - 4)	6.1	16.1	23.0	21.0	19.5	19.5	8.2	2.4	9.3	11.2	19.0
Tertiary (5 - 21)	29.9	41.0	53.4	67.0	39.8	44.3	45.8	29.5	36.9	53.6	55.3

Figure 51: Percent Distribution of Employed Labour Force by Industrial Sectors Classified by Regions 2012

9. Education

The Constitution of Guyana guarantees the right of free education from nursery through tertiary school, including non-formal schooling. This includes the provision of essential textbooks, from primary to secondary levels for public schools. As a result, education in the Upper Takatu-Upper Essequibo region is universal. Children begin school from the age of 3 years, 9 months old. Education is structured into four layers, Nursery, Primary, Secondary, and tertiary education. After two years at the kindergarten level, learners matriculate to the compulsory primary section, which runs for six years, when they turn 5 years and 9 months aged. Nursery education is non-compulsory.

The literacy rate of the population of region nine is 12.4. The majority of the population, 58.1 percent of the population have a secondary education, while 28. 2 % have primary level education; 1.3 percent have a post-secondary education and 0.8 percent have a university education. [65]

The Institute of Distance and Continuing Education, a satellite campus of the University of Guyana provides tertiary level programs for desirous students. The programs include diploma and certificate programs[66].

The government has been making strides to increase the literacy and skill competence of working class, correspondingly $105 million was budgeted in the 2025 budget for Guyana for support to 804 students under the Hinterland Scholarship Programme.[67]

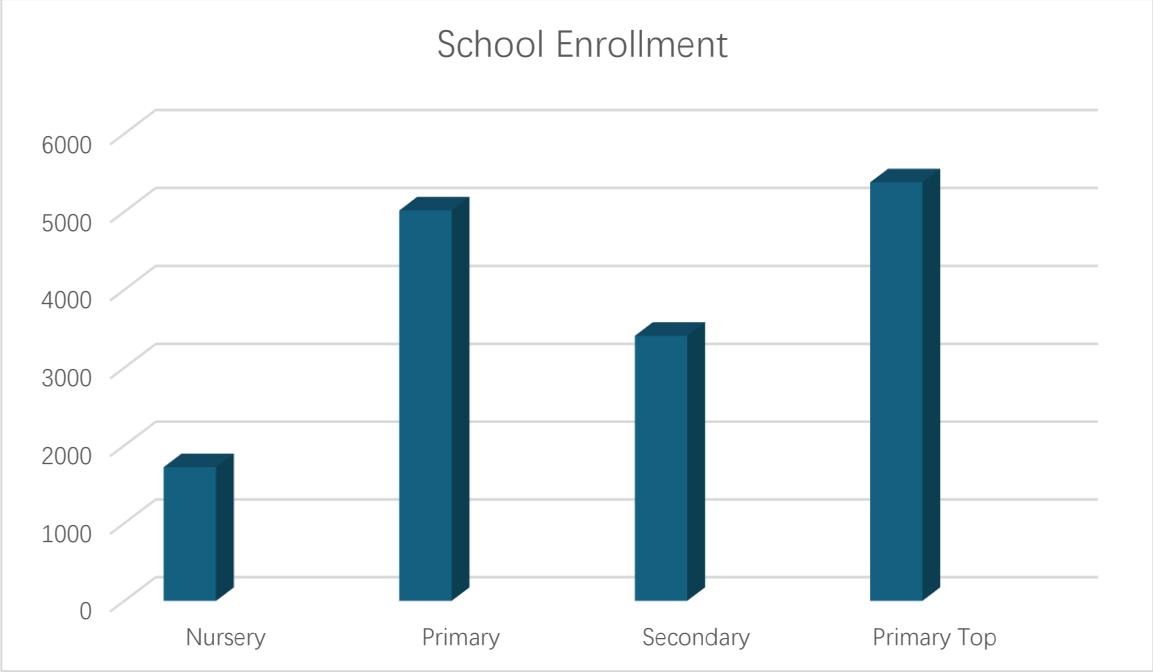


Figure 52Enrolment in the region (Source: Department of Education Region 9; April 2025)

[65] Bureau of statistics, compendium 4, 2017
[66] https://idce.uog.edu.gy/programmes-offered
[67] Budget speech 2025

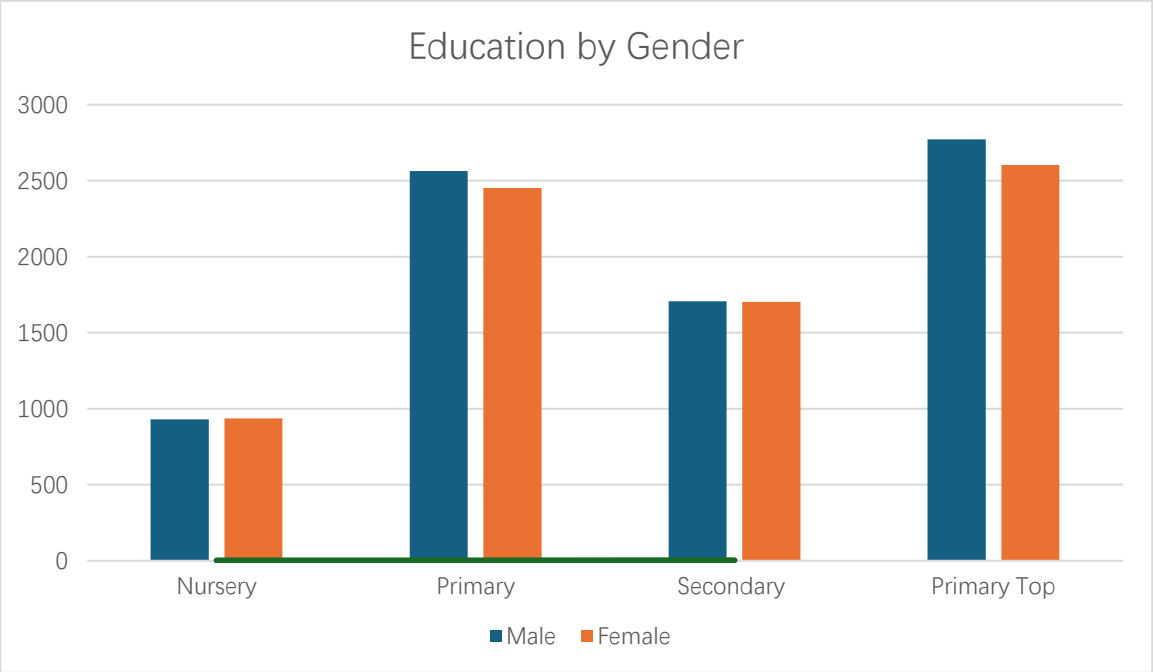


Figure 53 Education by Gender (Source: Department of Education Region 9; April 2025)

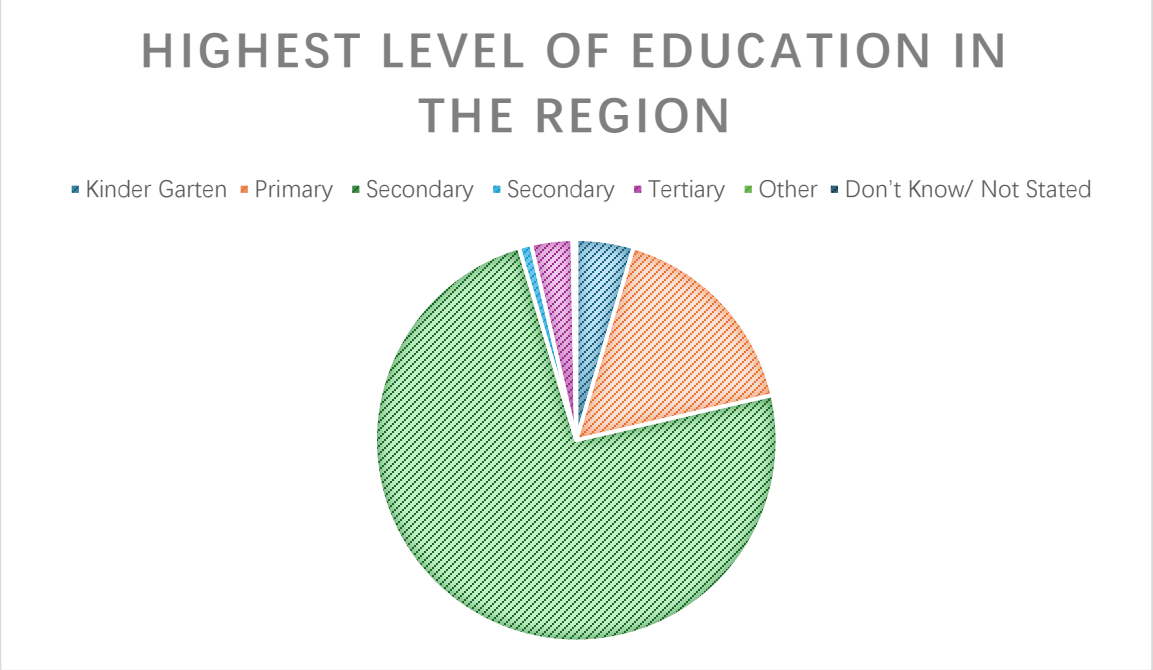


Figure 54: Highest Level of Education attained in the region (Source: Bureau of Statistics Census, 2012)

There are approximately 170 publicly administered education facilities within the Upper Takatu-Upper Essequibo Region. There are forty- nine (49) nursery schools, fifteen (15) in Lethem Central,

twelve (12) in North Rupununi, three (3) in South Central Rupununi, nine (9) in Deep South Rupununi and five (5) in the South Pakarima. There are fifty- seven (57) Primary Schools, and fifty-seven (57) primary Tops; seven (7) Secondary Schools, and one (1) Tertiary level institution. The nursery, primary, and secondary institutions are administered by Region Nine's Education Department, while the University of Guyana, Guyana's premier Tertiary Institution administers a distance learning institute. The region does not have any privately owned institutions.

Table 38: List of Schools within the Project Area

NO	SCHOOL NAME	Location	LEVEL
1.	Arapaima	Central Lethem	*Nursery*
2.	St. Ignatius	Central Lethem	*Nursery*
3.	Parishara	Central Lethem	*Nursery*
4.	Nappi	Central Lethem	*Nursery*
5.	Moco-Moco	Central Lethem	*Nursery*
6.	Kumu	Central Lethem	*Nursery*
7.	Yupukari	Central Lethem	*Nursery*
8.	Katoka	Central Lethem	*Nursery*
9.	Culvert City	Central Lethem	*Nursery*
10.	Tabatinga	Central Lethem	*Nursery*
11.	Hiawa	Central Lethem	*Nursery*
12.	Kaicumbay	Central Lethem	*Nursery*
13.	Semonie	Central Lethem	*Nursery*
14.	Quarrie	Central Lethem	*Nursery*
15.	Quatata	Central Lethem	*Nursery*
16.	Surama	North Rupununi	*Nursery*
17.	Wowetta	North Rupununi	*Nursery*
18.	Annai	North Rupununi	*Nursery*
19.	Aranaputa	North Rupununi	*Nursery*
20.	Yakarinta	North Rupununi	*Nursery*
21.	Massara	North Rupununi	*Nursery*
22.	Toka	North Rupununi	*Nursery*
23.	Rupertee	North Rupununi	*Nursery*
24.	Rewa	North Rupununi	*Nursery*
25.	Apoteri	North Rupununi	*Nursery*
26.	Kurupukari	North Rupununi	*Nursery*
27.	Kwatamang	North Rupununi	*Nursery*
28.	Parikwarunau	South Central Rupununi	*Nursery*
29.	Potarinau	South Central Rupununi	*Nursery*
30.	Sand Creek	South Central Rupununi	*Nursery*
31.	Katoonarib	South Central Rupununi	*Nursery*
32.	Sawariwau	South Central Rupununi	*Nursery*
33.	Baitoon	South Central Rupununi	*Nursery*
34.	Rupunau	South Central Rupununi	*Nursery*
35.	Shulinab	South Central Rupununi	*Nursery*
36.	Aishalton	Deep South Rupununi	*Nursery*

37.	Maruranau	Deep South Rupununi	*Nursery*
38.	Awarewaunau	Deep South Rupununi	*Nursery*
39.	Shea	Deep South Rupununi	*Nursery*
40.	Karaudarnau	Deep South Rupununi	*Nursery*
41.	Achawib	Deep South Rupununi	*Nursery*
42.	Parabara	Deep South Rupununi	*Nursery*
43.	Konashen	Deep South Rupununi	*Nursery*
44.	Bashaizon	Deep South Rupununi	*Nursery*
45.	Karasabai	South Pakaraimas	*Nursery*
46.	Tipuru	South Pakaraimas	*Nursery*
47.	Yurong Peru	South Pakaraimas	*Nursery*
48.	Tiger Pond	South Pakaraimas	*Nursery*
49.	Rukumuta	South Pakaraimas	*Nursery*
50.	Arapaima	Central Rupununi	*Primary*
51.	Yupukari	Central Rupununi	*Primary*
52.	Fly Hill	Central Rupununi	*Primary*
53.	Moco Moco	Central Rupununi	*Primary*
54.	Nappi	Central Rupununi	*Primary*
55.	Saint Ignatius	Central Rupununi	*Primary*
56.	Hiawa	Central Rupununi	*Primary*
57.	Kaicumbay	Central Rupununi	*Primary*
58.	Katoka	Central Rupununi	*Primary*
59.	Semonie	Central Rupununi	*Primary*
60.	Kumu	Central Rupununi	*Primary*
61.	Parishara	Central Rupununi	*Primary*
62.	Quarrie	Central Rupununi	*Primary*
63.	Quatata	Central Rupununi	*Primary*
64.	Sand Creek	Central Rupununi	*Primary*
65.	Sawariwau	Central Rupununi	*Primary*
66.	Macushi	Central Rupununi	*Primary*
67.	Quiko	Central Rupununi	*Primary*
68.	Potarinau	Central Rupununi	*Primary*
69.	Baitoon	Central Rupununi	*Primary*
70.	Katoonarib	Central Rupununi	*Primary*
71.	Parikwarunau	Central Rupununi	*Primary*
72.	Rupunau	Central Rupununi	*Primary*
73.	Shiriri	Central Rupununi	*Primary*
74.	Katu'ur	Central Rupununi	*Primary*
75.	Annai	North Rupununi	*Primary*
76.	Ruperttee	North Rupununi	*Primary*
77.	Yakarinta	North Rupununi	*Primary*
78.	Apoteri	North Rupununi	*Primary*
79.	Aranaputa	North Rupununi	*Primary*
80.	Crash Water	North Rupununi	*Primary*
81.	Kurupukari	North Rupununi	*Primary*
82.	Kwaimatta	North Rupununi	*Primary*
83.	Kwatamang	North Rupununi	*Primary*
84.	Massara	North Rupununi	*Primary*
85.	Rewa	North Rupununi	*Primary*

86.	Surama	North Rupununi	*Primary*
87.	Toka	North Rupununi	*Primary*
88.	Wowetta	North Rupununi	*Primary*
89.	Achawib	Deep South Rupununi	*Primary*
90.	Bashaizon	Deep South Rupununi	*Primary*
91.	Aishalton	Deep South Rupununi	*Primary*
92.	Karaudarnau	Deep South Rupununi	*Primary*
93.	Para Bara	Deep South Rupununi	*Primary*
94.	Awarewaunau	Deep South Rupununi	*Primary*
95.	Maruranau	Deep South Rupununi	*Primary*
96.	Konashen	Deep South Rupununi	*Primary*
97.	Shea	Deep South Rupununi	*Primary*
98.	Karasabai	South Pakaraimas	*Primary*
99.	Tiger Pond	South Pakaraimas	*Primary*
100.	Pai Pang	South Pakaraimas	*Primary*
101.	Tipuru	South Pakaraimas	*Primary*
102.	Kaibaicaru	South Pakaraimas	*Primary*
103.	Rukumuta	South Pakaraimas	*Primary*
104.	Taushida	South Pakaraimas	*Primary*
105.	Kokshebai	South Pakaraimas	*Primary*
106.	Yurong Paru	South Pakaraimas	*Primary*
107.	Arapaima	Central Rupununi	*Primary Tops*
108.	Yupukari	Central Rupununi	*Primary Tops*
109.	Fly Hill	Central Rupununi	*Primary Tops*
110.	Moco Moco	Central Rupununi	*Primary Tops*
111.	Nappi	Central Rupununi	*Primary Tops*
112.	Saint Ignatius	Central Rupununi	*Primary Tops*
113.	Hiawa	Central Rupununi	*Primary Tops*
114.	Kaicumbay	Central Rupununi	*Primary Tops*
115.	Katoka	Central Rupununi	*Primary Tops*
116.	Semonie	Central Rupununi	*Primary Tops*
117.	Kumu	Central Rupununi	*Primary Tops*
118.	Parishara	Central Rupununi	*Primary Tops*
119.	Quarrie	Central Rupununi	*Primary Tops*
120.	Quatata	Central Rupununi	*Primary Tops*
121.	Sand Creek	Central Rupununi	*Primary Tops*
122.	Sawariwau	Central Rupununi	*Primary Tops*
123.	Macushi	Central Rupununi	*Primary Tops*
124.	Quiko	Central Rupununi	*Primary Tops*
125.	Potarinau	Central Rupununi	*Primary Tops*
126.	Baitoon	Central Rupununi	*Primary Tops*
127.	Katoonarib	Central Rupununi	*Primary Tops*
128.	Parikwarunau	Central Rupununi	*Primary Tops*
129.	Rupunau	Central Rupununi	*Primary Tops*
130.	Shiriri	Central Rupununi	*Primary Tops*
131.	Katu'ur	Central Rupununi	*Primary Tops*
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140.	Kwatamang	North Rupununi	*Primary Tops*
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142.	Rewa	North Rupununi	*Primary Tops*
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154.	Shea	Deep South Rupununi	*Primary Tops*
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156.	Tiger Pond	South Pakaraimas	*Primary Tops*
157.	Pai Pang	South Pakaraimas	*Primary Tops*
158.	Tipuru	South Pakaraimas	*Primary Tops*
159.	Kaibaicaru	South Pakaraimas	*Primary Tops*
160.	Rukumuta	South Pakaraimas	*Primary Tops*
161.	Taushida	South Pakaraimas	*Primary Tops*
162.	Kokshebai	South Pakaraimas	*Primary Tops*
163.	Yurong Paru	South Pakaraimas	*Primary Tops*
164.	Annai	North Rupununi	*Secondary*
165.	Aishalton	Deep South Rupununi	*Secondary*
166.	St. Ignatius	Central Rupununi	*Secondary*
167.	Sand Creek	South Central Rupununi	*Secondary*
168.	Karasabai	Pakaraimas	*Secondary*
169.	Nappi	Central Rupununi	*Secondary*
170.	Maruranau	Deep South Rupununi	*Secondary* [68]

Source Department of Education Region 9 (April 2025)

10. Health

Health care in the region is delivered through a system that is ranked based on levels of care given and competencies of care givers. The system comprises four tiers or levels. Level one to level four. With the highest level of care facility being level four (4).

There are 57 villages and in all the villages there is a presence of health care facilities. Each one

[68] During a recent visit to the region April (18-20), 2025; President Ali commissioned two schools–Katoka Secondary and Yupukari Secondary– built to eradicate 'primary tops' in the region.

of the subdistricts is governed by a district hospital, of which there is one medical officer in charge of the district. A district medical officer supervises them, and the structure is the doctors, nurses, MCH department that looks at health across the lifecycle. They all report to the central- regional health authority / or regional health department.

There are 54 level one health facilities / health posts in the region. Within the health post, care is given by the lowest level of health care providers, these are Community HealthCare Workers (CHWs). CHWs are trained to deliver care at the village level, their responsibilities include home visits, follow-up visits, vaccination, and diagnosis of basic vital signs with guidance. 70% of care is administered by the CHWs in their communities. Of the 54, level 1 health posts, 12 are geared for advancement to level II, these include Achawib, Karaudarnau, Maruranau, Awarewaunau, Katoonarib, Shulinab, Potarinau, Nappi, Massara, Surama, Fairview and Aniwambaru.

Level II care facilities/ health centers- provide all services that are available at level one facilities, but also include diagnostic, dental services, family health programs, and after-care services across the life cycle. Clinics; doctors, and nurses are present within the health center. There are four level II health care facilities in the region.

Level III care facilities / district hospitals provide all the services offered by the level I and level II care facilities; in addition, they are equipped with in-patient facilities and offer diagnostic and ultrasound services. There are two district hospitals in the region.

Level IV/ regional hospital-The regional hospital offers all the services provided by all the health care facilities combined, in addition, they also provide specialized care. The hospital is equipped with a surgical department and a laboratory. Within this facility there is one (1) infectious disease unit. The regional hospital has 28 patient beds, while the infectious disease unit has eight (8) beds[69]

In the region common non-communicable diseases include hypertension, diabetes, cervical and prostate cancer. Infectious diseases that are prevalent in the region include dengue and malaria, which are seasonal. Flood related illnesses such as gastroenteritis and leptospirosis are normal trends. There is also the incidence of chronic non-communicable disease which is responsible for the highest amount of fatality and morbidity annually; infectious diseases, and accidents (intentional and non-intentional) is responsible for 35% of hospital admissions.

In 2022, there were 48 new cases of tuberculosis per 100 000 population in Guyana. In 2019, the overall tuberculosis mortality rate (age-adjusted and per 100 000 population) was 18.8 (8.9 in women and 29.3 in men). In 2022, the estimated human immunodeficiency virus (HIV) infection incidence rate (new diagnoses) was 35.1 per 100 000 population. The age-adjusted mortality rate for HIV was 34.9 per 100 000 population in 2019. It should be noted that during the 2000-2019 period this indicator decreased by 20.8%.[70]

In Guyana, the maternal mortality ratio in 2020 was estimated at 111.9 deaths per 100 000 live births. It is estimated that in 2024 women had an average of 2.4 children throughout their reproductive lives.

[69] RHO

[70] https://hia.paho.org/en/country-profiles/guyana#:~:text=Infant%20mortality%20per%201000%20live,attended%20by%20skilled%20birth%20personnel

In the specific case of adolescent fertility, there was a 35.3% decrease, from 105.8 live births per 1000 women aged 15 to 19 years in 2000 to 68.5 in 2024. In 2022, 97.0% of births were attended by skilled birth personnel. Between 2009 and 2018, the percentage of pregnant people who received antenatal care remained similar: 95.7% in 2009 and 96% in 2018.
To address the issues of maternal mortality in Region Nine, pregnant mothers are brought to the Lethem Regional Hospital Waiting Home until they are ready to deliver. This system allows for monitoring of high-risk cases to ensure safe delivery.[71]

42 percent of the population have improved drinking sources.[72] 58.7 percent of the region's residents had improved sanitation facilities. This is significantly less than the national average of 86.9 percent. Improved sanitation is linked to better overall health and well-being.[73]

42.2 percent of the males in the region use tobacco, more than double the national average. Smoking before age 15 among males, essentially children, is also high at 16.9 percent and more than national average which is 9.4 percent. 76.0 percent of males in the region use alcohol and is a cause of concern as it can lead to unwanted social consequences including violence against women and children. 16.6 percent of females in the region use alcohol and this should be a cause for concern. Alcohol use among females whilst pregnant leads to developmental health problems for the fetus.[74] The prevalence of tobacco use among youth aged 15 and older in the region recorded as 19.9%, while 76.0% of adolescent males and 16.6 % of females in the region are consuming alcohol.[75]

The hospital experiences peak admission during the wet and dry seasons. During the wet seasons, flooding occurs, resulting in an increase in patients presenting with gastro or skin related illness resulting from contaminated water. The dry season triggers respiratory infections. Generally, after the festive season there is a spiraling of complications of non-communicable disease for example – during the Christmas season, there is a decrease in admissions but, after the Christmas festivities there is an increase in admissions. Also, when the rain is absent there is an increase in termites, and mosquitoes resulting in a spiraling of dengue.

Annual Admissions across all facilities was approximately 12500. However, annual admissions have decreased significantly due to the disaggregation of services within the region. Referrals to Boa Vista and GHPC have reduced, take for example, in 2019 there was a referral rate of 40-45% of admissions, however in 2025 this has been reduced to 3.5%- 2.5%. [76]

Simultaneously services have increased with the regional referral hospital in Lethem. The hospital is currently staffed with 27 doctors with specialties such as obstetrics, gynecology, general surgery, anesthesia, internal medicine, emergency medicine, orthopedics, neonatologist, and pediatric services. Specialized units such as ultrasound, X-Ray, digital, and laboratory with an extended profile, and inclusion of additional support services that can facilitate diagnosis. Eye care is offered, during outreaches, but there is a tendency to have surgeries done in collaboration with the national

[71] Regional Chairman; April, 2025
[72] https://www.unicef.org/lac/media/4651/file/PDF%20Region%209:%20Upper%20Takutu-Upper%20Essequibo.pdf
[73] ibid
[74] ibid
[75] https://www.unicef.org/lac/media/4651/file/PDF%20Region%209:%20Upper%20Takutu-Upper%20Essequibo.pdf
[76] RHO, April 2025

ophthalmology hospital in Port Mourant and inclusion of the Brazilian team for complex surgeries such a cataract etc. are done in Lethem.

Specialist outreaches are also offered. This crafted program is conducted twice per year and has been running for over 5 years. The program allows every village within the subdistrict to benefit from specialist care within their villages. These services are given based on the needs of the village, for example backpack x-rays, ultrasound, obstetrics, gynecology, internal medicine, as well as support laboratory services, and pediatric care are taken to the villages.

The hospital offers several programs such as programs for women, School's Health Program. CHWs are now attached to health facilities where they provide mentorship, education, and counseling. Other programs include Adolescent Health Program, Elderly Health Program, weekly clinics, other training and mentorship, and a Men's Health Program. The Men's Health Program has not had the best uptake, the country launched the Universal Health Voucher Program, a voucher program for HPV testing, and eye testing.

There is a very robust surgical unit, which performs surgeries in and out of the region, to date some 1475 surgeries have been done since, 2020. Non-residents also access medical services free of charge. Services that are not being offered at the moment include CT Scanning Neurology, and Nephology.

Lethem hospital is a training hospital; the hospital has done several training programs for healthcare professionals. Over the period 2022- 2025 the hospital trained over 160 CHWs, 31 nursing assistants, 29 pharmacy assistants, 29 lab technicians, 43 patient care assistants. In 2025 the hospital is offering similar programs. Twenty-five (25) health professionals are engaged in hybrid professional training and a new cohort of professional and NAS with more than 50 personnel each, will fill the gaps for nurses and specialists.

The population to patient care is not proportionate, but ongoing training will resolve this. Of the specialist groups that are lacking, the hospital is recruiting for these positions, currently the hospital is recruiting for cardiologists, dental care, nephrology, nephrologist, internal medicine, emergency medicine, psychology and psychiatry.

The region has a fleet of 5 ambulances; these ambulances are dispatched from time to time to the other districts. Specifically, one of the ambulances is at Aishalton and another at Annai.

In the event of an emergency the CHW is the first point of care; the CHW would administer immediate care, and then based on the emergency, or if advice is needed from a doctor, the CHW would call the ER, and thereafter based on advice, if necessary, request an ambulance. There is a core team of medical practitioners who usually respond to emergencies. There is a translator present at Lethem for bilingual patients. If there is a medical emergency outside of Lethem, in cases where there is severe trauma with poor GCS, a medivac could be requested.

When the weather is poor, some of the areas Karassabai, Sand Creek, areas in south central -Katoor, Potarinau; Massacanary /Gunns are inaccessible. Access to these areas is by a 3-day boat ride or by air. To increase proficiency the regional strategy is to have medical supplies in those areas, to avoid

any critical shortages.[77]

Guyana's health care system has embarked on a number of initiatives, aimed at improving services and increasing efficiency across the health care landscape, these initiatives include:

- **One Health Approach** – The Disease Elimination and Control initiative is developed on the platform of a One Health Approach, reaching across sectors and agencies to collaboratively develop surveillance and diagnostic capacities that can be implemented in the human, animal and environmental health sectors. Collaborations include the joint surveillance for yellow fever by identifying sick primates in the jungles of Guyana and the joint development of a National AMR strategy and action plan to improve the use of antimicrobial agents in the human, animal and environmental health sectors. Efficacious use of antimicrobial agents may further improve efforts to eliminate and/or control Pulmonary TB and sexually transmitted infections. The GOG, through the MOH, has also received funding from the Pandemic Fund and the World Bank to implement a One Health Project, focusing on key areas such as disease surveillance, enhanced laboratory services, and capacity building of allied health professionals.

- **External Partnerships** – Over the last 4 years there has been an increase in the number of partnerships between the Ministry of Health and external universities, agencies and organizations from the USA, UK and Canada, to aid in the development of the national disease elimination and control initiative. The Ministry of Health is also partnering with international organizations such as PAHO/WHO, the World Bank, FAO, IICA, etc. to seek out development opportunities, access to funding, consultancy, etc.

- **Digitization and expansion of surveillance systems** - Considering that the health surveillance system is fundamentally paper-based, the Ministry has embarked on a national effort to digitize healthcare surveillance and systems, commencing with the development of pertinent legislation, the development of a new digital health program in the Ministry of Health, the ongoing process of implementing a national EMR platform, the development and use of surveillance platforms such as DHIS2, SAGES, etc. All of these efforts are aimed at improving the timeliness and reliability of data which is crucial to developing a sustainable and efficient disease elimination and control initiative.

- **Modernization of laboratory capacities** - Over the last 4 years, there has been significant increase in capacities at the National Public Health Reference Laboratory and within the national network of public sector laboratories, inclusive the development of capacities to conduct RT-PCR, ELISA, Genomic Sequencing, rapid testing and the expansion of testing modalities for diseases not previously available. Efforts are also directed at connecting the human health laboratory network via a national LMIS and integrating data from animal and environmental health laboratories in other sectors, to strengthen the animal health and environmental health aspects of the initiative. These capacities will not only support the expansion of diagnostic services for disease elimination and control but will also permit new activities such as multi-disease Sero-surveillance.

[77] Regional Health Officer; April , 2025

- **Cross Border Immunization Initiatives** - The national immunization program is one of the strongest programs in the Ministry of Health due to the many decades of important investment, training and interventions, resulting in immunization rates for over 20 diseases above 90%. This has been achieved by joint projects that facilitate public immunization at bordering regions, fundamentally between Guyana and Brazil. These activities have yielded improved immunization rates and allowed for improved protection of citizens from both countries that freely move between borders.[78]

Table 39 List of Health Care Facilities within the Project Area

	Name of Health Institution	Institution Type
1.	Lethem Regional Hospital	Regional Hospital
2.	Infectious Disease Unit	Unit
3.	Katoka	Health Post
4.	Simonie	Health Post
5.	Yupukari	Health Post
6.	Quatata	Health Post
7.	Fly Hill	Health Post
8.	Kaicumbay	Health Post
9.	Parishara	Health Post
10.	Nappi	Health Post
11.	Hiowa	Health Post
12.	Moco-Moco	Health Post
13.	Kumu	Health Post
14.	Quarrie	Health Center
15.	St. Ignatius	Health Post
16.	Aishalton	District Hospital
17.	Shea	Health Post
18.	Maruranau	Health Post
19.	Awarewarnau	Health Post
20.	Churidkidnau	Health Post
21.	Karaudanawau	Health Post
22.	Achewib	Health Post
23.	Baishaizon	Health Post
24.	Para Bara	Health Post
25.	Gunns	Health Post
26.	Sand Creek	Health Center
27.	Rupanau	Health Post
28.	Werimoor	Health Post
29.	Katoonarib	Health Post
30.	Sawariwau	Health Post
31.	Shiriri	Health Post
32.	Meriwau	Health Post

[78] https://hia.paho.org/en/country-profiles/guyana#:~:text=Infant%20mortality%20per%201000%20live,attended%20by%20skilled%20birth%20personnel.

33.	Shulinab	Health Post
34.	Potarinau	Health Post
35.	Baitoon	Health Post
36.	Katu'ur	Health Post
37.	Parikwarinau	Health Post
38.	Quiko	Health Post
39.	Annai	District Hospital
40.	Apoteri	Health Post
41.	Rewa	Health Post
42.	Crash Water	Health Post
43.	Fair View/ Iwokrama	Health Post
44.	Surama	Health Post
45.	Wowetta	Health Post
46.	Rupertee	Health Post
47.	Kwatamang	Health Post
48.	Aranaputa	Health Post
49.	Yakarinta	Health Post
50.	Massara	Health Post
51.	Kwaimatta	Health Post
52.	Toka	Health Post
53.	Karasabai	Health Center
54.	Cracrana	Health Post
55.	Yuroung Peru	Health Post
56.	Rukumuta	Health Post
57.	Tiger Pond	Health Post
58.	Tiperu	Health Post
59.	Paipang	Health Post
60.	Taushida	Health Post
61.	Kokshebai	Health Post
62.	Karabaicru	Health Post

Source: Regional Health Officer (April 2025)

11. Telecommunications

Communication is made possible by way of cellular phone services, which are provided by Guyana's main providers of telecommunication services these include Guyana Telephone and Telegraph Company (GTT), and Digicel Guyana. Additionally, Guyanese can choose to purchase cell phone cards to access service from the Brazilian Cello company, which has an outlet in the town's economic center.

11.1. Access to the Internet

Access to the internet in the Upper Takatu – Upper Essequibo region is via internet services provided by three service providers. One Communications, Digicel Guyana offer internet within the administrative center and nearby villages, while populations residing on the outskirts or deep south or north have access to star link internet service. The internet service though available is very erratic. Which means residents do not have a reliable supply of internet service. The most reliable service provider is Digicel.

12. Roads

The road infrastructure in the Upper Takatu – Upper Essequibo region is a mix of all weather and fair-weather roads. Bitumen paved roads exist in the capital region, while in the outer districts fair-weather roads exist.

13. Housing

The houses in the project area vary, some houses are constructed with wood while others are built with cement bricks, and most houses have corrugated sheet roofing. Some homes are large multifamily houses comprising two or three bedrooms, while others are smaller houses with one to two bedrooms. Most homes have flush toilets while others utilize pit latrines. **Any other information or data that becomes available to support this section will be included to update the document.**

14. Water

Residents in the capital, Lethem, receive potable from standpipes operated by the nationally owned water utility company, Guyana Water Incorporated. Residents of the region are not charged for this water supply, however, businesses are billed for water usage. Water is available twenty-four (24) hours daily in the Capital. However, residents of outline communities access potable water through wells that are dug at the household level this is due to the distance of houses from each other. During periods of drought and flooding water is distributed to communities through collaborative efforts of the RDC, Ministry of Agriculture and the Municipality.

15. Electricity

Residents receive electricity from the Lethem Power Company. The Lethem Power Company, Inc., is a publicly owned company that was incorporated in 2003 under the Companies Act. It is a subsidiary of the National Industrial and Commercial Investment Limited (NICIL). The company transmits electricity within Lethem and its surrounding areas.

The Guyana Energy Agency (GEA) also plays a role in the power sector in Lethem, including the operation of hydropower plants like Kumu and Moco Moco. Additionally, residents receive electricity from solar panels, generators or improvised battery systems.

Like other parts of the country, power is unstable in the region, hence communities experience "black out" (the local terminology for power outages) occasionally due to maintenance and efficiency planning.

16. Religion

Guyana boasts religious plurality. This can be evidenced by the presence of churches, mosques, and temples liberally distributed throughout the country. In region nine, this is no different. There are groupings of the various major religions that can be found in Guyana. Christianity and in particular roman Catholicism is the dominate religious ideology. Catholics account for 42 percent of the faithful.

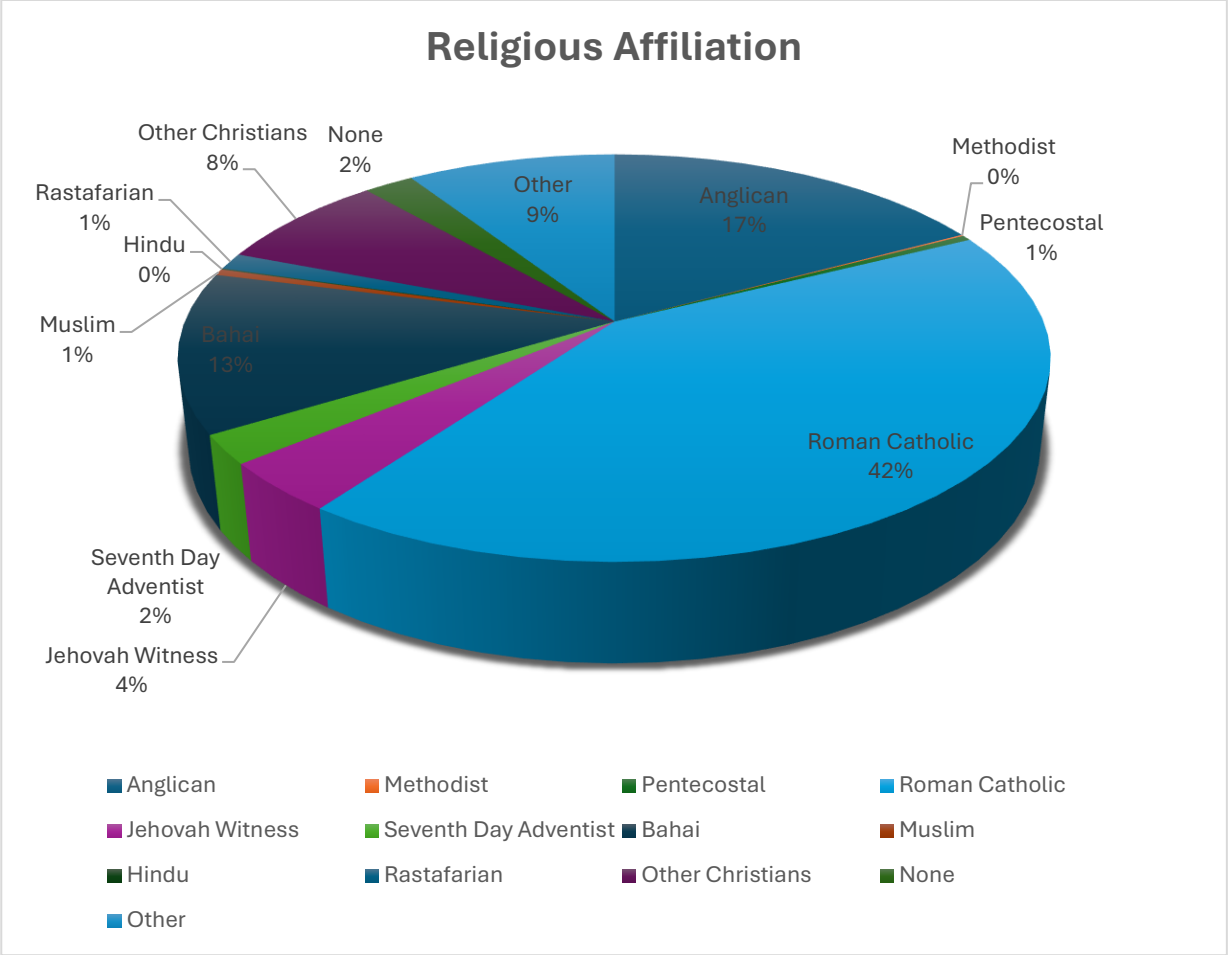


Figure 55:Percentage distribution Religious affiliation

17. Social Infrastructure

The Upper Takatu – Upper Essequibo region is an important gold mining, tourism and biodiversity rich region. It is also important to the country's national heritage since the region boasts several falls, and a section of the Iworkrama Conservation Center.

The Surama Cup is a football competition held annually in Surama Village; it is held annually during the month of December. This Intergenerational game of football handed down from the English and French, respectively are popular sporting activities enjoyed within the region and the country collectively. Other activities that keep the youth gainfully engaged are volleyball and bike riding.

Festivals such as St. Johns Day, a purification ceremony passed down by the catholic church, involves persons walking on coals. It is said that those who are free of sin will not be burned when they walk on the hot coals, but the coals will burn those who are sinful.

The Rupununi rodeo which began Back in 1952. This event has gradually evolved, giving rise to the

rodeo tradition that continues to grow and develop year-on-year.[79] The history of the rodeo that:

In those days, locals began casually gathering at the Tabatinga airstrip to race. Over time, larger groups of residents started organising annual roundups. This once small gathering of local cowboys and ranchers has transformed into a nationally celebrated spectacle, drawing thousands of spectators from across Guyana and beyond. The event showcases bull riding, bareback bronco taming, lassoing competitions, and cultural presentations; each act steeped in the Rupununi's ranching heritage and Indigenous traditions.

Decades after, the Rodeo plays a vital role in sustaining the social fabric of the region, while creating a seasonal economic boom that benefits a wide range of stakeholders, from cattle ranchers and artisans to hotel owners and food vendors.

Hotels in Lethem report full bookings months in advance. Restaurants enjoy increased patronage, and small-scale entrepreneurs, many of them women, sell traditional crafts, local cuisine, and beverages to locals and visitors.
The rodeo is also hailed as an enabling factor to agricultural development, particularly in the livestock sector. Ranchers have enlarged their population of cattle as a result of the rodeo.[80]

The rodeo also strengthens partnerships between Indigenous and non-Indigenous communities. Villages surrounding Lethem—the central town, such as St. Ignatius, Kumu, and Shulinab, contribute dancers, food vendors, and support staff, ensuring that the event remains inclusive and representative of the region's diversity.[81]

18. Heritage Month

Amerindian Heritage Month, observed from September 1 to September 30, is a time when the nation collectively immerses itself in the rich cultures, traditions, and contributions of Guyana's indigenous peoples. During this period, the nation gathers to pay homage to the indigenous way of life. Traditional dances and songs, brimming with symbolism and storytelling, are a means of cultural expression. Where indigenous people pass down generational knowledge and legends

In regions like Rupununi in the south, colorful festivals take place. Dance competitions and traditional games are part of the festivities, highlighting the athleticism and agility of the indigenous peoples.

In Georgetown, there is usually a "Heritage Village" that spans over days. It allows patrons to view indigenous arts and craft, cuisine, performances such as dances and songs and even games.

The history of Amerindians in Guyana stretches back thousands of years. These indigenous peoples are believed to have arrived in the region around 9000 BC, making Guyana their home long before the arrival of Europeans. They settled in the lush rainforests, along the fertile riverbanks, and in the

[79]https://guyanachronicle.com/2025/04/20/rupununi-ranchers-rodeo-where-grit-tradition-and-spectacle-collide/
[80] https://guyanachronicle.com/2025/04/21/lethem-rodeo-spurs-economic-growth-community-spirit/
[81] https://guyanachronicle.com/2025/04/21/lethem-rodeo-spurs-economic-growth-community-spirit/

savannahs of the interior.[82]

19. YOUTH

Rupununi has a large youth population. Youth account for approximately fifty-one (51) percent of the population of region 9.

The literacy rate of Guyanese youth, that is the percentage of people Age 15-24 who can read and write, was reported at 96.690 % in 2014[83]. The primary education completion rate is 83.1%, and the transition to secondary school rate is 98.4% in the region[84]. Despite these statistics, indigenous youth in region 9, like many other hinterland regions do face challenges, amongst them are access to quality schooling, training and employment. To bridge these gaps, in 2024, under the Youth Entrepreneurship and Apprenticeship Programme (YEAP), 124 youths were trained to sew school uniforms, 120 were trained in repairing small farm engines, 110 in driving and maintaining the farm tractors supplied by government, 44 in management of small enterprises, 40 in rural crafts, and 44 in shade house construction and management – 482 in total.[21], [22] The Senior Minister for Finance claimed 380 youths had been trained under the Basic Needs Trust Fund, and 2,000 by the Board of Industrial Training, in total more than 5,000 Amerindian youths accessed diverse training programmes.[23]

Football is a very popular pass time of the indigenous people, there are several football clubs/groups that support youth social development. Other groups include volleyball and bikers' groups which provide an opportunity for young people to engage socially. While learning other social skills such as responsibility, communication, disciple and sportsmanship. Occasionally the youth groups organize fundraising activities to get their activities done. They organize activities such as sign painting and sports days.

There are also Police youth groups - focused on educating youth about the justice system and correspondent social issues. These groups are mainly functional in Lethem. They are sporadic in the other districts due to police officers being transferred to various locations in an ad hoc manner.

Other Initiatives that youth benefit from are vocational education programs offered through the Board of Industrial Training, and the GOAL scholarship Program, WINN.

One hundred and forty-one (141) Villages and communities have received close to EUR 2.85 million to construct information and communications technology (ICT) hubs to enable online courses to be received, with up to EUR 38,000 per hub for construction of a standardised building to accommodate 20 laptop computers loaded with Microsoft Office software. One-hundred and forty-six (146) hubs were completed in 2024.[18] The internet connections have not been matched by improving or securing regular electric power in the more remote Villages. The government says it lacks money for solar power[19] in spite of long-running projects funded by the Inter-American Development Bank.[20]

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[82] https://www.guyanastandard.com/2023/09/10/amerindian-heritage-month-a-deep-dive-into-the-culture-and-celebrations/

[83] https://www.ceicdata.com/en/guyana/education-statistics/gy-literacy-rate-youth--of-people-age-1524

[84] https://www.unicef.org/lac/media/4651/file/PDF%20Region%209:%20Upper%20Takutu-Upper%20Essequibo.pdf

The use of Alcohol and drugs amongst the youth population of region nine received the attention of UNICEF, UNICEF recorded that 19.9% of youth in the region begin smoking before the age of 15, while 76.0% of adolescent males and 16.6 % of females in the region are consuming alcohol. These statistics when compared with the national averages of alcohol of tobacco or drug use indicate 9.4 % of youth nationally are smoking before age 15; 63.0 % of males and 26.0% of females consume alcohol nationally.[85] These statistics indicate there could potentially be a problem with drug and alcohol use in the region, further targeted studies would need to be done to confirm these indicators.

UNICEF also reported, 70.7 percent of children aged 5-17, in this region, are involved in child labour. This is 3.8 times higher than the national average. Child labour is associated with school attendance delinquency and/ or school dropout. Child Marriages are prevalent in the region, averaging at 6.1 percent before 15 and 41.3 percent, 17.1 percent higher than the national average, before age 18. Child marriages are linked to low educational achievement. And at 6.5 percent, the region's adolescent birth rate is almost twice the national average of 3.9 percent. This area is in need of some interventions[86]

[85] https://www.unicef.org/lac/media/4651/file/PDF%20Region%209:%20Upper%20Takutu-Upper%20Essequibo.pdf
[86] https://www.unicef.org/lac/media/4651/file/PDF%20Region%209:%20Upper%20Takutu-Upper%20Essequibo.pdf

20. Gender Mainstreaming

20.1. Overview

Gender Equality is a human rights principle which asserts non-discrimination, implicit or explicit, against, or in favour of only one sex. Countries that are signatories to the United Nations are expected to uphold the principles of gender equality as enshrined in the Universal Declaration of Human Rights. Guyana was admitted to membership in the United Nations by resolution A/RES/2133 (XXI) of September 20, 1966. [87] Upon joining the United Nations Guyana's then Prime Minister Forbes Burnham, stated: "My Government subscribes to the Charter of the United Nations, it has faith in this Organization, of which it hopes to be an active rather than a sleeping Member." Since that time Guyana has maintained an active presence and a visible profile in the organization. [88]

In 2003, Guyana's constitution was revised, the revised 2003 Constitution provided for the appointment of five Human Rights Commissions namely the Ethnic Relations, Women and Gender Equality, Rights of the Child, Indigenous Peoples, and Human Rights Commissions. These Commissions are founded on the protection and promotion of human rights and function to address various forms of discrimination within society, as well as provide complaint mechanisms for redress by the respective commissions.[89]

On January 2, 2024, Guyana was elected as a member to serve on the United Nations Security Council for a term of two years 2024-2025. The theme of Guyana's participation in the Security Council is "Partnering for Peace and Prosperity". Guyana's tenure on the Council is rooted in a firm commitment to multilateralism and guided by the priorities of (i) climate change, food insecurity and conflict; (ii) peacebuilding and conflict prevention; (iii) women, peace, and security; (iv) protection of children in armed conflict; and (v) youth, peace, and security. In keeping with these priorities, Guyana has endorsed the 'Joint Pledge on Climate, Peace, and Security' ; and joined the 'Statement of Shared Commitments on Women, Peace, and Security.'[90]

20.2. Legislative Framework

As part of Guyana's Commitment to the principles of the Declaration of Human Rights, the country has instituted many national policies and has ratified various international instruments, treaties, and conventions which guide local legislation and policy decisions at the central level. Amongst the guiding legislations on gender are:

[87] https://www.un.int/guyana/guyana/guyana-and-united-nations#:~:text=Membership%20of%20the%20United%20Nations,independence%20on%2026%20May%201966.
[88] Ibid
[89] https://www.cepal.org/sites/default/files/comunicacion_26_guyana.pdf
[90] https://www.minfor.gov.gy/un-security-council/guyana-joins-united-nations-security-council-elected-member-two-year-term-2024

20.3. Local Legislations

20.4. Constitution of Guyana

Article 29 (1) of Guyana's Constitution recognizes the principle of equality of men and women. It expressly states:

"women's participation in the various management and decision-making processes, whether private, public, or state, shall be encouraged and facilitated by laws enacted for that purpose or otherwise". Further Article 40 states:

(1) Every person in Guyana is entitled to the basic right to a happy, creative, and productive life, free from hunger, ignorance and want. That right includes the fundamental rights and freedoms of the individual.
(2) The provisions of Title 1 of Part 2 shall have effect for the purpose of affording protection to the aforesaid fundamental rights and freedoms of the individual subject to such limitations of that protection as are contained in those provisions, being limitations designed to ensure that the enjoyment of the said rights and freedoms by any individual does not prejudice the rights and freedoms of others or the public interest.[91]

20.4.1. **Equal Rights Act 1990**

This Act makes provision for the enforcement of the principles enshrined in article 29 of the Guyanese Constitution to secure equality for women and for matters connected therewith.
Particularly Section 2 (4) promulgates:
No person shall be ineligible for, or discriminated against in respect of, any employment, appointment, or promotion in, or to, any office or position on the ground only of sex.
2 (7) Nothing in this section shall be deemed to prevent any employer from making special labour and health protection measures for women, or from making provision for conditions enabling mothers to work or for material and moral support for mothers and children, including paid leave and other benefits for mothers and expectant mothers.[92]

20.4.2. **Sexual offences Act: Chapter 008:03**

Instituted in 2010, the Sexual Offences Act is gender neutral, meaning that both females and males can be charged with offences and both females and males can make complaints about being victims of the offences provided under the Act.[93] In 2013, the Act expanded the offences of rape to include oral, vaginal and anal penetration. In so doing, the Act adopted a gender-neutral definition of rape which would now recognize male rape. In addition, marital rape was criminalised without conditions, and the offences of stalking, grooming and voyeurism were created. Lastly, the age of sexual consent was increased from 13 to 16 years old for both boys and girls.

[91] https://www.parliament.gov.gy/Constitution%20of%20the%20Cooperatiive%20Republic%20of%20Guyana.pdfhttps://www.parliament.gov.gy/Constitution%20of%20the%20Cooperatiive%20Republic%20of%20Guyana.pdf
[92] https://www.ilo.org/dyn/travail/docs/587/Equal%20Rights%20Act%201990.pdf
[93] https://mola.gov.gy//laws/Volume%203%20Cap.%206.03%20-%2010.071696982578.pdf

20.4.3. **Domestic Violence Act: Chapter 11:09**

This Act affords protection to both men and women in cases involving domestic violence by the granting of a protection order and provides the police with powers of arrest where a domestic violence offense occurs and for matters connected therewith or incidental there to.[94] Under the Act, victims, police officers and social workers, among others, are empowered to seek protection, occupation, tenancy and/or maintenance orders against abusers on behalf of persons affected by domestic violence. The category of protected people includes intimate partners, including non-married couples, and family members.

20.4.4. **Prevention of Discrimination Act, Chapter 99:09**

The Prevention of discrimination Act of 1997, is an Act to provide for the elimination or discrimination in employment, training, recruitment and membership or professional bodies and the promotion of equal remuneration to men and women in employment who perform work of equal value, and for matters connected therewith.[95] In particular, the Act protects against discrimination on the basis of "race, sex, religion, colour, ethnic origin, indigenous population, national extraction, social origin, economic status, political opinion, disability, family responsibilities, pregnancy, marital status or age". Significantly, section 8 of the Act expressively protects against sexual harassment by providing that sexual harassment constitutes a prohibited form of discrimination on the basis of sex.[96]

20.4.5. **Family Violence Act of 2024**

An act to provide increased protection for victims of family violence, to make provision for granting family violence orders and for matters connected there to. According to the Act Violence includes physical, emotional, psychological, sexual and economic abuse, intimidation and harassment. And includes violent acts committed against children, disabled persons or any member of a family unit, whether cohabitating or not. [97]

20.4.6. **The Protection from Harassment Act 2023**

AN ACT to provide for the prevention of, and the protection of persons from, harassment and other similar conduct and for connected matters. The act addresses sexual advances

The Act defines "harassment" as any act directly or indirectly engaging in conduct that – (a) causes harm or inspires the reasonable belief that harm may be caused to a person by unreasonably – (i) following, watching, pursuing or accosting of the person; (ii) loitering outside of or near the building or place where the person resides, works, carries on business, studies or happens to be; (iii) engaging in verbal, electronic or any other communication aimed at the person, by any means, whether or not conversation ensues; (iv)sending, delivering or causing the delivery of letters, telegrams, packages, facsimiles, electronic mail or other objects to the person or leaving them where they will be found by, given to, or brought to the attention of, the person; or (v) acting in any manner described in subparagraphs (i) to (iv) towards someone with a familial or close personal relationship to the person; (b) amounts to sexual harassment of the person,[9899]

[94] https://mola.gov.gy//laws/Volume%204%20Cap.%2010.08%20-%2012.211696970601.pdf
[95] https://webapps.ilo.org/dyn/travail/docs/588/Prevention%20of%20Discrimination%20Act%201997.pdf
[96] https://pancap.org/pancap-documents/guyana-gender-based-violence-policy-brief/
[97] https://www.parliament.gov.gy/publications/acts-of-parliament/familyviolenceact14of2024

[98] https://mhsss.gov.gy/Documents/Draft%20Protection%20from%20Harassment%20Bill%20July%202023.pdf
[99] It is prudent to note that sexual orientation and gender identity are not protected grounds under the Prevention of

20.5. Combating of trafficking in person Act 2023

An Act to provide comprehensive measures to combat trafficking in persons and for connected matters.

Recognizing that women and girls are the main victim of trafficking for the purpose of sexual exploitation, this Act provides for their protection by creating the offence of trafficking in persons.

20.5.1. **Protection of Children Act**

The Protection of Children Act

In addition, the Protection of Children Act, enacted in 2009, was passed to provide comprehensive legislation on the protection of children in Guyana. The Act seeks to ensure children are protected from threatening situations. Particularly, the Act prohibits the commercial sexual exploitation of children through the production, distribution, importation, exportation or possession of child pornography as well as the use of children for child pornography. The Act also imposes mandatory reporting obligations in cases of child abuse.[100]

20.6. Local Policy

20.6.1. **National Gender Equality and Social Inclusion Policy**

In 2018 a National Gender Equality and Social Inclusion policy was drafted by the Government of Guyana. The policy aimed to provide a framework for the elimination of all forms of discrimination and violence against women and girls, and to promote economic development, inclusion, health, wellness and healthcare, and support education, training and skills development for women and children. The Gender and Social Inclusion Policy aims to mainstream gender issues in all sectors to eliminate negative economic, social, and cultural practices that impede equality and equity. The policy also seeks to strengthen links between Government and Non- Governmental Organizations to develop, maintain and provide gender-sensitive information and gender disaggregated data for use in project planning and implementation at all levels and in all sectors.[101]

Guyana has also adopted a National Gender and Social Inclusion Policy, aimed at mainstreaming gender into all sectors of government. [102]

21. Policy Implementation

21.1. Gender Affairs Bureau

The Gender Affairs Bureau is the national body within the Ministry of Human Services and Social Security with responsibility for the formation, implementation, and monitoring of policies to promote gender equality and social inclusion. It also serves in an advisory capacity on gender Affairs to established bodies such as the Women and Gender Equality Commission, Regional Gender Affairs Committees, and the Inter-Ministry Gender Focal Point Committee. This department addresses issues affecting men and boys, women and girls; and its principal area of discussion has been gender equality and the empowerment of women.[103]

Discrimination Act and the Domestic Violence Act does not cover persons in same sex relationships.

[100] https://pancap.org/pancap-documents/guyana-gender-based-violence-policy-brief/

[101] https://wrd.unwomen.org/sites/default/files/2021-12/GUYANA_NationalGenderEqualitySocialInclusionPolicy.pdf

[102] https://pancap.org/pancap-documents/guyana-gender-based-violence-policy-brief/

[103] Data obtained during interview with Mr. Adel Lilly Manager, Gender Affairs Bureau, Ministry of Human Services and

21.2. Women and Gender Equality Commission

The Women and Gender Equality Commission was established under section 212G of the Constitution of Guyana and is tasked with supporting the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the fulfilment of the Sustainable Development Goals.[104]

It also promotes gender mainstreaming in all policies and programs, provides opportunities for education of women and men on the benefits of gender equality and ending gender-based violence. The commission has recommended the use of evidence-based data, timely policy, and legislative initiatives to uphold women's rights and gender equality.[105]

Another critical function of the commission is the evaluation of systems of personal family law, customs and practices or any law likely to affect gender equality or the status of women and make recommendations to the National Assembly.[106]

22. International Legislation Conventions and Treaties

Guyana has ratified eleven (11) human rights treaties and incorporated their obligations into national legislation in the following areas: education, gender violence, medical termination of pregnancy, indigenous people's rights, child protection, equal right to property, family and parenting rights, employment and social security, labour, political participation of women, protecting the human rights of vulnerable groups, and reversal of marginalization and discrimination of all persons. Amongst the treaties ratified by Guyana are:

22.1. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

The convention contains thirty (30) articles which espouse to eradicate discrimination of women, and foster an environment where the economic, social, cultural, political, civil, or other rights and needs of women can be achieved. The Convention supports the structural development of legislation and policies to advance the enjoyment of females in their respective societies. It provides a blueprint for national governments to ascribe to, to end such discrimination against women.[107]

22.2. Beijing Platform for Action

The 1995 Beijing Platform for Action was crafted, as a guide in response to global struggle against constraints and obstacles to the empowerment of women around the world. The Platform for Action contains 12 critical areas of concern namely: poverty; education and training; health; violence; armed conflict; economy; power and decision-making; institutional mechanisms; human rights; media; environment; and the girl child. For each critical area of concern, strategic objectives are identified, as well as a detailed catalogue of related actions to be taken by governments and other stakeholders, at national, regional, and international levels.[108]

Social Security

[104] https://wgec.gov.gy/about/

[105] ibid

[106] ibid

[107] https://www.ohchr.org/sites/default/files/Documents/ProfessionalInterest/cedaw.pdf

[108] https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/CSW/PFA_E_Final_WEB.pdf

22.3. Sustainable Development Goal 5

The overarching framework for global development is the United Nations Sustainable Development Goals (SDGs). The SGDs are 30 global futuristic development goals that nation states are aspiring to achieve by the year 2030. Guyana being a member of the United Nations has aligned its national goals in conjunction with the 2030 SDGs. Specifically Goal 5, addressed the needs of women. Recognising that holistic global development hinges on the principle that no one should be left behind. Goal number 5 supports the end of all forms of discrimination, violence, and harmful actions against women; also, the fostering of an environment for positive growth and development for women by advocating for the provision of economic and livelihood opportunities for women and girls, provision of opportunities to education and to occupy governance positions, appropriate and health care[109].

Table 40 List of global gender equality instruments and adaption status

Instrument	Summary	Status of Ratification
Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) 1979	The convention defines what constitutes discrimination against women, and outlines an agenda for national action to end discrimination	Ratified
The Beijing Platform for Action 1995[110]	An agenda for women's empowerment. It is considered the key global policy document on gender equality. It is a global commitment to achieving equality, development, and peace for women worldwide	Guyana has made strides to develop implementation strategies or plans of action in keeping with this platform
Inter-American Convention on the Prevention, Punishment, and Eradication of Violence (Belem do para) 1994	The convention defines violence against women, establishes that women have the right to live a life free of violence, and that violence against women constitutes a violation of their human rights and fundamental freedoms.	Ratified
The UN Declaration on the Elimination of Violence Against Women 1993	The declaration contains six articles and recognizes the need for the universal application of rights and principles of equality, security, liberty, integrity, and dignity of all human beings to women as well.	Signed the declaration
International Convention on Civil and Political Rights (ICCPR)	Enables people to enjoy a wide range of human rights including those relating to freedom from torture and other cruel inhumane	Ratified

[109] https://guyana.un.org/en/sdgs/5
[110] https://www.cepal.org/sites/default/files/comunicacion_26_guyana.pdf
https://www.cepal.org/sites/default/files/comunicacion_26_guyana.pdf

	and degrading treatment or punishment.	
International Convention on Economic Cultural and Social Rights 1996	Ensures the enjoyment of economic, social, and cultural rights including the rights to education and fair and just conditions of work. It also ensures an adequate standard of living, the highest attainable standard of health and social security	Ratified
International Convention on the Protection of The Rights of all Migrant Workers and Members their Families - ICMW (1990)	A global diplomatic deal to guarantee dignity and equality in the era of globalization. The convention sets minimum standards for migrant workers and members of their families, with a focus on eliminating the exploitation of workers in the migration process.	Ratified
Convention on the Rights of the Child-CRC (1989)	Consists of 54 articles that set out children's rights, and how governments should work together to make them available to all children.	Signed
Equal Renumeration Convention 1951 (NO. 100)	Focuses on gender parity in employment, and outlines principles for the equal renumeration for work of equal value. Independent of whether it is performed by men or women.	All countries in the English-speaking Caribbean have signed the convention.
Discrimination (Employment and Occupation) Convention 1958 (No. 111)	Sets out the definition for discrimination and forbids distinction, exclusion, or preference based on race, color, sex, religion, political opinion, national extraction, or social origin.	All countries in the English-speaking Caribbean have signed the convention.
Domestic Workers Convention 2011 (No. 189)	Establishes the first global standard for domestic workers making them entitled to the same basic rights as those available to other workers in their country.	Ratified
The Universal Declaration of Human Rights	The declaration contains 30 articles and covers the most fundamental rights and freedoms of people collectively and individually everywhere in the world.	

ILO Convention No. 169 on Indigenous and Tribal Peoples (1989)	A legally binding international treaty addressing the rights of Indigenous and tribal peoples, including land rights, employment, and participation in decision-making.	The Government of Guyana has not ratified ILO 169, claiming that Guyana's Amerindian Act 2006 completely documents and represents the rights of the Amerindian people, so there is no need for ratification of Convention No. 169.

23. Gender Baseline

The Gender baseline is a measure of the current gender situation in the region of Upper Takatu- Upper Essequibo. The baseline measures key global indicators, these are health, education, political empowerment and economic participation. Globally, Guyana ranks 35 out of 146 countries on the World Economic Forum's - Global Gender Index 2024, a position that Guyana has maintained since the 2022 index.

Specifically in the areas of economic participation and opportunity Guyana ranks 47th up from its 53rd position; in the area of educational attainment Guyana ranks 63rd a regression from 57th, on health, the country maintains it rank of being number 1, and in the area of political empowerment the country ranks 36, a progression from its previous rank of 42.[111] [112]

This social baseline establishes the region's gender scorecard based on the indicators of health, education, political empowerment, and economic participation. It will also examine the wellbeing of women paying specific focus to issues such as and gender-based violence and sexual harassment and assault against women.

23.1. Gendered population Demographics

The region has a large population of males than females. Males account for 52.48 % of the population of Upper Takatu- Upper Essequibo while females account for 47.52% of the population
By exact count, females' number 38, 651, while males' number 42, 682; a difference of 4,029 more males than females this is contrary to national gender position which shows that females outnumber males. In Region nine there was a male -female ratio of 106.1 %; while the nation ration reflects a sex ratio of 99.1 males to very 100 females. This distribution is contrary with the national gender average, which indicated that nationally females slightly outnumbered males in the 2012 census.

As is expected, more men appear to have moved to the region because of the nature of the economic activities in the region. For this region, the predominant means of livelihoods is mining and quarrying and logging, which requires physical labor and generally involves the recruitment of men in their prime working ages.[113] It is prudent to note that a new census was conducted in 2021, however the results of that census are not yet known. Therefore, there could be variations in the gender situation.

23.1.1. **Governance**

At the national level Guyana has a unicameral National Assembly. The National Assembly of Guyana

[111] https://www3.weforum.org/docs/WEF_GGGR_2022.pdf
[112] https://www3.weforum.org/docs/WEF_GGGR_2024.pdf
[113] Bureau of statistics compendium 2

comprises 65 members. Women hold 40 per cent of representation in Guyana's National Assembly. Thirty-nine percent (39%) of women in Guyana's Parliament are Indigenous; to date, three (3) Indigenous women have led Guyana's Ministry of Amerindian Affairs.114

For administrative purposes, Guyana is divided into ten (10) administrative regions, each region is headed by a Regional Executive Officer, The Regional Executive officer along with a body of regional councilors, assigned to respective Neighborhood Democratic Councils (NDCs) are responsible for the day-to-day administration of each neighborhood. The Regional Chairman presides over the Regional Democratic Council in an administrative region. The Regional Democratic Councils are elected every five years during the Country's Regional and General Elections.

Simultaneously, in townships municipal governments exist. That is, the municipalities operate under the Municipal and District Councils Act (Chapter 28:01). This Act makes provision for a Mayor, Deputy Mayor and Councilors. The Town Clerk is the Administrator of the Township. Each Municipal Council has the responsibility for solid waste collection and disposal, maintenance of infrastructure services (roads, bridges, etc.), market facilities, and child welfare services among others.

The Municipalities receive an annual subvention from the Ministry of Local Government & Regional Development. This is in accordance to budgetary allocations approved by Parliament and is meant to execute developmental works. In traditional municipalities the collection of rates and taxes are the main source of revenue for councils, however this is not the case for Lethem, this town is not a rated town.

There are special arrangements for region nine. Within Region nine a tri-partite governance system exists. The Regional Democratic Council is responsible for administration at the regional level. The Municipal Council is responsible for the administration of the Town, and the Village Councils are responsible for the administration of the Villages.

The Rupununi is divided into five sub districts, there are District Councils responsible for the various subdistricts, as well as village councils. The Village Councils much like the Neighbourhood Democratic Councils, comprises of a chairman. The head of the Village Council is the Toshao, the cultural Chief. The Toshaos, along with their councilors, are responsible for carrying out the decisions of the village. Villagers play a participatory role in the decision-making process of their villages through Village General Meetings which occur quarterly. However, the village councils meet monthly to discuss communal administrative matters, for example financial statements from communal economic ventures and revenue earnings from these ventures. Villages own a number of communal businesses and capital assets including village shops, tractors, craft centers, block making and agro-processing factories; and collect revenues from mining, and forestry operations etc, The Ministry of Amerindian Affairs overlooks all of the villages.

Community Development Officers (CDOs), also assist the village council with administrative duties, which could include assisting at health centers and schools [115] some of their primary functions include monitoring village projects and meeting with village councils and villagers to understand the issues

[114] https://guyanachronicle.com/2025/04/22/guyanas-investment-in-education-health-and-water-transforming-indigenous-communities/

[115] https://guyanachronicle.com/2025/04/22/toshao-aguilar-highlights-tremendous-transformation-in-region-nine/

they may have so that the Ministry can action same

Part III subsection 10 of the Amerindian Act-Act No. 6 2006 promulgates the establishment, and functions and /or responsibilities of the village councils. There are fifty-eight (58) Village Councils in Region nine. The Village Council is elected every three years following a local indigenous process.

Women play an active role in governance in the region. There are four women on the Regional Democratic Council. Additionally, in the Township women hold positions of Deputy Mayor, Town Clerk, and Regional Education Officer, and five 5 females occupy the role of Toshaos in the region.

23.1.2. **Economics**

Women are actively involved in economic life in the region. The region has a robust tourism industry which is supported by women. Women manage eco-lodges, prepare indigenous cuisine, craft, and are an integral part of the tourism eco-system. The Surama Eco-Lodge, Karanambo, Rewa lodges, Atta Rainforest Lodge and the Takatu hotel are just a few of the popular Women-owned and managed eco-resorts and hotels in the region.

Traditionally women have been responsible for childcare and management of the homestead while their husbands or partners go off in search of employment. While there are now more jobs available in the region, men still continue to migrate in search of work opportunities. As a result, women have the disproportionate burden of ensuing that the home is provided for during what could be long periods of absence by their partners from the home. Thus, women also engage in subsistence farming to provide for their families. The women plant ground food -cassava and other subsistence vegetables. They also go out fishing. Women run industries from the comfort of their homes, while managing young children and taking care of the elderly. Some women make indigenous craft items such as hammocks, jewelry, clothing, baskets they also make indigenous drinks and sauces for example cassareep; Fly and Piwari, which are indigenous drinks and cassava bread. These products are sold to visiting tourist and when there are expos and other functions in the region and on the coastland of Guyana.

In the Deep south women participate in agro-processing. The St. Ignatius Women's Helping Hand Factory (a multi-lateral venture) located in Aranaputa, North Rupununi, produces peanut butter, jellies, juices, pepper sauce, cassareep, cashew nuts and more,[116] providing employment for more than 50 women.[117] The factory also helps to supply meals for the Ministry of Education National School feeding Program in the region.

23.1.3. **Education**

Education is structured into four layers, Nursery, Primary, Secondary, and tertiary education. After two years at the kindergarten level, learners matriculate to the compulsory primary section which runs for six years, when they turn 5 years, 9 months of age. Nursery education is non-compulsory.

The Institute of Distance and Continuing Education, a satellite campus of the University of Guyana provides tertiary level programs for desirous students. The programs include diploma and certificate

[116] https://guyanasouthamerica.gy/news/2020/06/13/the-st-ignatius-womens-helping-hand-peanut-factory-has-been-closed/

[117] https://www.stabroeknews.com/2010/03/21/news/guyana/aranaputa-women-open-peanut-butter-factory/

programs[118].

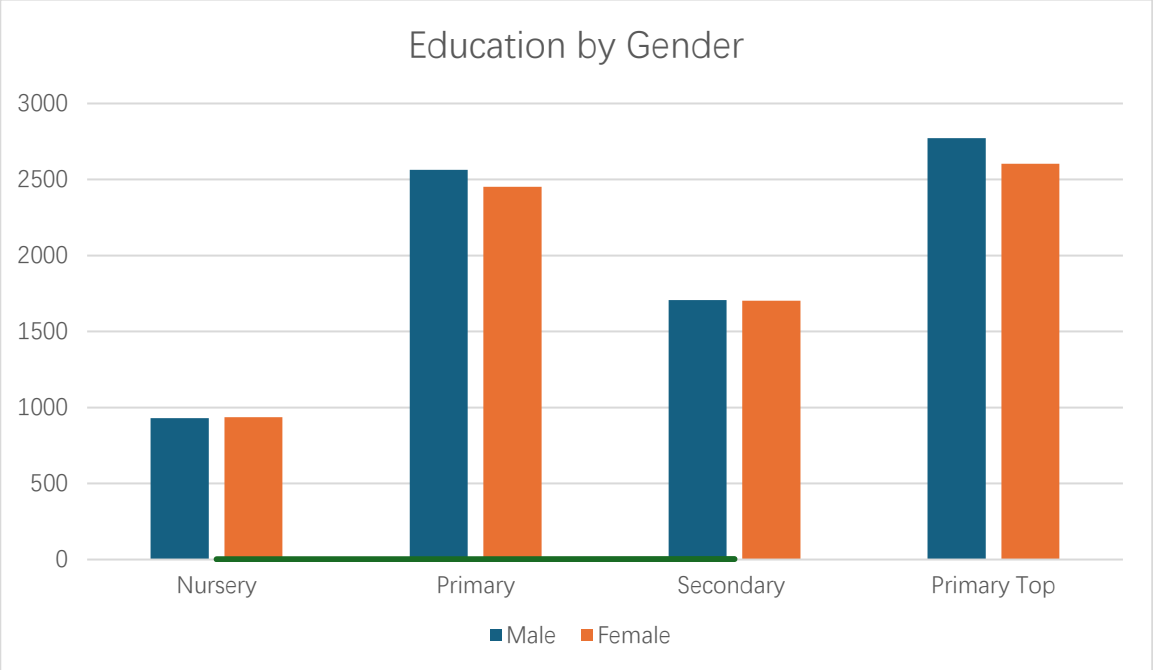


Figure 56: Education by Gender

23.1.4. **Violence against women**

According to the United Nations, in Guyana, one in five women have experienced non-partner sexual abuse in their lifetime, a trend fueled by harmful social norms that include a belief in men's entitlement to a woman's body and a widespread male culture of 'machismo' and an unsafe environment for women. Indeed, thirteen percent (13%) of women in Guyana report experiencing such abuse before the age of eighteen (18) years. Young Guyanese women face a higher risk of attempted rape, unwanted sexual touching and sexual harassment than any other age groups.[119]

In the Upper Takatu- Upper Essequibo region the challenges for indigenous women and girls are even more nuanced. That is, young girls face sexual abuse by family members and persons in authority. A study by United Nations Children's Fund (UNICEF) in 2018 reported high incidents of incest, abuse,

[118] https://idce.uog.edu.gy/programmes-offered

[119] https://guyana.un.org/en/260847-research-change-informing-legislative-reform-tackle-domestic-violence-guyana?afd_azwaf_tok=eyJhbGciOiJSUzI1NiJ9.eyJhdWQiOiJndXlhbmEudW4ub3JnIiwiZXhwIjoxNzQ0MDkyMjkxLCJpYXQiOjE3NDQwOTIyODEsImlzcyI6InRpZXIxLThjYmJjNzY5NC1kOWo0eCIsInN1YiI6IjE5MC44MC41MS44MyIsImRhdGEiOnsidHlwZSI6Imlzc3VlZCIsInJlZiI6IjIwMjUwNDA4VDA2MDQ0MVotcjE4Y2JiYzc2OTRkOWo0eGhDMU1JQWtkYWMwMDAwMDAwN2YwMDAwMDAwMDBiNmVrIiwiYiI6IjFibVUtM3dGSldqSi0tbGlhQnY3andLTVd6YmRWN0FNdEtsV1VqSnBUanMiLCJoIjoiczBWRXVoWl9UWmNxWXdTdEhZUzVwcGpzWmNVZUJjNGdYbk9wdTNDZmpWNCJ9fQ.On0pLQnG44_9WNZoUFnfBsA63VYehMK5AMMhIczovzBO22ChrXBl8ggwS25jUKL-tQhy8E12IqG0w2T1Tojax-SAvvXJfCkWi56JqOW08FWP-fJAImjcq3IvHoid69UngpKCFZKJ6OU_LLPOy5QBeyUcOMQl2YGbPTk0PtjpofRDe4Mq-O_bhjtmdQ2qVu4bKItOjMqojj4R9pNNPd9HK98bz_XcWUZ8ao_bYHLFRuPO-jxAtRZ58xHpiO3Cdte3w8cV7g_LhP8bZhJzCqQr5OUtyoGdHlIqNIheDoelG1V6tRuVk4Pk6jxc_zFj957JL0TieiHYozX611jItd8VoQ.WF3obl2IDtqgvMFRqVdYkD5s

and teenage pregnancy in Amerindian communities[120].

Table 10: Reported Cases of Sexual Assault and Teenaged Pregnancy

Sexual Assault			
Year	No. of Reported Cases	Type and No # of reported Assaults	
2022	Cases 53	Incest 3	Underage 19
2023	Cases 61	Incest 10	Underage 9
2024	Cases 50	Incest 4	Underage 18
Teenaged Pregnancy			
2022	7		
2023	7		
2024	4		

Source Ministry of Social Protection, Reg 9.

(*** note: Underaged pregnancy is children who became pregnant below the age of 16).

Teenage Pregnancy is another indicator of sexual violence against young girls in Region Nine. UNICEF reported that twenty-one (21%) percent of indigenous adolescent girls have begun childbearing, a number that is six (6%) percent higher than the national rate. School dropouts are reported to be common in the hinterlands.[121]

Because of the economic disparities and familial hardships between the Upper Takatu-Upper Essequibo region and coastal regions (3, 4,5,6) in some instances young girls are forced to seek employment from as early as 13 years. This results in girls going into the mining areas to seek employment; there some are abused or must sell their bodies to survive. Anecdotal evidence suggests some indigenous girls are trafficked from region 9 to other parts of the country to work in other mining areas in regions such as regions 7 and 8.

According to the Ministry of Human Services, Sexual Offences and Domestic Violence Policy Unit, some 416 individuals were victims of human trafficking in 2024.[122] Additional, reports by the Unit indicate that in excess of 300 sexual assault cases are recorded monthly, ninety (90%) percent of these cases involve women. However, there are also cases involving men, though they account for less than ten (10%) percent. While thousands of cases are reported annually, only fifty (50%) of the cases ever reach the Court, and just 10% result in Prosecution. Alarmingly though, over 70 per cent of the cases involve children under the age of eighteen (18) years.[123] Further, the Ministry reports, more than 4,000 cases of child abuse were recorded in 2024 with 1,200 of those cases being sexual abuse.[124]

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120 https://newssourcegy.com/news/study-finds-high-cases-of-incest-abuse-and-teenage-pregnancy-in-amerindian-communities/

121 https://newssourcegy.com/news/study-finds-high-cases-of-incest-abuse-and-teenage-pregnancy-in-amerindian-communities/

122 https://guyanatimesgy.com/4-arrested-for-alleged-trafficking-of-3-underage-girls/

123 https://newsroom.gy/2025/04/02/more-than-300-sexual-assault-cases-recorded-monthly/

124 https://newssourcegy.com/news/70-of-sexual-assault-cases-in-guyana-involve-children-over-300-cases-reported-every-month/?fbclid=IwY2xjawJykJ5leHRuA2FlbQIxMAABHi2B6X2UpJLKRfnvgODJnZYrwMNF-

Specifically in Region Nine over the past three years the region has reported one hundred and sixty-four (164) sexual assault cases. The statistics indicate that a great proportion of young girls are taken advantage of by male relatives, indicating that there is a high incidence of incestual sexual violence, and statutory rape.

Women are also victims of physical abuse by their partners. Key informants report that abuse is episodic that is, their partners abuse women after they would have been out consuming alcohol. It is reported that during festivities such as the Rupununi Rodeo, Heritage month celebrations (held annually for the entire month of September), and Christmas, incidents of domestic violence are the highest. Women are also abusers of their male counterparts, but the data suggests that this is a very miniscule number or is under reported because of male machoism. According to a domestic Violence personnel attached to the Ministry of Human services and Social Protection, for 2024 there were 30 cases of domestic violence recorded in the Court system. However, the number of domestic violence cases that engage the courts are of a higher number, but at the point of court proceedings, many of the women choose to forego the cases because their male counterparts are the sole breadwinners and they would suffer financial hardship if their partner / spouse were incarcerated.

There is widespread belief that the legal system is negligent in its protection to women and girls in the region from sexual and physical violence. In separate news reports, women's activists have been calling attention to this problem, "When matters like violence, rape, and cases like that are reported to the police, it takes long to be looked at. They don't really follow up. Sometimes it goes through the court yes, but I don't know for some reason or the other they would take long". "Although laws exist to protect women's rights, we as indigenous women face many challenges, including discrimination and violation of our rights. And there is little support given to us as indigenous women to enforce these rights. The efforts to eliminate discrimination against women and girls do not reach our communities at times". [125] Additionally, social and cultural norms of gender inequality that ground and perpetuate GBV remain deeply rooted in society. These norms hinder the effectiveness of the existing legal framework since they, in effect, discourage victims from seeking help and resorting to formal redress mechanisms. These norms also affect the manner in which authorities respond, or do not respond, to complaints of GBV.[126]

Guyana's national task force on sexual violence comprising of governmental and non-governmental organizations has implemented a national action plan which guides the work of our response to gender-based violence." [127]

23.1.5. **Development Programs for Women**

Women are empowered through a number of programs that are spearheaded by GOG and international development agencies operating in the region, these include:

3OsRYAjyAKVXkBq-ljRSimJVC8wednb_aem_papp4ytdjyR_vXOPWcTmYw

[125] https://newssourcegy.com/news/indigenous-leaders-call-for-commission-of-inquiry-into-high-cases-of-sexual-violence-and-abuse-in-amerindian-villages/

[126] https://pancap.org/pancap-documents/guyana-gender-based-violence-policy-brief/

[127] https://guyanachronicle.com/2025/03/24/guyana-presents-groundbreaking-gender-equality-initiatives-at-un-csw69/

23.1.6. **WIIN**

For those women desirous of enhancing their entrepreneurial skills, the Government of Guyana spearheads programs such as the Women's Investment and Innovation Network (WIIN). WIIN was launched in Baramita, Region One, in May 2021 and was expanded in July of the same year to the other nine administrative regions. WIIN offers training courses intended to improve the skills of women and girls, so they can easily find employment, start businesses and add to their pool of life skills. Institutions such as the University of Guyana, Institute of Distance and Continuing Education (UGIDCE), University of the West Indies, School of Business and Applied Studies Limited (UWIROYTEC) and the Association of MBAs (ABMA), United Kingdom accredit the programs offered by WIIN.

WIIN also supports women in the development of micro, small, or medium-term businesses upon successful graduation. Through collaboration, partners provide financial support to qualifying individuals either as capital for women with existing businesses or funding to start a new ones. Additionally, the women would be assisted with the preparation of business plans to allow access to external funding. Subcomponents of the program are WIIN Training Programme, WIIN in Business Clinic, WIIN Business Incubator, a Business Directory, an App, and an exhibition titled "WE LIFT".[128]

To date 243 women from region nine have benefited from the WIIN initiative for the period 2023-2024.

23.1.7. **GOAL**

Launched in 2021, the Guyana Online Academy (GOAL) is a part of the Government of Guyana's transformative agenda to have an educated workforce. GOAL, through partnerships with several international universities, provides a myriad of pertinent academic and vocational programs: Certificate, Diploma, Bachelors, Postgraduate, Masters, and Doctorate.

The primary objective is to deliver 20,000 scholarships by 2025 through a collaboration of agencies including the Ministry of Education, the Ministry of Public Service and the Ministry of Labour. Residents of the Upper Takatu- Upper Essequibo region are able to access the GOAL scholarship programs. Twenty percent of the scholarships for the Guyana Online Academy of Learning (GOAL) programme are allocated to Amerindians[129]. To date, approximately 858 residents from region 9 have enrolled in the GOAL program. Of this number, 628 participants are female, while 230 are males.

23.1.8. **Vocational Education Training Programs**

The Board of Industrial Training (BIT), a department within the Ministry of Labour offers a number of vocational education training programs in the Upper- Takatu- Upper Essequibo region. The programs are available in four villages, namely Maruranau, Massara, Toka and Yupukari. The training programs focus on enhancing the employability of trainees. To date BIT has trained 26 females and 17 males in the areas of commercial food preparation, general building construction, joinery, and welding and fabrication.

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[128] https://www.audit.org.gy/site/images/Performance/WIN-programme.pdf

[129] Department of Public Information. "Your future is secured with the PPP/C govt" – Pres. Ali tells indigenous community. Department of Public Information [Internet]. 2 Sept 2024 [cited 12 Jan 2025]; Available from: https://dpi.gov.gy/your-future-is-secured-with-the-ppp-c-govt-pres-ali-tells-indigenous-community/

23.1.9. **Women's Sewing Groups**

A womens' sewing group exists in Nappi, the group came into being in January 2025, to kick start their activities the group received support in the form of sewing machines from the Ministry of Amerindian Affairs.

There are fifteen (15) women in the group, presently. The ages of the women range from 28-55 years of age. Three (3) of the women who are part of the group were trained in garment construction through the Board of Industrial Training's Garment Construction course. They have now transferred their skills to help other women in the community.

Currently the monies gained from the group's activities is mainly used by the women to sustain themselves while also ensuring that they have materials to keep sewing. The group's activities are at a small scale, however the women are now organizing themselves to scale-up their activities to generate income and create employment opportunities for other community members. There are plans to supply school uniforms to nearby schools such as Nappi, Hiowa, and Parishara primary and secondary school.

23.1.10. **Small Business Bureau**

In 2004, the Small Business Act was established to provide incentive regimes and support programmes for small businesses. The Small Business Council (SBC) and the Small Business Bureau (SBB) were established through the Act. The SCC and SBB operate under the umbrella of the Ministry of Tourism, Industry and Commerce.

The Lethem Business Incubator Centre (LBIC) is an arm of the SBB in Lethem. The LBIC's goal is to support small businesses by providing mentorship, training, and office spaces to foster a vibrant and business ecosystem that celebrates and promotes the local talent of the Rupununi communities. Recognizing that farming, particularly cassava cultivation, forms the backbone of life in Lethem, the LBIC is focused on value-added services and mass production to elevate local enterprises.

Reflective of the diverse entrepreneurial landscape, the LBIC serves as a thriving hub for a multitude of ventures, including Mayee's Custom Design, a local enterprise specializing in garments crafted from vibrant Afrian Print cloth tailored specifically for the inhabitants of the Rupununi. Other businesses supported by the LBIC include those in arts and crafts, and herbal teas.

Sexual minorities

Guyana's laws do not make provisions for sexual minorities, and as such there are no programs or policies that exist for their protection, or development. While there are no national government programs specifically for the protection of sexual minorities in Guyana, several NGOs including SASOD and GUYBOW are actively working on protection and advocacy. The government supports recommendations to combat violence and discrimination and increase economic inclusion for LGBTIQ+ people, and there are ongoing efforts to integrate sensitization training into curricula. However, challenges remain, including widespread discrimination and violence, with calls for legal protections and improved state services for LGBTIQ+ individuals to be enacted.

23.1.11. **Situation of Youth and Elderly**

A few social groups that exist in the region cater to the needs of elderly and youth in the region.

Amongst them are the Weavers of St. Ignatius and several youth groups formed out of the interests of youth including bikers' groups, volleyball groups and football groups. Football is very popular in the region.

A seniors' Center in Lethem offers services to seniors every Monday and Wednesday at the level of the Town Council. Staff pick up seniors, assist with grooming and provide basic medical checkups, and meals. Planners take seniors and children into account when organizing special events.

For youth, the Board of Industrial Training has programs that are offered within the Municipality. These programs include programs in food preparation, general construction, joinery and welding and fabrication. The municipality assists youth with employment.[130] The University of Guyana Institute of Distance and Continuing Education Department will soon be operating in the region, thereby providing increased opportunity for youth to be equipped with skills.

[130] Details derived during a Key Informant Interview with the Town Clerk

24. Cultural Baseline

24.1. Overview

Culture is defined as the whole complex of distinctive spiritual, material, intellectual and emotional features that characterize a community, society, or social group. It includes not only arts and literature, but also modes of life, the fundamental rights of human beings, value systems, traditions, and beliefs. Cultural heritage therefore comprises these expressions of culture, described by the World Bank (1994) as "the present manifestation of the human past". Several culturally significant natural heritage sites are present in the Upper Takatu- Upper Essequibo region. These heritage sites represent the human past of Guyana's indigenous tribes to whom the region has been home for decades, the sites are a manifestation of indigenous culture and archaeological interest.

24.2. National Trust Act -Chapter 20:03

The administration of Guyana's cultural heritage is safeguarded by the **National Trust Act, Chapter 20:03 (NTA).** This NTA was enacted to promulgate the preservation of places of national and historic importance. **Section 17 of the NTA** provides for the preservation of monuments, sites, places, and objects of historic interest or national importance. The principal responsibility of the **NTA** is the preservation of all monuments of Guyana, which includes "*any object or other work of man or of nature whether above or below the surface of the land or the floor of the sea within the territorial waters of Guyana and any site, cave or excavation*" cited in the interpretation section, and as laid out in **Section 15 of the NTA.** Its mandate also includes research and documentation, public awareness and heritage education, administration, and conducting works under routine government capital projects. Additionally, **Sections 20-24, in conjunction with the First and Second Schedules of the NTA** sets out the standard operating procedures to be implemented in the event of a potential find. [131]

Chance Finds Procedure: National Trust of Guyana

24.2.1. **Archaeological finds**

If you believe you have encountered any archaeological materials during construction, especially in a known archaeological or heritage site, stop work in the area and follow these simple procedures:

- All construction activity in the vicinity of the remains is to seize immediately.
- The find location should be recorded, and all remains be left in place.
- Make contact with the relevant authorities regarding the next steps to be followed. The excavation of artifacts should only be done by professionals who have been trained in proper systematic excavation techniques.

24.2.2. **Removal of Archaeological Finds**

If for some reason you need to remove any artifacts unearthed, these simple steps should be followed:

- All finds should be treated as if they are fragile, even if they do not appear that way.
- if an artifact breaks during unearthing or is in pieces make an effort to collect all the detached or broken pieces.
- ideally, artifacts should be handled or moved one at a time, do not stack them on top of each other to move them.

[131] National Trust Act, Cap 20:03 Act 7 of 1972, Amended by 6 of 1997

- always pick up an artifact using both hands to provide full support, do not push pull or slide it in anyway.
- ensure you have a clear place to set artifacts down, the space should be clean and free from food, beverages, and instruments such as pens, tools, keys, or any objects that may damage them in any way.
- if necessary, lightly pad the surface to reduce the risk of the objects sliding or rolling off and to protect them from abrasions.
- make contact with the relevant authorities regarding the next steps to be followed.

24.2.3. **Transporting and Handling**

- Generally, objects should be handled as little as possible since oils, acids, and salts in human skin will cause damage to any artifact overtime. Minimize the length of time for handling but rather be organized and prepared for dealing with the objects.
- Objects may only be moved, handled, or assessed by trained personnel or under the supervision of trained staff. Employees must comply with established guidelines to eliminate any potential damage.
- All items to be moved will be assessed to ensure the appropriate resources and arrangements are in place to minimize risk to both the item and staff member(s). In addition, each item should be evaluated individually before they are handled, packaged, or transported in order to determine whether they are stable enough to withstand the activity.
- Collection must be handled with appropriate equipment such as gloves, containers, cushions, trolleys, and with sufficient staff to mitigate any risk of mishandling.[132]

24.3. Legislative Framework

The legislative framework of Guyana's cultural heritage is facilitated by several local and international statutes that offer protection, administration, and oversight for Guyana's cultural and historical tapestry. These articles of law, policies, and /or international agreements and conventions include:

24.4. Convention on the Protection of World Cultural and Natural Heritage, 1972

The convention concerning the protection of the world's cultural and natural heritage, the World Heritage Convention was adopted by the General Conference of UNESCO in 1972. The Convention aims to encourage the identification, protection, and preservation of earth's cultural and natural heritage. It recognizes that nature and culture are complementary, and that cultural identity is strongly related to the natural environment in which it develops. The Convention provides for the protection of those cultural and natural 'properties' deemed to be of greatest value to humanity. It is not intended to protect all properties of great interest, importance, or value, but rather a select list of the most outstanding of these from an international viewpoint. The Convention recognizes that nations have a duty to ensure identification, protection, conservation, presentation, and transmission to future generations of their cultural and natural heritage. By adhering to the Convention, nations pledge to conserve not only the World Heritage Site(s) situated within their territories, but also to improve the protection of their national heritage. Article 1 and 2 of the convention define cultural and natural

[132] Procedure extracted from: National Trust of Guyana, Guidelines for the Protection of Monuments and Sites, 2017.

heritage as follows:

24.4.1. **Cultural Heritage**

1. Monuments: architectural works, works of monumental sculpture and painting, elements or structures of an archaeological nature, inscriptions, cave dwellings and combinations of features, which are of outstanding universal value from the point of view of history, art or science
2. Groups of buildings: groups of separate or connected buildings which, because of their architecture, their homogeneity, or their place in the landscape, are of outstanding universal value from the point of view of history, art or science.
3. Sites: works of man or the combined works of nature and man, and areas including archaeological sites which are of outstanding universal value from the historical, aesthetic, ethnological or anthropological point of view.

24.4.2. **Natural Heritage**

1. Natural features consisting of physical and biological formations or groups of such formations, which are of outstanding universal value from the aesthetic or scientific point of view.
2. Geological and physiographical formations and precisely delineated areas which constitute the habitat of threatened species of animals and plants of outstanding universal value from the point of view of science or conservation.
3. Natural sites or precisely delineated natural areas of outstanding universal value from the point of view of science, conservation, or natural beauty.

In accordance with this convention, the National Trust of Guyana was established to preserve Guyana's Natural/cultural Heritage.

24.5. Convention on Biological Diversity

The Convention on Biological Diversity 1992 notes that some cultural knowledge and practices may depend on biodiversity and its components, and therefore specifically recognises the cultural value of biodiversity alongside its ecological, genetic, social, economic, scientific, educational, recreational, and aesthetic values. These cultural services should be considered in environmental and social impact assessments, particularly when considering linkages between cultural heritage and biodiversity, and between environmental and social impact assessments (including well-being). This is particularly so for some indigenous and other communities whose traditional and spiritual activities depend on the maintenance of biodiversity features.

Article 8(j) of the Convention makes provision to protect the knowledge and practices of indigenous and local communities who rely on the conservation and sustainable use of biological diversity. Article 10(c) protects and encourages customary use of biological resources in accordance with traditional cultural practices. The Convention also requires that benefits from the use, for commercial purposes, of traditional knowledge and/or practices should be shared fairly and equitably with the owners of such knowledge (Article 15(7)).

24.6. Intangible Culture

Indigenous Culture encompasses tangible and intangible culture. Many are familiar with tangible aspects of culture, that is the art pieces, clothing, artifacts etc. But the most intimate parts of a people's culture are those aspects which cannot be touched or seen but are felt, and experienced these include language, customs or way- of- life, inclusive of festivals and observances.
Guyana's indigenous nation comprises of four main ethnic tribal groups (ethnicity refers to cultural differentiation in the way a defined group or subgroup interact with the society and each other, holding distinct belief systems and relationships).

The history of Guyana's Indigenous nation called Amerindians dates back to thousands of years. These indigenous peoples are believed to have arrived in the region around 9000 BC, making Guyana their home long before the arrival of Europeans. They settled in the lush rainforests, along the fertile riverbanks, and in the savannahs of the interior[133] where they have remained to this day.

While there are four main ethnic tribes, there are nine distinct Amerindian groups, each with its own unique customs, languages, and traditions. These include Arawak, Warrau, Macushi, Wai Wai, Wapishanas, Caribs, Patamona, Arekunas, and Akawaios**.** Each tribe has a distinct culture that contributes to the rich tapestry of indigenous culture.

In Region Nine the prevalent Amerindian groups are Wapichan, and Macushi. In central Rupununi (Capital) the dominant group is said to be Macushi, while in South Central there are ten Wapichan speaking villages and one Macushi speaking village- Shulinab and its satellites. The South Pakarimas and North Rupununi is also populated by Makushi, and in the Deep South is inhabited by the Wapishana nation (see description of the tribes in Appendix).

Amerindians groups of Guyana have maintained much of their traditional ways including, food preparation, crafting techniques, and clothing design.

Language plays a role in the way Amerindians interact with and preserve their environment (Jafferally, 2020). It helps to definite Amerindians from other ethnic groups in Guyana. Since language is an expression of their thoughts, how they see the environment. Indigenous language is based on interaction with each other, rather than writing, the way they think and portray events is completely different. The connection between Indigenous Peoples and the environment is encompassed in their world view and preserved in their culture. Their understanding is that human beings are a part of their environment, even as that environment is a part of them. "You harming the natural world is basically harming yourself, that's how communities see it" (R. Hastings, 2020). [134]

There are nine Amerindian languages; previously the common languages spoken amongst the groups were Wapichan, Macushi, and Arawak. Other languages, which were also heard occasionally, were Carib, Wai- Wai, Arecuna, Patamona, Warrau and Akawaio. These languages were not only a means of communication but also a repository of cultural heritage, passed down through generations It must be noted that while these indigenous languages exist, most Amerindian groups in Region Nine speak

[133] https://www.guyanastandard.com/2023/09/10/amerindian-heritage-month-a-deep-dive-into-the-culture-and-celebrations/

[134] https://guyanachronicle.com/2020/02/16/the-enduring-importance-of-indigenous-language-preservation/

English (the official language of Guyana).

Consequently, with the prominent use of English and an assimilation to the local coastal and British culture, it seems has resulted in the hemorrhaging of Amerindian cultural linguistics. Notwithstanding this, there are active efforts to once again mainstream the Wapishan language by teaching Wapishan in three (3) schools in Region Nine through the Quality Bilingual Education Program (QBEP) supported by the Jesuits of St. Ignatus and the Ministry of Education. Other initiatives to revitalize the language culture of Amerindians include the establishment of the Guyana Languages Unit (GLU), part of the Department of Language and Cultural Studies, Faculty of Education and Humanities at the University of Guyana.

survival traditional practices such as basket weaving, pottery, and woodcarving continue to be a major economic resource of Amerindians in Region Nine and other parts of Guyana.

indigenous groups in Guyana have their own governance structures. indigenous communities exercise self-Governance through their village councils, which are headed by the ceremonial chief of the village, the Toshao. The Toshao and his/ her village council is elected by the villagers to implement the decisions of the village. Villagers meet once a quarter to deliberate on village needs, review administrative and communal interests. The functions and powers of the village council are enshrined in Guyana's Amerindian Act 2006.

24.6.1. **Subsistence**

Indigenous peoples have maintained their traditional ways of life including subsistence practices. Amerindians of region nine continue to farm and hunt for their food utilizing traditional bows and arrows, cutlasses and other implements. 38.2% of the population is engaged in Agriculture/Forestry/Fishing with over two-thirds (67.5%) of households deriving incomes from agro-processing (Ballayram 2015). However, other non-traditional activities are used to support household income.

The remoteness of communities in the region impacts food, fuel, and other commodity prices. Extensive flooding, drought, over hunting, deforestation in critical habitats, and dangerous mining practices impact food security in the region. These issues affect household income, due to communities' heavy dependence on agriculture for income. Consequently, communities rely on the government and NGOs for subsistence assistance. However, households also employ a range of coping mechanisms. Recently, both governmental and non-governmental organizations have increased support in the region to advance the welfare of the indigenous peoples, including monetary support. Despite all the assistance given, data shows that the region is considered one of the poorest in Guyana.

This is according to an analysis on global multidimensional poverty (October, 2021), It pointed out that whereas Amerindians comprise 10.51 percent of the population, they account for 63% of the multidimensionally poor in the country.[135]

The region's economy is also buttressed by trade, tourism, and logging. The main trading centers in the Region are Lethem – the Administrative Centre, Annai, Aishalton, and Karasabai.

[135] https://www.stabroeknews.com/2021/10/14/news/guyana/un-index-shows-poverty-disproportionately-higher-among-amerindians/

24.6.2. **Language**

The indigenous groups in the region, each have unique customs, languages, and traditions. These include Macushi, Wai Wai, Wapishanas, and Patamona languages**.** Each of these linguistic expressions contribute to the rich tapestry of indigenous culture in region nine.

Further, indigenous languages play a role in the way Amerindians interact with and preserve their environment (Jafferally, 2020). It helps to define Amerindians from other ethnic groups in Guyana. Indigenous language is based on interaction with each other, rather than writing, the way they think and portray events is completely different.

These languages are not only a means of communication but also a repository of cultural heritage, passed down through generations. It must be noted that while these indigenous languages exist, most Amerindian groups in Region Nine speak English (the official language of Guyana).

Consequently, with the prominent use of English and an assimilation to the local coastal and British culture, there has been a hemorrhaging of Amerindian cultural linguistics. Notwithstanding this, there are active efforts to once again mainstream the Wapishan language by teaching Wapishan in three (3) schools in Region Nine through the Quality Bilingual Education Program (QBEP) supported by the Jesuits of St. Ignatus and the Ministry of Education. Other initiatives to revitalize the language culture of Amerindians include the establishment of the Guyana Languages Unit (GLU), part of the Department of Language and Cultural Studies, Faculty of Education and Humanities at the University of Guyana.

24.6.3. **Foods**

Traditional foods such as cassava bread and pepperpot (meat boiled in cassava sauce (white coloured sauce referred to as fresh cassava sauce, produced from the cassava root), farine, tacuma worm, roast beef, tasso, tapioca tuma-pot; together with alcoholic beverages, including piwari , Cassari , and Fly are staples in the indigenous diet and some used during festivities.

The indigenous diet comprises a mix of fish, beef, wild meat, vegetables and ground provision, which the local communities farm, hunt, and gather from nearby rivers and creeks.

Dances such as the Mari Mari are also part of the indigenous cultural practices in the region.

The ceremonial chief of the village and village arbitrator is Toshao, once seen as a spiritual leader of the people, help villagers make important day-to-day decisions.

24.6.4. **Music**

Guyana's nine indigenous tribes or peoples utilized shared characteristics in melodic, rhythmic, textual, timbre, dynamics and form with other Native American cultural groups across the Caribbean and South America. Guyana's indigenous music, or Mari- Mari, is characterized by short repetitive musical motifs of varying cadential intervals according to song and player, similar to other indigenous practices of this region (Anderson and Campbell 2010). The rhythmic pattern is two-fourths with additive meters consistent with the Andean music of Peru, for example Rosita Colorou and Mekoro Teja. Indigenous music tends to be melancholic, or 'dirgelike' (Roth 1924,450) And this characteristic is also found in the music among the Macushi's of the lower Pakarimas, the Caribs and the Wapishanas of the Rio Branco.

Historically, indigenous singing is accompanied by such instruments as drums, reeds and flutes. Textually, traditional indigenous music employed heterophony during group singing; however, in contemporary indigenous music, vocalization to traditional songs is replaced by the violin following the loss of both fluency of spoken language and particular song lyrics. Most modern indigenous music uses monophonic textures accompanied by guitars, banjos, keyboards and the indigenous percussion Sambura. Hybrid styles have also developed, including a fusion of Arawak melodies with the Joropo rhythms of Venezuelan plain music, which was brought to Guyana by Arawaks who escaped Angostura (present day Cuidad Bolivar) Venezuela in 1817. The Makushi people, emphasizing connection to the community and religious / spiritual experiences also developed another fusion genre, the Alleluia hymns. Finally, in 1978 Neville Calistro created the Cali-Mari beat, a popular fusion of the Mari-Mari and Calypso, as made prominent with the song "Wajili" (From Sambura to Cali-Mari, 2014)

Some famous indigenous musicians include David Campbell, a self-taught songwriter/singer, poet, painter, writer and guitarist. Mr. Campbell has written over 1600 songs about a wide variety of human subjects, including Native People of the Americas, Immigrants, the Earth, World Peace; Children and Love;[136] And music Leon Couchman whose music has been undoubtedly inspired by his love for his country and proud indigenous roots. One of his most popular singles 'Guyana My homeland' is a testament to this. The song released in the 1990s remains among the collection of top locally produced singles.[137]

24.6.5. **Lands**

215 indigenous communities in Guyana now have legal title to their collectively held lands. These holdings total some 29,000 square kilometres or 13.9 percent of the national territory. This area includes nearly 4 million acres of forested land that is legally under the control of indigenous peoples.

The connection between Indigenous Peoples and the environment is encompassed in their world view and preserved in their culture. Their understanding is that human beings are a part of their environment, even as that environment is a part of them. "You harming the natural world is basically harming yourself, that's how communities see it" (R. Hastings, 2020). [138]

Central and North Rupununi are inhabited mainly by the Macushi and the South by the Wapishana and Wai Wais, who have a keen interest in biological conservation of their ancestral lands.

There is an ongoing land titling process aimed at increasing the current holding of indigenous lands by the Government of Guyana

[136] https://guyaneseonline.wordpress.com/wp-content/uploads/2012/12/microsoft-word-kens-choice-29-david-campbell.pdf
[137] https://www.kaieteurnewsonline.com/2022/09/18/versatile-guyanese-musician-leon-couchman-is-a-special-person/
[138] https://guyanachronicle.com/2020/02/16/the-enduring-importance-of-indigenous-language-preservation/

24.7. Tangible Culture

The tangible culture refers to those aspects of the indigenous culture which are either naturally occurring or built; monuments, sites of important natural heritage, including those that have helped to ensure the survival of Amerindian people including areas of biological significance. These include:

24.7.1. **The Kanuku Mountains**

The Kanuku Mountains are a group of mountains located in the heart of Guyana's southwestern district in the Rupununi Savannahs. The 5,000 square kilometres (1930 square miles) mountain range is divided by the Rupununi River and is one of the most ecologically diverse locations in the country. It is home to approximately 350 species of birds, including the Harpy Eagle, along with a number of animals such as the Black Caiman, Giant River Otter, Arapaima Fish and the Giant Anteater.



Figure 57: Kanuku Mountains

24.7.2. **Mount Roraima**

Mount Roraima, the highest of the Pakaraima Mountain range in South America, is a part of the ancient Guiana Shield. This mountain contains some of the oldest geological formations known to man dating back to almost two billion years. It was once part of Gondwanaland before tectonic activity separated the continents of Africa and South America. The mountain, commonly referred to as a tepui, features a flattop with vertical sides. Many waterfalls flow throughout the mountain range. The highlands area mostly consists of sedimentary rocks that date back to 2 billion years or older, and rank among the oldest sedimentary rocks on the planet.

Mount Roraima spreads across the borders of Brazil, Guyana and Venezuela, each border in excess of 400 metres (1,312 feet) high cliffs. Mount Roraima represents Guyana's highest elevated plateau at 2,700 metres (8,858 feet). Experts believe that Maverick Rock is the highest point within the mountain range, with a height of 2,810 metres (9,220 feet).[139]



Figure 58: Mount Roraima

[139] https://ntg.gov.gy/monument/mount-roraima/

24.7.3. **Petroglyphs**

Petroglyphs are scattered across the Aishalton district in the Rupununi, Savannah.

Makatau Mountain, located some 3 kilometres (1.7 miles) from central Aishalton is one of the country's most famous archaeological sites. Thousands of these petroglyphs, which pre-date 5000 BC, illustrate the relationship the first people bore with their surrounding environment and with wildlife. These images were mainly of biomorphic (plants, animals and humans) and geometric forms. Dr. Denis Williams and a number of Anthropologists comprehensively studied the petroglyphs during 1970s.



Figure 59: Petroglyphs of Aishalton

24.7.4. **Orinduik Falls**

Orinduik Falls, surrounded by the grassland hills of the Pakaraima Mountains is a cascade consisting of a number of oversteps and terraces of solid jasper rocks upon which the highland river of Ireng drifts. The waterfall measures approximately 25 metres (82 feet) in height and 150 metres (492 feet) in width. The name Orinduik comes from the Amerindian word, *'Orin',* which also refers to an aquatic plant found near the falls.[140]



Figure 60: Orinduik Falls

[140] https://ntg.gov.gy/monument/orinduik-falls/

24.7.5. **Shea Rock**

Shea Rock is a rocky hill found in the Upper Takutu-Upper Essequibo, Rupununi district in the small Amerindian community of Shea. The small mountain measures 200 metres (676 feet) at its highest peak and is approximately 304.8 metres (1,000 feet) above the savannah.

The rock is considered a sacred shrine within the Indigenous community. Located to the north of the mountain is a religious ritual site and on its eastern side, a large rock shelter can be found. Rock shelters were used for funerary rituals by past Indigenous generations. Shea Rock also contains an extensive amount of pictographic rock art, painted in red and orange. Dry deposits of Aeolian sediments containing faunal remains of small animals and birds; along with pottery sherds and chipped stone tools can be found within the vicinity of the rock shelter.[141]



Figure 61: Shea Rock

[141] https://ntg.gov.gy/monument/shea-rock/

24.7.6. **Rewa**

Rewa is an Indigenous village located at the junction of the Rupununi and Rewa Rivers in the Upper Takutu-Essequibo district. The area which is surrounded by the rainforest is vastly rich with wildlife and exotic flora and can be accessed by river from the settlement of Bina Hill.

The community which is inhabited by the Makushi (Macushi) peoples is home to the Rewa Eco Lodge. This lodge was built circa 2011 and consist of a large benab and smaller benabs that serves as guest houses. Members of the community would usually engage in day hikes, fishing expeditions, canoe trips, bird watching treks and nature expeditions with guests of the eco lodge. The community is a excellent example of an ecomuseum that showcases aspects of the Makushi's way of life both tangible and intangible.[142]



Figure 62:Rewa Ecolodge

[142] https://ntg.gov.gy/monument/rewa/

24.7.7. **Iwokrama Rainforest**

Iwokrama Rainforest is located in heart of the Guiana shield and consists of approximately 3,710 square kilometres (1,432 square miles) of untouched rainforest. The forest which is dissected by the Georgetown-Lethem Road is bordered by the Pakaraima Mountains, the highlands savannahs and the Essequibo and Siparuni Rivers. It is home to the Iwokrama Mountain which measures 1,000 metres (3,300 feet) high and is mostly inhabited by the Makushi (Macushi) people.

Iwokrama International Centre (IIC) is an autonomous, non-profit organisation established by the Government of Guyana and the Commonwealth Secretariat in 1996. The centre manages the Iwokrama River Lodge and Research Centre and the Iwokrama Canopy Walkway. This famous canopy walkway is elevated 33 metres (108 feet) above the ground and allows visitors the opportunity to walk across a small section of the rainforest. The walkway was funded by the Canadian International Development Agency (CIDA) and is the first and only, in the Guiana Shield. Built of aluminium, the canopy walkway allows the trees to grow unrestricted by using adjustable steel cables and braces throughout its connections with the trees. Located a short distance away from the research centre is a 300 metres (984 feet) tall mountain called Turtle Mountain.[143]



Figure 63: Iwokrama Rainforest

[143] https://ntg.gov.gy/monument/iwokrama-rainforest/

25. Stakeholder Engagement

Since the inception of the project, multiple rounds of stakeholder engagements have been conducted to identify potential risks, impacts and community priorities.

Initial consultations were undertaken in January 2023 as part of the Baseline Assessment Report, which informed the early identification of potential social and environmental risks. These discussions included a broad range of stakeholders including the RHO, hospital management and staff, the town council, community members, representatives of local businesses and commerce, and other relevant agencies.

More recently, in July 2025, the contractor, in collaboration with the PEU, facilitated consultations focused on the establishment of a temporary workers' camp and the associated risks and impacts. These engagements involved the town council, hospital management and staff, and community members. Feedback received during this process has been incorporated into the ESA/ESMP and further reinforced in the associated management plans.

In support of the SCA/IPP, an additional series of 28 key informant interviews and 2 focus group discussions were conducted. These consultations explored in greater depth the potential impacts on distinct social groups, including women, youth, indigenous representatives, and vulnerable households. Main feedback and themes identified included social and community well-being, particularly as it relates to risks from the influx of labour, concerns about housing pressures and inflated prices, and the need for cultural awareness. Other feedback included opportunities for local employment emphasized, and training to enhance skills of youth and women.

The feedback from these engagements have been incorporated into the:

- ESA/ESMP management plans (labour, health, environmental measures)
- Indigenous People's Plan (IPP) for resource protection, cultural awareness, and community benefits
- Labour and grievance management measures for workers.

26. Social Impact Assessment

26.1. Overview

Prior to the identification and analysis of potential project impacts, a detailed examination of the baseline characteristics was carried out for the three components of the existing environment, the physical, biological, and socio-economic. The potential impacts of the proposed project features and activities on the existing environment were evaluated as part of this assessment. A qualitative analysis was carried out utilizing the experience and expertise of respective specialists to determine the potential negative and positive impacts related to specific aspects of the proposed project.

The potential social impacts of the project activities are both positive and negative. The positive impacts will be long-term while the negative impacts will be short-term. The negative impacts will occur during the construction phase, while positive impacts will be experienced in the post-construction / operational phase. These impacts are discussed as follows within Chapter XXV.V

During the construction and demobilization phases of the Healthcare Network Strengthening Project, there is reasonable anticipation that the project will yield social and economic impacts for project affected persons within the region, as well impacts of the project will also be experienced outside of Guyana's border for example in Brazil. Anticipated impacts include

26.2. Social Impacts

26.2.1. **Construction Phase Impacts**

Vehicular Fatalities: During the construction phase of the project, the contractor will need to transport sizeable amounts of building/ construction material to and from the project site. The increase of vehicular traffic has to potential to not only disrupt the normal flow of traffic within the hospital zone, but it can potentially lead to vehicular fatalities if the traffic is not managed efficiently. Children attending school nearby are also susceptible to becoming involved in vehicular accidents, children do not always adhere to the rules of using the road, some unaccustomed to the volume of traffic or those playing in the street, not being alert to moving vehicles could be hit by unsuspecting drivers leading to life threatening injuries and worst death.

Disruption to daily activities: Members of the public who reside, attend school, and work within the hospital environment can expect disruption to their daily activities, especially children who traverse the area, can expect a flow of vehicular traffic, transporting materials to and from the project site. The constant flow of traffic can pose significant danger to children who may not be properly aware and equipped to navigate the roads responsibly.

Transient Population: During the project's construction phrase, it is expected that the project will attract a transient population seeking short-term employment opportunities. According to the World Bank (2016), the impacts associated with transient populations include:

- Inflationary pressure: Influx, when significant in relation to local community size, transient populations often result in inflationary pressures due to increases in the demand for food, fuel, housing, and land. Price pressures on food, land and housing may impact greatest on the most vulnerable in the location and exacerbate the economic vulnerability of marginalized groups (e.g., women, ethnic minorities, elderly).

- Economic Boom /Bust: Speculators and new businesses looking to capitalize on direct and indirect labour influx may create market distortions and force existing suppliers out of business. Communities, for their part, may experience "boom/bust" cycles associated with sharp growth during construction and decline due to project closure.

- Pressure on Infrastructure Services and Utilities: Population surges can stretch the capacities of social infrastructure such as housing, schools and health care and lead to additional pressures on waste management, sanitation, water, power, and transport. Pressures on water and electricity systems may also have economic impacts for those with resource-based livelihoods (e.g., agriculture, forestry, fisheries, commercial recreation).

- Housing pressures: A surge in population could result in pressure on housing for example, the lack of adequate housing could lead to unplanned and uncontrolled development of squatter settlements in the project area.

- Health Risks to the Community: As transient populations develop, they could provoke higher rates of violence, injury, alcohol and/or drug consumption and sexually transmitted diseases in host communities. Additionally, influx-related environmental impacts that affect subsistence agriculture or harvesting could change nutritional choices and affect health outcomes. Overcrowded or camp-based living conditions can significantly alter existing levels of communicable diseases including respiratory problems, diarrhoea, vector-borne diseases and tuberculosis, which increases the risks of disease being introduced and spreading through host communities. This can strain public resources and affect overall service capacity.

- Adverse Social and Community Wellbeing: transient labour migrants can have impacts on community cohesion. This can be particularly acute in smaller communities hosting a largely male workforce, and/or a workforce from other regions or countries – which may result in conflicts between locals and non-locals concerning employment opportunities, wages, natural resources, and cultural and social norms. Migrant workers can also contribute significantly to gender-based social impacts and risks. For example, changes in the family structure. A mostly male workforce away from their families and normal social environments may lead to increases in unplanned pregnancies and the creation of single-parent households and changes in the family structure.

  Increases in crime and violence against women and girls may be particularly acute in socio-economic settings where there is an existing gender differentiation in terms of power and norms, coupled with limited governance capacity. In locations with pre-existing sexual and gender-based violence (SGBV) issues, labour influx can exacerbate SGBV risks such as trafficking in girls, sexual exploitation of women and girls, sexual violence and assault of women and girls.

  There is a possibility that a large foreign workforce could affect the cultural cohesion of the region The Indigenous tribes in the region hold dearly to their cultural beliefs and ways. While this is so, Indigenous peoples of Guyana also experience social marginalization because of ethnicity. Potential cultural clashes between the indigenous tribes and the migrant labour force could occur. Cultural clashes can significantly impact community cultural heritage by causing destruction, displacement, and the erosion of traditions and knowledge, ultimately leading to a diminished sense of community identity and history.

- Unfair treatment and discrimination of workers: Unfair treatment of workers could result from personal biases such as race, gender, ethnicity, religion, or sexual orientation by members of the community and/or management staff, resulting in violence being meted out to workers, which could cause physical injury or have even more severe outcomes for example loss of life.

- Physical, psychological, or sexual harassment of project workers and community members: Physical, psychological, or sexual harassment of project workers could include both physical forms of harassment and abuse, for example violence and sexual assault, and non-physical forms of abuse such as emotional or verbal abuse, bullying and unsolicited sexual assault, especially of female workers. This includes the sexual exploitation of minors and exploitative sexual relations between workers and females who reside in the project area of influence. Human trafficking could also develop around the project site where women and girls are forced into having sex with workers for money.

- Child Labour: The need for a constant supply of labour makes the project susceptible to hiring persons who are below the legal working age in Guyana, which is 16 years of age and below. In an environment where there is a limited supply of jobs the demand for jobs is high, and minors who are out of school, may seek to be employed by the project, putting the project at risk of flouting the law.

- Discrimination in Hiring: Because construction is a male dominated industry there is a possibility that ingrained cultural and sexist ideologies could result in:
    - Women not being hired
    - Women being hired to fill lower-paying position
    - Persons not being hired, or hired for lower paying positions because of their gender identity or sexual orientation (for example, when an employer refuses to hire women, or only hires women for certain jobs)
    - Women and men being held to different or higher standards, or being evaluated more harshly, because of their gender identity, or because they don't act or present themselves in a way that conforms to traditional ideas of femininity or masculinity.
    - Being written up or disciplined for something that other employees of a different gender do all the time but never get punished for
    - Being insulted, called derogatory names or slurs because of gender identity, or making hostile remarks about people of a certain gender identity or sexual orientation.
    - Being subject to unwelcomed sexual advances, requests for sexual favors, or other verbal or physical harassment of a sexual nature.
    - Being rejected for a job, forced out on leave, or given fewer assignments because of pregnancy or childcare responsibilities.

- Gender Pay Gaps: Given the traditional ideologies and existing gender pay gap trends. There is a likelihood that because of bias, skilled female works could be paid comparatively less than skilled male workers and / or unskilled female workers could be paid less than unskilled male workers.

- Archaeological Finds: There is a likelihood that artifacts or items of cultural heritage may be unearthed by the project. Within the indirect project area there are a number of cultural heritage sites that are offered legal protection status, while these sites will not be impacted by the project, there is the possibility that the project could unearth chance finds. Therefore, the project needs to exercise due diligence within the project area and be vigilant for any potential archaeological finds.

- Workers' Rights: Projects often disregard workers' rights, for example the right to be provided with the requisite PPE, basic amenities such as washroom facilities, drinking water, water for handwashing at mealtimes and to clean the skin after work.
  Personal time-off (rest days) and being renumerated according to agreed rates and local labour laws, in a timely manner, and being given wages through accessible means (bank accounts, or cheque payment at accessible banking institutions). These types of neglect of workers' rights can create a situation where workers become disgruntled and produce substandard work or high staff turnover. High staff turnover can impact the project's ability to complete the work in a timely manner.

- Barriers to Communication: The project has indicated it plans to import a foreign workforce from China. The importation of a Chinese labour force brings with it, its own cultural nuances. One cultural impact is the language barrier between the English-speaking Guyanese population that resides in the project area and the Mandarin-speaking Chinese labour force. The language barrier could prevent those working on the project from being able to communicate effectively with project stakeholders and local workforce, this could hinder the completion of the project, as well as worker and community relations.

- Sourcing of materials: The project could fail to source materials from locals, choosing to import its materials from China and/ or nearby Brazil, this could result in missed opportunities for locals to scale their businesses, widening inequality as such benefits are concentrated among non -locals. Additional domino effects could result such as loss of livelihood, mistrust amongst community members, and lack of community support for the project.

- Not respecting Indigenous Peoples Rights to resources: Exclusion from decisions over Indigenous Peoples resources can create internal divisions, and tensions with the project's implementers. The refusal to respect Indigenous rights to resources can lend to reinforcement of historical patterns of marginalization, reigniting past trauma from losing land and sacred areas and resources. Indigenous people are integrally connected to their lands and resources, therefore failure to respect their rights can also be construed as undermining their rights to communal autonomy and self-determination and a lack of respect for this ethnic group.

26.2.2. **Positive Social Impact Analysis**

The project is likely to induce lasting positive impacts; these will occur during the operation phase of the project. During the construction phase one positive impact that is likely to occur is job creation.

26.2.3. **Construction Phase**

Job Creation: During the Construction phase of the project, it is anticipated that community members (men and women) will be able to access jobs with the project. The project will require labourers and specialists with technical skills such as ransom operators, excavator operators, surveyors, traffic controllers, cooks, flaggers, etc.

Cultural Pluralism: With Guyana being an ethnically plural society, the project is expected to employ labour from China. The mix of local and migrant labour force can foster greater appreciation of culture, through the exchange and ideas and skills between members of the Chinese and Guyanese

labour force. Individuals from different cultural backgrounds may have unique ways of thinking, behaving, and interacting, and an appreciation for these differences can impact project outcomes both negatively and positively.

26.2.4. **Operational Phase Impacts**

During the operational phase/ post-construction phase of the project, the Healthcare Network Strengthening Project is expected to yield tremendous social and economic benefits for members of the project area and the country at large as well as Guyana's northwestern neighbor Brazil, these impacts include:

Improved Health Care: With the new hospital residents of Guyana and Brazil will be able to experience improved health care, Guyanese will no longer need to travel to Brazil to access services that were previously unavailable in the region. The hospital will further bridge the relationship between Guyana and Brazil, as Brazilian nationals residing in Guyana and Brazil will also be able to access holistic health care services in Guyana.

Job Creation: During the operations phase of the project, it is anticipated that community members (men and women) will be able to access jobs with the hospital. The hospital will require ancillary staff, maintenance personnel, administrative, laboratory staff, clinicians, doctors, nurses, kitchen staff, etc . The social impact Matrix of the Lethem Health Project can be seen on the following page.

Table 41: Social Impact Matrix

Description of Impact	Is impact Positive or Negative	Level of Impact	Is impact reversible or Permanent	Level of certainty of the impact	Project stage of the impact	Area type of impact
Vehicular fatalities	Negative	low	Reversible	Medium Certainty	Construction Phase	Project Site
Disruption of water supply	Negative	Low	Reversible	Low Certainty	Construction Phase	Project Site
Disruption to daily activities	Negative	Medium	Reversible	High Certainty	Construction	Project Site
Transient Population	Negative & Positive	High	Reversible	High certainty	Construction and Operational phases	Region
Inflationary pressure	Negative	High	Reversible	Medium Certainty	Construction	Region
Economic Boom /Bust	Negative	High	Reversible	Medium Certainty	Construction	Project Area
Pressure on Infrastructure and Services and Utilities	Negative	Medium	Reversible	Medium Certainty	Construction	Project Area
Housing Pressure	Negative	Medium	Reversible	Medium Certainty	Construction	Project Area
Health Risks to the Community	Negative	Medium	Reversible	Medium Certainty	Construction	Regional
Adverse Social and Community Wellbeing	Negative		Reversible	Medium Certainty	Construction	Regional
Unfair Treatment and Discrimination of Workers	Negative	Low	Reversible	Low Certainty	Construction	Project Area
Physical, psychological, or sexual harassment of project workers and community members	Negative	Low	Reversible	Low Certainty	Construction	Regional
Child Labour	Negative	Low	Reversible	Medium Certainty	Construction	Regional
Discrimination in Hiring	Negative	Low	Reversible	Medium Certainty	Construction	Regional
Gender Pay Gap	Negative	Low	Reversible	Medium Certainty	Construction	Regional
Archaeological Finds	Negative/ Positive	Low	Reversible	Medium Certainty	Construction	Regional
Worker's Rights	Negative/ Positive	Low	Reversible	Medium Certainty	Construction	Project Area
Barriers to Communication	Negative	High	Reversible	High Certainty	Construction	Project Area
Job Creation	Positive	High	Reversible	High Certainty	Construction and Operational phases	Regional
Improved Health Care	Positive	High	Sustained	High Certainty	Operation	Regional
Sourcing of Materials	Negative	High	Reversible	High Certainty	Construction	Regional
Not Respecting IP Rights to Resources.	Negative	High	Reversible	Medium Certainty	Construction	Regional

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27. Social Management Plan

The Socio-Cultural Management Plan (SCMP), much like social management plans is a tool that is utilized by development practitioners to control, minimize, and/ or mitigate the potential social and cultural risks and impacts identified during a project's scoping analysis. Guyana's legislative framework stipulates that where impacts to the environment are identified, social management plans are to be created to manage the risks identified.

The SCA outlined potential socio-cultural and environmental impacts. In response, the socio-cultural management plan has been developed to address the anticipated negative social impacts identified in the SCA. The socio-cultural management plan sets out the procedures that will be undertaken by the project to circumvent the potential impacts.

Socio-cultural impacts are anticipated during the construction and operational phases of the project. Construction phase impacts are deemed to be temporary and/ or reversible, while the operational impacts are assessed to be long lasting. The following SCMP is suggested to manage the potential negative impacts of the project.

27.1. Mitigation Objectives

The socio-cultural management plan has been developed to address the anticipated negative social and cultural impacts identified in the SCA. The socio-cultural management plan sets out the procedures that will be undertaken by the project to circumvent the potential negative impacts.

27.1.1. **Mitigation Measures**

Mitigations of Impacts (Design Phase)

There are no anticipated impacts to the social or cultural environment of the project during its design phase. As a result, mitigation measures are not recommended for this phase of the Healthcare Network Strengthening Project- Lethem.

27.1.2. **Mitigations of Impacts (Construction Phase)**

Impacts on the physical, economic, social and cultural environment are expected to be short-term, localised, and mitigatable with minimal adverse impacts foreseen. This section outlines recommended measures which can be implemented to respond to the impacts identified in this phase of the project.

Vehicular Fatalities:

- **Signage:** During the construction phase, it is recommended that appropriate signs be erected to notify road users of construction work ahead, potential road closure points, construction tape, safe crossing zones etc.
- **Lighting:** appropriate and adequate lighting should be placed in the construction zone to ensure visibility to road users. Lighting should also be placed at appropriate heights to circumvent reflection from building materials and construction equipment which may be parked on the roadway.

- **Safety patrol:** Safety Patrol officers should be assigned to direct traffic, especially during school hours and at dismissal times. This will ensure that children are able to traverse the area in a safe manner to get to and from school

Disruption to Water Supply

A water supply schedule will be designed in consultation with the utility company, the community should be made aware of the disruption schedule, to allow them to make alternative arrangements to access water if necessary. Having a schedule will allow the project to develop an effective communications plan, should the need arise to interrupt water supply to facilitate construction works. This is even more important since the existing hospital may also be utilising the existing connection.

Disruption to daily activities

- The project will minimise disruptions to daily activities where possible, for example on days and times when there is school, and ensure it conducts advanced planning and communicates effectively with the respective stakeholders. This will entail four (4) strategies:
- Project Phasing: Dividing the construction project into manageable phases to minimize disruption.
- Early Notification: Informing the public and relevant stakeholders about the upcoming construction project to reduce surprises. In addition, informing residents, and institutional stakeholders in the project area of work schedules, that is, when construction works will begin and the duration of daily disruptions to allow for forward planning. During consultations with the community, it was communicated that the Lethem's Mayor and Town Council will serve as a means of communication between the contractor and the community. The Contractor will work closely with the Town Council regarding updates and early notifications about the project.
- Off-peak work: performing construction activities during non-peak hours to reduce disruptions and delays.
- Simultaneous operations: coordinating multiple construction tasks simultaneously and optimizing project timelines.

Transient populations

To mitigate the impact of transient populations (individuals in a location in which they do not normally reside), during the construction phase the project will implement the following measures:

- Implement and monitor Labour Influx Management Plan during construction phases of the project.
- Adhere to Workers Code of Conduct developed as part of the Labour Management Plan (LMP).
- Adhere to mandatory induction and refresher training on local culture, community engagement and gender sensitivity as part of LMP.
- Implement and maintain Grievance Redress Mechanism (GRM) developed as part of the project that allows for confidential reporting.
- Adhere to Occupational Health and Safety (OHS) Plan developed as part of the project's safeguard instruments.

Inflationary pressure/ Economic Boom Bust

- Adhere to Local Hire Plan (LHP) for unskilled and semi-skilled labour to ensure community members benefit from the wage inflows.
- Maintain an appropriate mix of local and non-local suppliers (food, fuel, construction materials);
- Establish agreements with local suppliers to stabilize prices (bulk purchasing contracts).

Pressure on Infrastructure Services and utilities

- Maintain provision of services in the workers' camps (waste disposal, health care, electricity, internet, telephone, and power generation facilities) to reduce the burden and / or reliance on local community services.
- Adhere to Waste Management Plan (WMP) for construction camp (segregation, collection, off-site disposal)
- Adhere to Traffic Management Plan (TMP) by scheduling construction traffic to avoid peak local hours.

Housing Pressure

- To manage a surge in rental prices induced by many persons (project workers) requiring housing within the project area, the project will maintain a dedicated worker camp with adequate housing, sanitation, power and recreation facilities. The project will also hire up to 60% of the local workforce (as contractually allowed) provided that they meet the Contractor's requirements. This will allow for stable rental costs and provide an opportunity for employment creation within the project area.

Health Risks to Community

- Adhere to and implement Community Health and Safety Plan developed as part of the project for both workers and community members (HIV/AIDS, STIs, Malaria, TB, respiratory diseases).
- Ensure free distribution of condoms, mosquito nets, and other preventive supplies at camps.
- Adhere to strict worker code of conduct prohibiting transactional sex, harassment, and exploitation.
- Adhere to training plans on cultural respect and gender sensitivity.
- Maintain and implement GRM with confidential reporting and referral pathways (health, psychosocial, legal support).
- Enforce zero-tolerance policies for drugs and limit alcohol consumption in camps.
- Coordinate with local police/Indigenous Authorities to manage incidents fairly and sensitively.
- Adhere to and implement TMP to reduce accidents involving community pedestrians, cyclists and children.
- Maintain training on defensive driving and respect for local road-sharing practices.

Adverse social and community well-being

- Provision of entertainment and events for workers within the camp facilities to reduce the need to interact with local populations.
- Provision of substance use prevention and management training programs.
- Cooperation with local law enforcement
- Maintain GRM that communities can access and without fear of reprisal.

- Implement and adhere to Gender Action Plan (GAP).
- Ensure women, elders and youth participate in consultations.

Noise Pollution

Local guideline values are specified in the EPA noise regulations for noise in defined environments for which those operating within shall comply. Limits are specified for daytime and night-time in decibels with night-time limits always being lower than daytime. For residential areas, daytime limits are prescribed at 75 decibels and at night-time 60 decibels. The project will comply with the local guidelines or implement lower decibels given the nearby critical receptors (hospital and school). The project will also adhere to the ESA/ESMP mitigation measures for noise impacts.

Unfair Treatment and Discrimination of Workers

- Adhere to and implement LMP requiring contractor to use fair, transparent, and non-discriminatory hiring practices.
- Use clear contracts in a language workers understand, outlining wages, working hours and conditions.
- Provide the same safety equipment, facilities, and benefits to all workers.
- Maintain GRM for project workers, separate from community GRM, for reporting unfair treatment.
- Provide mandatory induction and refresher training for all workers on their rights, grievance channels, and project's non-discrimination policy, as outlined in LMP.

Physical, Psychological, or sexual harassment of project workers and community members

- Maintain and enforce code of conducts that prohibits physical, psychosocial and sexual harassment, and ensure that each code of conduct is signed by every worker and displayed in camps and worksites.
- Maintain and enforce zero-tolerance policy with clear sanctions (termination, legal action) for violations.
- Maintain mandatory and refresher training for workers on respectful workplace behaviour, cultural sensitivity, and consequences of harassment.
- Maintain and implement GRM for both workers and community members, with SEA/SH-specific protocols for protecting survivors and avoiding retaliation.
- Work along with Law enforcement to maintain social stability and allow the enforcement of laws in instances of violence against workers or community members.
- Sensitize community members (especially women and youth) about their rights, grievance channels, and available support services.

Child Labour

- Adhere to the Employment of Young Persons and Children Act 14 of 1933, Cap 99:01 Amended by Act 9 of 1999 (Laws of Guyana, 1933). According to the Act, a child is considered anyone under the age of 15 years. Therefore, the project will not hire anyone 15 years and below the legal working age in Guyana.
- Require all workers to provide valid proof of age (birth certification, national ID, passport).

Discrimination in Hiring

- Select the person best suited to the job.[144]
- Use publicly advertised job postings (community notice boards, town council) instead of word-of-mouth recruitment that favors certain groups.
- Standardize clear job descriptions and criteria to reduce bias.
- Maintain local hire plan (up to 60%) where possible.
- Provide safe working conditions (separate facilities, equal pay, SEA/SH protection) so women can participate.
- Allow rejected applicants to use the GRM if they feel unfairly treated.

Gender Pay Gap

- Define clear job categories and pay scales in contracts.
- Ensure wage slips are provided to all workers in a language they understand.
- Share pay scales publicly with workers so wages are transparent and standardized.

Archaeological Finds

Activities such as construction, land clearing, and excavation are all examples of activities that may adversely affect archaeological sites and deposits. To manage any impacts that could result from these activities the project should firstly familiarise itself with the types of archaeological deposits indigenous to the area.

Secondly, if any artefacts are discovered within the project area during the construction phase of the project, the project will adhere to its chance finds procedure as outlined by the National Trust of Guyana:

- Cease all activities in the vicinity of the find immediately.
- Record/ document and photograph the location of the find and refrain from disturbing the find.
- Contact the National Trust of Guyana immediately.
- Coordinate with the contractor or the relevant personnel to determine the significance of the find and assess appropriate mitigation measures in conjunction with the National Trust of Guyana.
- If the significance of the find is determined to be of significance by the National Trust of Guyana, the Contractor, in coordination with the National Trust of Guyana, will determine the next appropriate course of action; for example, relocation of the artefact for preservation and security purposes as may be determined by the authorities.
- Resume works only after approval has been given by the National Trust to do so.

Workers' Rights

- Ahere to all labour laws in Guyana that governs the project.

Barriers to Communication

- Adhere to and maintain Communication Plan developed as part of the project.

[144] https://humanrights.gov.au/our-work/employers/step-step-guide-preventing-discrimination-recruitment

- Translate all key project documents (notices, job postings, GRM forms, safety instructions) into local/indigenous languages, where required.
- Use visual communication tools (pictograms, posters, infographics) for workers and community members with limited literacy.

Sourcing of materials

- Clearly communicate quality, quantity, and pricing requirements in accessible formats and languages.
- Maintain a supplier register with documentation to ensure fair participation of local businesses.
- Avoid sourcing from illegal or unsustainable operations that could cause deforestation, erosion or social conflict.
- Monitor labour conditions in supplier operations (no child/forced labour).

Not Respecting IP Rights to Resources

- Maintain FPIC principles throughout project implementation and engage Indigenous leaders, councils, and representative groups in all decisions regarding resource use.
- Obtain documented agreements if project activities affect communal lands, forests, water sources, or other traditional resources.
- Where local resources (Sand, gravel, timber) are used for construction, the project will ensure that they come from licensed suppliers and not from the communal lands unless formally agreed with the community.
- Maintain and implement GRM.

28. Operational Phase Mitigation Measures:

During the operating phase of the project, it is anticipated that the benefits will be mostly positive, long-term, and sustained within the local population.

Improved Health Care: No Action Necessary

However, there may some negative impacts associated with the operational phase of the hospital. These include:

Increased medical waste: hospital operations will generate a steady volume of hazardous and infectious medical waste, including sharps, pharmaceuticals, laboratory residues, and contaminated materials. If improperly handled, this poses risks to public health, sanitation workers, and the surrounding community.

Mitigation Measures: maintain implementation of Waste Management Plan as outlined.

Disaster preparedness: hospitals are critical infrastructure and must remain functional during natural disasters, epidemics, or other emergencies. Without proper preparedness, disruptions could severely impact service delivery and community safety.

Mitigation measures: maintain implementation of Emergency Response Plans as outlined.
General waste and sanitation: in addition to medical waste, general waste from kitchens, administrative offices, and visitors will increase, potentially straining municipal waste systems and affecting community sanitation if not managed properly.

Mitigation measures: maintain implementation of Waste Management Plan as outlined.

Energy Systems: heavy reliance on fossil-fuel based power systems may increase emissions, operating costs, and contribute to environmental pressures. Power outages may also disrupt critical medical services.

Mitigation Measures: Install reliable backup generators with low-emission technology; Explore renewable energy options (e.g, solar panels) to reduce dependence on fossil fuels.

Recruitment and Retention of Workers: sustaining adequate staffing levels especially in remote or underserved regions, poses challenges. High turnover or difficulties in attracting qualified professionals may reduce service quality and strain existing staff. While mitigation measures are proposed, these are policy decisions that have to be determined by the GOG.

Mitigation measures: develop retention strategies; establish competitive recruitment packages.

Table 42: SOCIAL MITIGATION AND MONITORING PLAN

Impact	Phase of Activities	Mitigation Measure	Timing of Implementation	Person Responsible
Vehicular Fatalities	Construction	Traffic Management Plan Community Health and Safety Plan	During Construction Activities	Contractor and Ministry of Health
Disruption to Water Supply	Construction	Communication Plan Water Management Plan	During Construction Activities	Contractor and Ministry of Health
Disruption to Daily Activities	Construction	Schedule of activities Traffic Management Plan Stakeholder Engagement Plan Communication Plan	During Construction Activities	Contractor
Transient Population	Construction	Labour Management Plan Worker Influx Management Plan OHS Plan GRM Workers Code of Conduct	During Construction Activities	Contractor
Inflationary Pressure	Construction	Local Hire Plan	During Construction Activities	Contractor
Pressure on Infrastructure Services and Utilities	Construction	Waste Disposal Plan Worker Code of Conduct	During Construction Activities	Contractor
Housing Pressure	Construction	Maintain dedicated worker camp Local Hire Plan	During Construction Activities	Contractor
Health and Community Risks	Construction	Worker and Community Health and Safety Plan Code of Conduct for Employees Training and education programs for employees Public education program for communities Control and restrict access to construction site following outbreak of communicable health risks	During Construction Activities	Contractor
Adverse Social and Community Wellbeing	Construction	Worker and Community Health and Safety Plan Code of Conduct for Employees Training and education programs for	During Construction Activities	Contractor

		employees Public education program for communities Control and restrict access to construction site following outbreak of communicable health risks Cultural/ Social Activities to bridge Social Cohesion		
Unfair Treatment and Discrimination of Workers	Construction	Local Hire Plan Training of hiring personnel on Education and training on worker's rights • Adhere to legislation on Discrimination of Workers, Constitution of Guyana, • Equal Rights Act, • Labour Laws, • Prevention of Discrimination Act, Gender Based Violence Act	During Construction Activities	Contractor
Physical, Psychological, or sexual harassment of project workers and community members	Construction	Adhere to local laws: sexual Offence Act Physical, Psychological and Sexual Harassment policy Training and education program for workers Worker Code of Conduct Employment Contract	During Construction Activities	Contractor
Child Labour:	Construction	Employment Policy Training of hiring personnel on worker's rights • Adhere to legislation on Discrimination of Workers, Constitution of Guyana, • Equal Rights Act, • Labour Laws, Prevention of Discrimination Act, Gender Based Violence Act	During Construction Activities	Contractor
Discrimination in Hiring	Construction	Prevention of Discrimination Act Local Hire Plan	During Construction Activities	Contractor
Gender Pay Gap	Construction & Operation Phases	Equal pay framework policy Pay Audits Prevention of Discrimination Act	During Construction Activities	Contractor
Archaeological Finds	Construction	Chance Finds Procedure	During Construction Activities	Contractor

Job Creation	Construction & Operation Phases	Publish available jobs Establish recruitment criterion	During Construction and operational activities	
Barriers to Communication	Construction	Communication and Stakeholder Engagement Plan	During Construction Activities	Contractor
Workers' Rights	Construction	Employment Policy • Adhere to Prevention of Discrimination Act, Constitution of Guyana, • Equal Rights Act, • Labour Laws, • Gender Based Violence Act • Grievance Plan	During Construction Activities	Contractor
Sourcing of materials	Construction	Clearly communicate quality, quantity, and pricing requirements in accessible formats and languages. Maintain a supplier register Avoid sourcing from illegal or unsustainable operations Monitor labour conditions in supplier operations (no child/forced labour).	During Construction Activities	Contractor
Not Respecting IP Rights to Resources		SCA/IPP National Trust Act Free Prior and Informed Consent GRM	During Construction Activities	Contractor

Table 43: Construction Phase: Monitoring checklist

Recruitment	Gender Inclusion	Community Health	Sexual Harassment and Exploitation	Trainings
Age of workers Recruitment forecast Recruitment Procedure Young Person's Register (If Applicable) Worker's Contracts signed Total number of persons hired Number of locals hired Number of foreign national hired Worker Code of Conduct signed Gender Equality Policy	Number of women hired Number of men hired Roles women occupy (Technical, Non-Technical)	Social activities for workers Worker time off schedule Work schedule Segregated bathroom facilities Cultural integration activities Number of Fatalities Social Engagement with businesses Health Screening for Communicable diseases provision of adequate drinking water and water for sanitation provision of adequate waste disposal receptacles Provision of requisite PPE Sick days reported Grievances logged Routine disposal of waste Sanitary condition of the site Reports of Noise Pollution Reports of Dust Pollution	Incident reports Grievance redress log	Employee onboarding brief Implementation of HIV/ STI awareness and education programs Training on gender mainstreaming and awareness Training on sexual assault and sexual harassment Training on grievance redress system Worker's awareness of Code of Conduct

Annex 1: GENDER MANAGEMENT PLAN

1. PURPOSE

This Gender Management Plan sets out measures to prevent, mitigate, and respond to sexual exploitation and abuse, sexual harassment, and gender-based violence (SEA/SH/GBV) risks associated with the Lethem hospital construction project. It applies to all project workers (local and non-local), contractors, subcontractors, and any third-party actors, and ensures that prevention and response mechanisms are culturally appropriate for Indigenous communities.

2. OBJECTIVES

- Prevent all forms of GBV, including SEA/SH, during project implementation
- Provide safe, accessible, and culturally respectful grievance and referral mechanisms
- Promote gender equality and women's participation in project benefits
- Ensure accountability for perpetrators and protection for survivors

3. RISK ASSESSMENT SUMMARY

Based on consultations and regional context:

- **Labour influx risk** due to non-local workers
- **Cultural norms and power dynamics** that may silence reporting by women and girls
- **Limited access to survivor services** in remote areas
- **Potential transactional sex risks** related to economic disparities

4. PREVENTION AND MITIGATION MEASURES

Measure	Activity	Responsibility	Timeline
Worker Code of Conduct	Adhere to and enforce signed Code of Conduct for all workers, including GBV prohibitions, consequences and reporting duties.	Contractor	Before worker mobilization; ongoing monitoring
Mandatory GBV/SEA/SH Training	Deliver induction and refresher training for all workers on GBV awareness, cultural respect and reporting procedures.	Contractor, PEU	Pre-mobilization and quarterly
Community Awareness Sessions	Hold culturally tailored GBV prevention sessions in Lethem with separate meetings for women, men and youth.	Contractor, Town Council, PEU	Quarterly

Measure	Activity	Responsibility	Timeline
Worker-Community Interaction Protocol	Limit non-work-related interactions between non-local workers and community members, especially minors, prohibit relationships with anyone under 18.	Contractor, Town Council	Ongoing
Safe worker accommodation	House non-local workers in controlled accommodations; establish visitor restrictions and monitoring	Contractor	Ongoing
Recruitment of Local Women	Proactively recruit and support Indigenous women in project roles, ensuring equal pay	Contractor	Throughout construction
Awareness materials	Display posters/signs in local languages, where required on GBV reporting and survivor rights.	Contractor	Throughout project

5. RESPONSE AND REFERRAL MECHANISMS

Confidential Reporting Channels

- Local focal points in the community (Town Council)
- Multiple reporting options: verbal to focal point, phone, grievance boxes, email.
- Option to report anonymously, as outlined in GRM Plan.

Survivor Support and Referrals

- Link survivors to nearest medical, psychosocial, and legal support services
- Establish partnerships with the Ministry of Human and Social Services GBV Unit
- Guyana Police Force Domestic Violence Units (Where appropriate)
- Ensure survivor consent before any referral or disclosure

Accountability Measures

- Investigate allegations promptly with confidentiality
- Apply disciplinary measures: termination, legal action, and blacklisting from project

- Maintain records securely with restricted access.

6. MONITORING AND EVALUATION

Indicator	Frequency	Responsibility
% of workers signing Code of Conduct	Before mobilization	Contractor
# of GBV/SEA Trainings conducted	Quarterly	Contractor, PEU
# of Community GBV Prevention Sessions	Quarterly	PEU, Village Councils
# of GBV grievances received and resolved	Monthly	PEU
Survivor satisfaction with support services	Quarterly review	PEU

7. ROLES AND RESPONSIBILITES

Party	Responsibility
Contractor	Primary implementer; enforces Code of Conduct, delivers training, funds prevention/response measures.
Supervisory Consultant	Technical support, survivor assistance, and reporting to the PEU.
PEU – E&S Specialist	Oversight, monitoring and coordination with service providers
Town Council	Support awareness, cultural mediation, and local monitoring

ANNEX 2: PHYSICAL, PSYCHOLOGICAL AND SEXUAL HARASSMENT POLICY

Policy Statement

CMEC is committed to providing a safe environment for all its employees, an environment that is free from discrimination on any ground and from harassment at work including sexual harassment. CMEC will operate a zero-tolerance policy for any form of sexual harassment during the conduct of the project. It will treat all incidents seriously and promptly investigate all allegations of sexual harassment.

Any person found to have sexually harassed another will face disciplinary action, up to and including dismissal.

All complaints of sexual harassment will be taken seriously and treated with respect and in confidence. No one will be victimised for making such a complaint.

Understanding that anyone can be a victim of sexual harassment, regardless of their sex and of the sex of the harasser, and that sexual harassment may also occur between people of the same sex. CMEC recognises that sexual harassment is a manifestation of power relationships, and often occurs within unequal relationships in the workplace, for example between manager or supervisor and employee. Therefore, Anyone, including employees of CMEC, clients, customers, casual workers, or contractors who sexually harasses another will be reprimanded in accordance with this internal policy.

All sexual harassment is prohibited.

Definition of sexual harassment

Sexual harassment is any unwelcome conduct of a sexual nature which makes a person feel offended, humiliated, and/or intimidated. It includes situations where a person is asked to engage in sexual activity as a condition of that person's employment, as well as situations which create an environment which is hostile, intimidating or humiliating for the recipient.

Sexual harassment can involve one or more incidents and actions constituting harassment may be physical, verbal and non-verbal. Examples of conduct or behaviour which constitute sexual harassment include, but are not limited to:

Physical conduct

Unwelcomed physical contact including patting, pinching, stroking, kissing, hugging, fondling, or inappropriate touching, physical violence, including sexual assault, physical contact, e.g. touching, pinching or the use of job-related threats or rewards to solicit sexual favours.

Verbal conduct

Comments on a worker's appearance, age, private life, etc. Sexual comments, stories and jokes. Sexual advances repeated and unwanted social invitations for dates or physical intimacy, insults based on the sex of the worker, condescending or paternalistic remarks, or sending sexually explicit messages (by phone or by email).

Non-verbal conduct
Display of sexually explicit or suggestive material, sexually suggestive gestures, whistling or leering.

Complaints procedures
Anyone who is subject to sexual harassment should, if possible, inform the alleged harasser that the conduct is unwanted and unwelcomed. CMEC recognises that sexual harassment may occur in unequal relationships (i.e. between a supervisor and his/her employee) and that it may not be possible for the victim to inform the alleged harasser.
If a victim cannot directly approach an alleged harasser, he/she can approach one of the designated staff members responsible for receiving complaints of sexual harassment. Additionally, the victim can report incidents to law enforcement, the Ministry of Health and or the Inter-American Development Bank (IADB) directly.

When a designated person receives a complaint of sexual harassment, he/she will:

- immediately record the dates, times and facts of the incident(s)
- ascertain the views of the victim as to what outcome he/she wants
- ensure that the victim understands the company's procedures for dealing with complaints
- discuss and agree to the next steps: either a informal or formal complaint; on the understanding that choosing to resolve the matter informally does not preclude the victim from pursuing a formal complaint if he/she is not satisfied with the outcome
- keep a confidential record of all discussions
- respect the choice of the victim
- ensure that the victim knows that they can lodge the complaint outside of the company through the relevant country/legal framework

Throughout the complaints' procedure, a victim is **entitled** to be helped by a counsellor provided by the company. CMEC will nominate ***a counsellor equipped*** with special training to assist victims of sexual harassment. If the Company cannot provide an internal Counsellor, the Company ***must source one externally and provide same, free of charge to the affected employee.***

CMEC recognises that because sexual harassment often occurs in unequal relationships within the workplace, victims often feel that they cannot come forward. _____ understands the need to support victims in making complaints. And will utilize the following:

Informal complaints mechanism
If the victim wishes to deal with the matter informally, the designated person will:

- give an opportunity to the alleged harasser to respond to the complaint
- ensure that the alleged harasser understands the complaints mechanism
- facilitate discussion between both parties to achieve an informal resolution which

is acceptable to the complainant, or refer the matter to a designated mediator within the company to resolve the matter

- ensure that a confidential record is kept of what happens
- follow-up after the outcome of the complaints mechanism to ensure that the behaviour has stopped.
- ensure that the above is done speedily, that is within seven (7) days of the complaint being made.

**** The above informal complaint mechanism does not relate to incidents of rape (in any for including statutory or acquaintance rape), which are a criminal offence and liable to be reported to law enforcement and adjudication by a court of law.

Formal complaints mechanism

If the victim wants to make a formal complaint or if the informal complaint mechanism has not led to a satisfactory outcome for the victim, the formal complaint mechanism should be used to resolve the matter. The designated person who initially received the complaint will refer the matter to a senior human resources manager to instigate a formal investigation. The senior human resources manager may deal with the matter him/herself, refer the matter to an internal or external investigator or refer it to a committee of three others in accordance with this policy. The person carrying out the investigation will:

- interview the victim and the alleged harasser separately
- interview other relevant third parties separately
- decide whether or not the incident(s) of sexual harassment took place
- produce a report detailing the investigations, findings and any recommendations
- if the harassment took place, decide what is the appropriate remedy for the victim, in consultation with the victim (i.e.- an apology, a change to working arrangements, training for the harasser, discipline, suspension, dismissal)
- follow up to ensure that the recommendations are implemented, that the behaviour has stopped and that the victim is satisfied with the outcome

If it cannot be determined that the harassment took place, the personnel responsible may still make recommendations to ensure the proper functioning of the workplace by:

- Keeping a record of all actions taken
- Ensuring that all records concerning the matter are kept confidential
- Ensuring that the process is done as quickly as possible and, in any event, within [7] days of the complaint being made.

External complaints mechanisms

A person who has been subject to sexual harassment can also make a complaint outside of the company. They can do so through the Gender Affairs Bureau- Ministry of Human Services and Social Protection, the Ministry of Labour or the Guyana Police Force

Sanctions and disciplinary measures
Anyone who has been found to have sexually harassed another person under the terms of this policy is liable to any of the following sanctions:

- verbal or written warning
- reduction in wages
- suspension
- dismissal
- handing over to the authorities

The nature of the sanctions will depend on the gravity and extent of the harassment. Suitable deterrent sanctions will be applied to ensure that incidents of sexual harassment are not treated as trivial. Certain serious cases, including physical violence, will result in the immediate dismissal of the harasser.

Implementation of this policy
_____ will ensure that this policy is widely disseminated to all employees. It will be ***included in the Worker Orientation Procedure***. All new employees must be trained on the content of this policy as part of their introduction into the company. ***Every six (6) months***, CMEC will require all employees to attend a refresher training on the content of this policy.

It is the responsibility of CMEC to ensure that all his/her employees are aware of the policy.

Monitoring and evaluation
CMEC recognises the importance of monitoring this sexual harassment policy and will ensure that it collects statistics and data as to how it is used and whether or not it is effective. Supervisors, managers and those responsible for dealing with sexual harassment cases will report on compliance with this policy, including the number of incidents, how they were dealt with, and any recommendations made. This will be done every three months. As a result of this report, the project will evaluate the effectiveness of this policy and make any changes needed.

ANNEX 26: INDIGENOUS PEOPLES PLAN (IPP)

CMEC-SINOPHARMINTL CONSORTIUM

INDIGENOUS PEOPLES PLAN
LETHEM REGIONAL HOSPITAL DEVELOPMENT
HEALTHCARE NETWORK STRENGTHENING PROJECT

Lead Social Consultant: Ms. Vanessa Williams

Executive Summary

The Indigenous Peoples Plan (IPP) provides a framework to ensure that the Indigenous communities of the Upper Takutu–Upper Essequibo District are active participants and equitable beneficiaries of the project. It recognizes the unique social, cultural, and economic realities of Indigenous Peoples, while safeguarding their rights and promoting inclusive development.

Historically, Indigenous Peoples have faced systemic marginalization, with limited access to economic and social development. Although positive change is underway, development projects can still pose risks to their rights, livelihoods, and traditions. The IPP therefore seeks to ensure that benefits are shared fairly, negative impacts are minimized, and Indigenous voices are central to project planning and implementation.

The Plan is guided by the constitutional and legislative framework of the Government of Guyana and is consistent with the Inter-American Development Bank's (IDB) social safeguard policies. It is built on principles of respect, participation, equity, and sustainability.

The IPP is organized into the following chapters:

1. Description of the Project
2. Project Components
3. Regional / National Development Plans
4. Legislative Framework
5. Policy Implementation and Institutional Framework
6. Indigenous Peoples National Situation
7. Summary of Social Impacts and Mitigation Measures
8. Participation, Consultation and FPIC Processes
9. Grievance Mechanism
10. Budget and Financing

1. The Indigenous Peoples Plan

This Indigenous Peoples Plan (IPP) provides guidelines and procedures to address potential project impacts on indigenous peoples (IPs) and outlines means by which IPs can be integrated into the project in order for the development to meaningfully contribute to their social and economic wellbeing. The plan is intended to safeguard their rights in accordance with domestic and international laws, and the IDB's Safeguard Policy. The plan is supported by data presented in the Environmental and Social Report in addition to the consultations report.

1.1. Description of the Project

The scope of this project is to develop Lethem Regional Hospital into a regional hospital with 100 beds and a daily capacity of 150 outpatient and emergency visits through design, construction, and renovation. The total land area of the Lethem Hospital campus is approximately 42,491 square meters. The land area for this expansion and renovation project is approximately 24,281-26,304 square meters. The project includes outpatient services, medical technology, inpatient wards, and auxiliary facilities. This expansion and renovation project encompasses a total covered area of 9,524 square meters. Outdoor facilities include parking lot for patients. The project involves the construction of a new hospital building as well as the renovation of existing hospital structures. It also includes the development of supporting infrastructure such as roads, sidewalks, and landscaping.

1.2. Background

Over the past five years the Government of Guyana has embarked on an illustrious development plan, which

wholistically seeks to target every social sector, including Guyana's health sector. In 2024, the Government of Guyana announced plans to increase the health service delivery network with six new hospitals across the country, with the country's primary hospital, the Georgetown Public Hospital Corporation (GPHC) continuing to serve as the main supplier of health services for Guyana's more than 800,000 people.[145]

Cognizant there are disparities in the level of care across the administrative regions and between coastal and hinterland regions. Also recognizing that these gaps lead to significant inequity in access to health by particular vulnerable groups, such as the indigenous people, women and children. The Government has decided to increase the stock of healthcare facilities in a bid to improve quality of care and increase access to improved and standardized care. The construction of the hospital will create equality, ensuring that residents living in the Hinterland region receive the same level of healthcare as those on the coastland.

Under a conditional credit line for investment projects (CCLIP) granted by the Inter-American Development Bank (IDB), Guyana's health care network will be strengthened. Through multiple loan disbursements, Guyana's health care sector will experience improved access, quality, and efficiency of health services across the country. Particularly, the program will expand the capacity of four Hinterland (Regions One, Seven, Eight and Nine). The project will also extend the coverage of diagnostic exams and medical consultations. In addition to increasing the efficiency of the public health system by supporting improvements in logistics, management, and processes. Infrastructure upgrades will also target more efficient use of water and energy as well as accessibility provisions for disabled persons. It is expected that the project will benefit around 406,000 persons who access Guyana's public healthcare sector.

As part of this project, the Government of Guyana (GOG) allocated $6.5 billion to upgrade the Lethem Regional Hospital[146] in the Upper Takatu- Upper Essequibo administrative region, Region Nine. The monies will be used to construct a new hospital in the existing regional hospital compound. This new hospital address gaps such as limited patient beds, outpatients' facilities amongst other upgrades.

1.3. Objectives of the Indigenous Peoples Plan

This Indigenous people plan is guided by several international and local policies, including the IDB's social safeguard policies. The objectives of this plan are:

1. To ensure free prior and informed consultations among affected indigenous groups
2. To avoid and/or minimize any adverse impacts the project may have on indigenous communities living around the project area.
3. To ensure the project benefits are accessible to indigenous groups in the area
4. To ensure indigenous peoples are involved in the implementation and monitoring of activities
5. To minimize socio economic and socio-cultural impacts within communities
6. To identify culturally appropriate mechanisms for income generation and education in accordance to the needs of the population

The development of this IPP was based on the following criteria, all of which were reported in the Environmental and Social Report: (i) Impacts on customary/ traditional rights of use and access to land and natural resources; (ii) negative impacts on socio-economic and cultural systems; (iii) impacts on health, education, livelihood and social security status; (iv) impacts that may influence changes in indigenous knowledge and customary institutions.

[145] https://www.worldbank.org/en/news/feature/2024/04/08/guyana-takes-strategic-steps-to-ensure-long-term-success-of-health-sector

[146] https://guyanatimesgy.com/lethem-health-care-sees-services-vastly-improve/

2. Regional Description

Upper Takatu/ Upper Essequibo district, locally known as Region Nine, is the largest administrative region in Guyana, and is located some 459 miles or 738 kilometers in the south-western portion of the country. The region occupies 57,750 km2 of Guyana's land area.

The Upper Takatu- Upper Essequibo Region is fondly referred to as the Rupununi (this name originates from the Makushi word "rapun," which is a type of black-bellied whistling duck that is found in the area). The Rupununi is made up of vast hinterland forests, savannahs, and highlands.[147] The Rupununi is divided into North and South Rupununi by the Kanuku Mountains- a group of mountain ranges 5000 square kilometers (1930 square miles) that is divided by the Rupununi River.[148]
The north savannah measures about 2,000 square miles in area, while the south savannah ranges approximately 2,500 square miles[149].



Figure 64: Location of Amerindian Communities in Guyana

The capital of the Upper Takatu- Upper Essequibo region is located in the town of Lethem. The town gets its name from a former British governor of Guyana, Sir Gordon James Lethem (1941-1947).[150]
Lethem is the international border between Guyana and Brazil, Guyana's Southwestern neighbor.

Historically, the settlement of Lethem began in the early twentieth century as a border post on the eastern bank of the Takutu River, which serves as Guyana's boundary with Brazil. The Takutu River Bridge, built over the Takutu River in 2009, is the only road link between Guyana and Brazil, situated opposite the Brazilian town of Bonfim, Lethem's immediate neighbor to the west (in the days before the Takutu Bridge, travelers to Brazil crossed the river by boat to get to the town of Bonfim). [151]

The town was pre-dated by several Amerindian villages in the vicinity and by the nearby Jesuit mission of St Ignatius. By the time Guyana gained independence in 1966, Lethem boasted a district commissioner's headquarters, police station, and dirt airstrip.

In January 1969, Lethem was the epicenter of the Rupununi Uprising, a short-lived but violent rebellion by a small group of Rupununi ranchers against the government in Georgetown. Five policemen were killed before soldiers flown in from the coast restored order. For most of the following two decades, Lethem remained a sleepy village, until in the late 1980s a dirt road was carved through the forests and savannahs of central Guyana,

147 https://en.wikipedia.org/wiki/Rupununi#:~:text=The%20Rupununi%20/r%CA%8Cp,Rupununi%2C%20that%20flow%20through%20Guyana

148 https://ntg.gov.gy/monument/kanuku-mountains/

149 https://www.unicef.org/lac/media/4651/file/PDF%20Region%209:%20Upper%20Takutu-Upper%20Essequibo.pdf

150 https://en.wikipedia.org/wiki/Lethem,_Guyana

151 https://www.caribbean-beat.com/issue-147/lethem-guyana

connecting Lethem to Georgetown by land.

The road (referred to as the trail) facilitates approximately 50,000 travelers between Georgetown to Lethem; and by extension Brazil — these travelers are mostly prospectors, tradesmen, and tourists.[152] During the rainy season which has traditionally been in the months of May to mid-August. Heavy downpours of between 200 and 400mm a month make the coastland prone to flooding and keep humidity high[153]. During this period the trail can become impassable to vehicular traffic. The Government of Guyana is in the process of constructing a one hundred and twenty-one (121) kilometers long and 7.2 meters wide two-lane all-weather carriageway between Linden to Lethem. Thus, providing a transportation link between Brazil and Guyana to facilitate accelerated trade and cultural exchanges between the two countries. The improvement to this road will also provide a complete integration of the countries in the Guyana Shield Hub as it intersects with the proposed East-West transportation network linking Venezuela with Guyana, Suriname, and French Guiana. [154]

The region is home to Amerindians of the Wapishana, Macushi, Wai-Wai and Patanoma indigenous groups. The current population of Region Nine is approximately 24,238. Fifty-seven per cent **(57%)** of the region's population are aged 19 and less, while between 8-9% of the population are between the ages of 15-19 years. The region experienced a population growth of 2.5% over the period 2002-2012.

The average household size is 4.9 persons per household, with most families occupying three different family dwellings: a permanent house in the main village, a house or hut on the family homestead or farm camp near to their farming grounds and a semi-permanent hunting and fishing camp in the bush.

There are 58 villages in the region. The Patamonas are thought to have lived in sections of the Pakaraima mountain range from very early times.[155] Central and North Rupununi are inhabited mainly by the Macushi, and the south is inhabited by the Wapishana and Wai Wais. The South Rupununi consists of a forest-savannah eco-zone, with settlements consisting of main villages, satellite villages, hamlets, homesteads, farm camps, and hunting and fishing camps, that are widely dispersed across the area.

The affairs of the region are managed by its combined central and local governance structures. The Regional Democratic Council (RDC) is elected at the same time as the members of the national assembly at regional elections, which are held every five years; and the Village Councils, which are elected every three years by the local population. The two governance structures work collaboratively to decide on regional and community development projects in consultation with community members of the as ascribed in the Amerindian Act. The regional democratic organs are responsible for administration of financial oversight, provision of infrastructural, municipal, and social services inclusive of education, health, and public health. The RDC comprises fifteen members (four of whom are females). The Regional Executive Officer (REO) is also the accounting / financial officer of the region and functions as the Clerk of the RDC. Within the Council there is a combination of Government and Opposition Councilors.

There are 58 Village Councils. The village councils are responsible for representing the villages, providing advice on strategic direction to villages; planning for the development of villages; encourage the preservation and growth of culture; regulation of the conduct of non-residents within village lands, maintain discipline, good order, the prevention of disorderly conduct and nuisance amongst other functions in accordance with the Amerindian Act section 13 subsections 13 (1) (a-j) . 13 (2); 13 (3) (a-b) and Section 14 (1), subsections (a-q) and Section 14(2); subsections (1-4). It is important to note that members of the village councils are elected

[152] https://www.caribbean-beat.com/issue-147/lethem-guyana
[153] https://visitrupununi.com/best-time-to-visit-guyana/
[154] https://www.iirsa.org/admin_iirsa_web/uploads/documents/aic_26_carretera_boa_vista_georgetown.pdf
[155] https://minorityrights.org/communities/indigenous-peoples-3/

by community members and are accountable to their respective communities.

The Ministry of Amerindian Affairs also has oversight of villages, being the subject Ministry with responsibility of Indigeous people's development.

The primary languages spoken in the region are English, Portuguese, and Wapishana (at the moment Wapishana is spoken mostly by elderly persons). The GOG is currently undertaking a pilot program to teach the Wapishan dialect in select nursery and primary schools in three communities, namely, Karaudarnau, Sawariwau and Mururanau. The goal of the project is to develop quality bilingual education for primary school children with the aim of adequately responding to the needs of indigenous children, as well as passing on the wisdom and traditions of their culture[156]. This is a collaborative effort between the Ministry of Education, the Ministry of Amerindian Affairs and the Toshaos of Deep South Rupununi, supported by the Jesuits working in the Rupununi.

The dominant religion in the region is Roman Catholicism.

Indigenous peoples have maintained their traditional ways of life including subsistence. Amerindians of region nine continue to farm and hunt for their food utilizing traditional bows and arrows and cutlass and other implements. 38.2% of the population is engaged in Agriculture/Forestry/Fishing with over two-thirds (67.5%) of households deriving incomes from agro- processing (Ballayram 2015). However, other non-traditional activities are used to support the household income. The remoteness of communities in this Region impacts food, fuel and other commodity prices which continue to rise. Notwithstanding this, the region's economic sustenance is buttressed by trade, logging, and gold mining. The main trading centers in the Region include Lethem – the Administrative Centre, Annai, Aishalton, and Karasabai.

The once quite town of Lethem has and is slowly transforming into a metropolitan town owing to its now robust trade economy. Businesses in the region not only serve Guyanese, but also Guyana's neighbour, Brazil. People from across the border travel to access merchandise and services, and vice versa. There are approximately 362 businesses in the town of Lethem[157]. These businesses range from hardware retailers, and services.

Tourism is also a major economic driver in the region. Nationally it is Guyana's third largest export sector, employing 6.9 percent of the population and a total contribution of GYD 68.6 billion dollars. [158] The sector is projected to grow to GY$7.7B by 2028. [159]

The region's lush savannah makes it an optimal location for cattle rearing. Livestock produced in the Rupununi plays a major role in the agriculture sector. It is a significant contributor to the way of life of many rural farmers. Over two-thirds (67.5%) of households derive incomes from agro-processing (Ballayram 2015). However, other non-traditional activities are used to support household income such as forestry and fishing. Livestock contributes to the livelihood of approximately 2000 low-income farmers, contributing about 3.1% of the agriculture GDP. [160] The mining sector (which includes oil and gas) contributed 65 percent of Guyana's GDP in 2022, according to the Ministry of Finance's Budget 2023 report.[161]

[156] https://guyanachronicle.com/2017/06/18/quality-bilingual-programme-for-region-nine/
[157] Bureau of statistics

[158] Budget speech 2025
[159] https://guyanainvest.gov.gy/wp-content/uploads/2023/11/Tourism_web.pdf
[160] https://www.kaieteurnewsonline.com/2024/04/13/importance-of-improving-livestock-breeds-in-guyana/
[161] https://www.trade.gov/country-commercial-guides/guyana-mining-and-minerals-sector

3. Description of Indigenous Peoples

It is believed that the indigenous peoples arrived in the South American region around 9000 BC, making Guyana their home long before the arrival of Europeans. They settled in the lush rainforests, along the fertile riverbanks, and in the savannahs of the interior[162] where they have remained to this day. Guyana's Indigenous population is called Amerindians.

There are four main Amerindian tribes and nine ethnically distinct Amerindian groups in Guyana, each with unique customs, languages, and traditions. These include Arawak, Warrau, Macushi, Wai Wai, Wapishanas, Caribs, Patamona, Arekunas, and Akawaios. Together each group contributes to the rich tapestry of Guyana's indigenous culture.

In Region Nine the prevalent Amerindian groups are Wapichan, and Macushi. In central Rupununi (Capital) the dominant group is said to be Macushi, while in South Central Rupununi there are ten Wapichan speaking villages and one Macushi speaking village- Shulinab and its satellites. The South Pakarimas and North Rupununi are populated by Makushi, and the Deep South is inhabited by the Wapishana nation.

The Amerindian population in Region Nine comprise of approximately 20,808 indigenous people from the following nations

- Wapishanas:
  The Wapishanas are recent migrants to Guyana, who are known to have arrived early in the 18th Century from the Rio Negro area in Brazil. Located in the Rupununi, they are described as the most reliable and industrious of all of Guyana's tribes. Described as more agriculturists than hunters and fishers, they were once noted for being the major traders and canoe makers of the region. They also excel in making cotton hammocks, a skill they are supposed to have learned from the Makusi. The Wapishana piaiman (shaman) is called 'marinau' and he has power over evil spirits, sickness and disease, the tribe's religious beliefs are centered on the spirits they call 'Durimas'.

- Makusi
  This nation was described as one of the most beautiful ones in Guyana; they were uniquely skilled in the preparation of the deadly 'curare' poison. They live in the Northern Rupununi Savannahs and were especially noted for their love of order.

- Patamona
  Referred to by the Makushi as 'Ingarikok, (people of the cool wet place) the Patamonas living in Guyana are mainly located in the North Pakaraimas. They are known archaeologically from pottery collections in the Yawong valley and the upper Siparuni River. The Patamona nation is the one to which the mystical figure 'Old Kaie' belonged. Old Kaie is the Amerindian Chief in the legend which explains how the magnificent Kaieteur Falls got its name.

- Wai wais

They seemed to have moved into Guyana from Brazil during the early 19th century and occupied the Upper Essequibo River. They are one of the few nations that still use their traditional dress of loincloths and aprons or 'Keweyeu'. The Wai Wais were skilled weavers and bead workers and the traditional Wai Wai architecture, exemplified in the Umana Yana, is considered by many Guyanese as the embodiment of Amerindian architecture. 'A glorious sight to behold, a Wai Wai man decked out in full

[162] https://www.guyanastandard.com/2023/09/10/amerindian-heritage-month-a-deep-dive-into-the-culture-and-celebrations/

sartorial regalia, he imposes an impression of fowl and flight, and distances himself from the dowdy attire of women, for the Wai Wai men rule the universe, and women contain men.' (George Mentore 1993). [163]

3.1.1. Education

Completion of primary education is constitutionally mandated. Education in the region is delivered in the English Language (which is the official language of Guyana, given its status as a former colony of Great Britain). The region follows the trifecta national structure of nursery primary and secondary institutional arrangements. Currently, official records indicate there are approximately 15, 521 pupils enrolled in educational facilities across the region's 170 schools. However, some students still travel out of the region to access education due to disparities in educational standards, including a sufficient number of adequately trained teachers; and in some instances, because of Guyana's merit based secondary education placement system which places students in secondary schools according to their matriculated results at the national level. According to the United Nations Children's Fund (UNICEF, 2017), 73.6 percent of the children of the region are developmentally on track in the areas of literacy-numeracy, physical, social emotional, and learning.[164] The adult literacy level is very long with post-secondary education in the region be being 1.0 % , tertiary education levels is recorded as 3.3 when compared to region 4 where which recorded 11.4 percent respectively. [165]

3.1.2. Health

Anecdotal evidence suggests households in the region possess good health, with waterborne and mosquito-transmitted diseases occurring sporadically. However, hypertension and diabetes are growing issues. Extensive flooding and drought can affect health issues in the region, due to the regions heavy dependence on the agriculture sector for income and subsistence.

Only 42 percent of the population has improved drinking water sources.[166] At 6.5 percent, the adolescent birth rate is almost twice the national average of 3.9 percent. Early childbearing at 29.3 percent. Early childbearing has consequences for the health of both mother and child. In Region 9, access to necessary specialized care is not always available. 27.6 percent of the region's population use contraceptives. Contraceptive use is linked to social and health benefits for mother, child and the family [167]
42.2 percent of the males in the region use tobacco, more than double the national average. Smoking before age 15 among males, essentially children, is also high at 16.9 percent and more than the national average which is 9.4 percent. 76.0 percent of males in the region use alcohol, which is a cause of concern given the negative social consequences including violence against women and children. 16.6 percent of females in the region use alcohol. Alcohol use among females whilst pregnant leads to developmental health problems for the fetus.[168]

Environmental pollution poses serious health risks to the population in region 9. Specifically, mercury used in gold mining contaminates waterways, impacting both aquatic life and human health through mercury-based fish consumption. Additionally, illegal and unregulated mining activities exacerbate environmental destruction and the spread of diseases like malaria. Region 9 has a current incidence of 34.6 cases per 1,000 people.[169]

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[163] https://guyanachronicle.com/2010/09/17/amerindian-tribes-of-guyana/#:~:text=Amerindian%20Tribes%20of%20Guyana%20%2D%20Guyana%20Chronicle&text=Today%20in%20Guyana%20there%20are,in%20the%20Carib%2Dspeaking%20group.

[164] https://www.unicef.org/lac/media/4651/file/PDF%20Region%209:%20Upper%20Takutu-Upper%20Essequibo.pdf

[165] Bureau of Statistics , Compendium 4, 2012

[166] https://www.unicef.org/lac/media/4651/file/PDF%20Region%209:%20Upper%20Takutu-Upper%20Essequibo.pdf

[167] IBID

[168] IBID

[169] https://health.gov.gy/press_release/thirty-one-microscopists-graduate-as-region-nine-advances-toward-malaria-elimination/#:~:text=He%20noted%20that%20between%202023,a%20very%20low%20transmission%20zone.

3.1.3. Subsistence

Indigenous peoples have maintained their traditional ways of life including subsistence practices. Amerindians of region nine continue to farm and hunt for their food utilizing traditional bows and arrows, cutlasses and other implements. 38.2% of the population is engaged in Agriculture/Forestry/Fishing with over two-thirds (67.5%) of households deriving incomes from agro- processing (Ballayram 2015). However, other non-traditional activities are used to support household income.

The remoteness of communities in the region impacts food, fuel, and other commodity prices. Extensive flooding, drought, over hunting, deforestation in critical habitats, and dangerous mining practices impact food security in the region. These issues affect household income, due to communities' heavy dependence on agriculture for income. Consequently, communities rely on the government and NGOs for subsistence assistance. However, households also employ a range of coping mechanisms. Recently, both governmental and non-governmental organizations have increased support in the region to advance the welfare of the indigenous peoples, including monetary support. Despite all the assistance given, data shows that the region is considered one of the poorest in Guyana.
This is according to an analysis on global multidimensional poverty (October, 2021), It pointed out that whereas Amerindians comprise 10.51 percent of the population, they account for 63% of the multidimensionally poor in the country.[170]

The region's economy is also buttressed by trade, tourism, and logging. The main trading centers in the Region are Lethem – the Administrative Centre, Annai, Aishalton, and Karasabai.

3.1.4. Language

The indigenous groups in the region, each have unique customs, languages, and traditions. These include Macushi, Wai Wai, Wapishanas, and Patamona languages**.** Each of these linguistic expressions contribute to the rich tapestry of indigenous culture in region nine. Further, indigenous languages play a role in the way Amerindians interact with and preserve their environment (Jafferally, 2020). It helps to define Amerindians from other ethnic groups in Guyana. Indigenous language is based on interaction with each other, rather than writing, the way they think and portray events is completely different.

These languages are not only a means of communication but also a repository of cultural heritage, passed down through generations. It must be noted that while these indigenous languages exist, most Amerindian groups in Region Nine speak English (the official language of Guyana). Consequently, with the prominent use of English and an assimilation to the local coastal and British culture, there has been a hemorrhaging of Amerindian cultural linguistics. Notwithstanding this, there are active efforts to once again mainstream the Wapishan language by teaching Wapishan in three (3) schools in Region Nine through the Quality Bilingual Education Program (QBEP) supported by the Jesuits of St. Ignatus and the Ministry of Education. Other initiatives to revitalize the language culture of Amerindians include the establishment of the Guyana Languages Unit (GLU), part of the Department of Language and Cultural Studies, Faculty of Education and Humanities at the University of Guyana.

3.1.5. Culture

For the most part, Amerindians groups of Guyana have maintained much of their traditional ways including food preparation, crafting techniques, clothing design, conservation, dwelling patterns, housing and governance structures.

The culture of the population in Region 9 is representative of the main indigenous groups resident in the region,

[170] https://www.stabroeknews.com/2021/10/14/news/guyana/un-index-shows-poverty-disproportionately-higher-among-amerindians/

these include the Wapishana,Wai Wai, and Makushi peoples.

Tangible and intangible culture is recognized in women's weaving baskets and hammocks made from local fibers; the making of pottery vessels which were traditionally used for storing water, cooking, and ceremonial purposes. Handcraft jewelry, including earrings made from local seeds and beads, and woodcarving. [171]

The use of traps, arrows, and bows is essential for securing protein sources. Beautiful headdresses and tibisiri skirts are now reserved for special occasions, with hand-painted cotton clothing becoming increasingly popular. Indigenous craft production, however, is not just about preserving tradition but is also a means of economic survival as men and women in the region rely on these products for income.

Traditional foods such as cassava bread and pepperpot (meat boiled in cassava sauce (Light coloured sauce referred to as fresh cassava sauce) produced from the cassava root), farine, tacuma worm, roast beef, tasso, tapioca tuma-pot; together with alcoholic beverages, including piwari , Cassari , and Fly are staples in the indigenous diet and some used during festivities.

The indigenous diet comprises a mix of fish, beef, wild meat, vegetables and ground provision which the local communities farm, hunt, and gather from nearby rivers and creeks.

Dances such as the Mari Mari are also part of the indigenous cultural practices in the region.

The ceremonial chief of the village and village arbitrator is Toshao, once seen as a spiritual leader of the people, helps villagers make important day-to-day decisions.

3.1.6. Lands

215 indigenous communities in Guyana now have legal title to their collectively held lands. These holdings total some 29,000 square kilometres or 13.9 percent of the national territory. This area includes nearly 4 million acres of forested land that is legally under the control of indigenous peoples.
The connection between Indigenous Peoples and the environment is encompassed in their world view and preserved in their culture. Their understanding is that human beings are a part of their environment, even as that environment is a part of them. "You harming the natural world is basically harming yourself, that's how communities see it" (R. Hastings, 2020). [172]

The Central and North Rupununi are inhabited mainly by the Macushi, and the South by the Wapishana and Wai Wais, who have a keen interest in biological conservation of their ancestral lands. There is an ongoing land titling process aimed at increasing the current holding of indigenous lands by the GOG.

3.1.7. Vulnerable Groups

Women, girls, sexual minorities, persons with disabilities and irregular migrants are particularly vulnerable groups in the region. 70.7 percent of children aged 5-17 in the region are involved in child labour, this is 3.8 times higher than the national average. Child labour is associated with school attendance delinquency and/ or school dropout. Violent discipline of children is high at 87.2 percent, higher than the national average. [173]

According to the United Nations, in Guyana, one in five women have experienced non-partner sexual abuse in their lifetime, a trend fueled by harmful social norms that include a belief in men's entitlement to a woman's

[171] https://guyanachronicle.com/2016/03/12/fredericks-the-balata-craftsman/
[172] https://guyanachronicle.com/2020/02/16/the-enduring-importance-of-indigenous-language-preservation/
[173] https://www.unicef.org/lac/media/461/file/PDF%20Region%209:%20Upper%20Takutu-Upper%20Essequibo.pdf

body and a widespread male culture of 'machismo' and an unsafe environment for women. Indeed, thirteen percent (13%) of women in Guyana report experiencing such abuse before the age of eighteen (18) years. Young Guyanese women face a higher risk of attempted rape, unwanted sexual touching and sexual harassment than any other age groups.[174]

In the Upper Takatu- Upper Essequibo region the challenges for indigenous women and girls are even more nuanced. That is, young girls face sexual abuse by family members and persons in authority. A study by UNICEF in 2018 reported high incidents of incest, abuse, and teenage pregnancy in Amerindian communities[175].

Teenage Pregnancy is another indicator of sexual violence against young girls in Region Nine. The UNICEF report stated that twenty-one (21%) percent of indigenous adolescent girls have begun childbearing, a number that is six (6%) percent higher than the national rate.[176]

Economic disparities and familial hardships in some instances force young girls to seek employment from as early as 13 years. Some girls venture into mining areas to seek employment. While there, some are abused or are forced to sell their bodies to survive. Anecdotal evidence suggests some indigenous girls are trafficked from region 9 to other parts of the country to work in other mining areas, for example regions 7 and 8.

According to the Ministry of Human Services, Sexual Offences and Domestic Violence Policy Unit, some 416 individuals were victims of human trafficking in 2024.[177] Additional, reports by the Unit indicate that in excess of 300 sexual assault cases are recorded monthly, ninety (90%) percent of these cases involve women. However, there are also cases involving men, though they account for less than ten (10%) per cent. While thousands of cases are reported annually, only fifty (50%) of the cases ever reach the Court, and just 10% result in Prosecution. Alarmingly though, over 70 per cent of the cases involve children under the age of eighteen (18) years.[178] Further the Ministry reports, more than 4,000 cases of child abuse were recorded in 2024 with 1,200 of those cases being sexual abuse.[179]

Table 44: Sexual assault and teenage pregnancy statistics Region 9

[174] https://guyana.un.org/en/260847-research-change-informing-legislative-reform-tackle-domestic-violence-guyana?afd_azwaf_tok=eyJhbGciOiJSUzI1NiJ9.eyJhdWQiOiJndXlhbmEudW4ub3JnIiwiZXhwIjoxNzQ0MDkyMjkxLCJpYXQiOjE3NDQwOTIyODEsImlzcyI6InRpZXIxLThjYmJjNzY5NC1kOWo0eCIsInN1YiI6IjE5MC44MC41MS44MyIsImRhdGEiOnsidHlwZSI6Imlzc3VlZCIsInJlZiI6IjIwMjUwNDA4VDA2MDQ0MVotcjE4Y2JiYzc2OTRkOWo0eGhDMU1JQWtkYWMwMDAwMDAwN2YwMDAwMDAwMDBiNmVrIiwiYiI6IjFibVUtM3dGSldqSi0tbGlhQnY3andLTVd6YmRWN0FNdEtsV1VqSnBUanMiLCJoIjoiczBWRXVoWl9UWmNxWXdTdEhZUzVwcGpzWmNVZUJjNGdYbk9wdTNDZmpWNCJ9fQ.On0pLQnG44_9WNZoUFnfBsA63VYehMK5AMMhIczovzBO22ChrXBl8ggwS25jUKL-tQhy8E12IqG0w2T1Tojax-SAvvXJfCkWi56JqOW08FWP-fJAImjcq3IvHoid69UngpKCFZKJ6OU_LLPOy5QBeyUcOMQl2YGbPTk0PtjpofRDe4Mq-O_bhjtmdQ2qVu4bKItOjMqojj4R9pNNPd9HK98bz_XcWUZ8ao_bYHLFRuPO-jxAtRZ58xHpiO3Cdte3w8cV7g_LhP8bZhJzCqQr5OUtyoGdHlIqNIheDoelG1V6tRuVk4Pk6jxc_zFj957JL0TieiHYozX611jItd8VoQ.WF3obl2IDtqgvMFRqVdYkD5s

[175] https://newssourcegy.com/news/study-finds-high-cases-of-incest-abuse-and-teenage-pregnancy-in-amerindian-communities/

[176] https://newssourcegy.com/news/study-finds-high-cases-of-incest-abuse-and-teenage-pregnancy-in-amerindian-communities/

[177] https://guyanatimesgy.com/4-arrested-for-alleged-trafficking-of-3-underage-girls/

[178] https://newsroom.gy/2025/04/02/more-than-300-sexual-assault-cases-recorded-monthly/

[179] https://newssourcegy.com/news/70-of-sexual-assault-cases-in-guyana-involve-children-over-300-cases-reported-every-month/?fbclid=IwY2xjawJykJ5leHRuA2FlbQIxMAABHi2B6X2UpJLKRfnvgODJnZYrwMNF-3OsRYAjyAKVXkBq-ljRSimJVC8wednb_aem_papp4ytdjyR_vXOPWcTmYw

Sexual Assault			
Year	No. of Reported Cases	Type and No # of reported Assaults	
2022	53	Incest 3	Underage 19
2023	61	Incest 10	Underage 9
2024	50	Incest 4	Underage 18
Teenaged Pregnancy			
2022	7		
2023	7		
2024	4		

Over the past three years, the region has reported one hundred and sixty-four (164) sexual assault cases. The statistics indicate that a great proportion of young girls are taken advantage of by male relatives, indicating that there is a high incidence of incestual sexual violence, and statutory rape.
Women are also victims of physical abuse by their partners. According to the Regional Police and Ministry of Human Services, domestic abuse is episodic, that is, women are abused by their partners after they would have been out consuming alcohol. It is reported that during festivities such as the Rupununi Rodeo, Heritage month celebrations (held annually for the entire month of September), and Christmas, incidents of domestic violence are the highest.

Women are also abusers of their male counterparts, but the data suggests that this is a very miniscule number or is under reported because of male machoism. According to personnel attached to the domestic violence unit of the Ministry of Human services and Social Protection, for 2024, there were 30 cases of domestic violence recorded in the court system. Moreover, the number of domestic violence cases that engage the courts are of a higher number, but at the point of court proceedings, many of the women choose to forego the cases because their male counterparts are the sole breadwinners and they would suffer financial hardship if their partner / spouse were incarcerated.

There is widespread belief that the legal system is negligent in its protection to women and girls in the region from sexual and physical violence. In separate news reports women's activists have been calling attention to this problem,

"When matters like violence, rape, and cases like that are reported to the police, it takes long to be looked at. They don't really follow up. Sometimes it goes through the court yes, but I don't know for some reason or the other they would take long".

"Although laws exist to protect women's rights, we as indigenous women face many challenges, including discrimination and violation of our rights. There is little support given to us as indigenous women to enforce these rights. The efforts to eliminate discrimination against women and girls do not reach our communities at times". [180]

Additionally, the social and cultural norms of gender inequality that ground and perpetuate GBV continue to be upheld. These norms hinder the effectiveness of the existing legal framework since they, in effect, discourage victims from seeking help and resorting to formal redress mechanisms. These norms also affect the manner in

[180] https://newssourcegy.com/news/indigenous-leaders-call-for-commission-of-inquiry-into-high-cases-of-sexual-violence-and-abuse-in-amerindian-villages/

which authorities respond, or do not respond, to complaints of GBV.[181]

Guyana's national task force on sexual violence comprising of governmental and non-governmental organizations has implemented a National Action Plan which guides the work of our response to gender-based violence." [182]

Sexual Minorities are especially vulnerable since the Guyanese legislative system does not make provisions for them. In fact, same sex sexual behaviour is a penal offense under the laws of Guyana. Therefore, the legislative position of sexual minorities places them at the periphery of access to services including legal and social services. In the Rupununi, there are no publicly available programs to support sexual minorities.

In addition to the groups mentioned above, people with disabilities also find themselves in a position of vulnerability. Although Guyana has legislation to protect persons with disability and guarantee them access to services, the social infrastructure and response has been lacking nationally. Government initiatives such as the National Policy on the Rights of People with Disabilities and the Education Strategic Plan (ESP) 2021-2025 have made strides, but they are hindered by insufficient resources and limited reach, especially in remote areas (UNICEF, 2025). Community-Based Rehabilitation Programmes aim to provide rehabilitation and support services in local communities, but these programmes often lack sufficient funding and trained personnel, limiting their reach and impact. Additionally, while there are efforts to promote Inclusive Education Initiatives, these initiatives often fail to accommodate the diverse needs of children with disabilities, particularly those with complex physical or intellectual challenges. Sadly, in many schools, there are not enough trained teachers or specialized resources to effectively include children with disabilities in regular classrooms.[183]

During this assessment the Ministries of Education and Social Services indicated that currently in the region no programs are available to support students or adult persons with disabilities. The Department of Education does not have Special Education Needs (SEN) trained teachers. Thus, persons with disabilities continue to face exclusion, discrimination, and barriers to meaningful education, access to services, and employment opportunities in the region.

It must be noted that projects involving a large influx of workers into a community can exacerbate the existing risks of SGBV or create new risks, ranging from sexual harassment to sexual abuse and exploitation of women and children

The Outcomes of the Project

The Health Care Network Strengthening in Guyana project is being supported by the IDB through a Sector Conditional Credit Line for Investment Projects (CCLIP). The objective of the project is to improve the health of the Guyanese population through increased access, quality, and efficiency of health services. The specific objectives of the first operation are:

- improve health outcomes associated with low and high complexity procedures, by expanding the capacity of strategic hospitals;
- extend coverage of diagnostic, medical consultation, and patient management services, inclusive of the country's hinterlands, through digital health; and

[181] https://pancap.org/pancap-documents/guyana-gender-based-violence-policy-brief/

[182] https://guyanachronicle.com/2025/03/24/guyana-presents-groundbreaking-gender-equality-initiatives-at-un-csw69/

[183] https://www.unicef.org/guyanasuriname/stories/empowering-change-path-inclusive-education-children-disabilities-guyana#:~:text=Sadly%2C%20in%20many%20schools%2C%20there,the%20need%20for%20systemic%20change.

- increase the efficiency of the public health system by strengthening key logistics, management, and support processes and inputs. [184]

The project is estimated to cost US$97 million and will be implemented by the Ministry of Health.

3.2. Project Components

The Health Care Network Strengthening in Guyana project has three components. These are described below:

Component 1. Supporting hospital health services networks (US$85 million). This component will finance inputs to allow the hospital network to function more efficiently and equitably by expanding capacity at two strategic level four hospitals, and four level three hospitals located in the hinterland. This will reduce patient transfers to other regions and relieve pressure on the main national reference hospital (level 5) to provide lower-complexity services, as most patients, even the ones from the rural interior, are often transferred to GPHC. Meanwhile, this component will contribute to increasing GPHC's ability to fulfill its mission in handling specialty referral cases. The activities to be funded by this component include:

(i) infrastructure rehabilitation and expansion at four District Hospitals located in the hinterland (Moruca, Kamarang, Kato, and Lethem) considering energy and water efficiency and climate change risk reduction features, accessibility provisions for disabled persons, as well as cultural and linguistic needs of patients;
(ii) services for architectural and engineering design and construction supervision; and

Component 2. Strengthening digital health (US$7.2 million). Given the success of the MoH telemedicine initiatives and the potential benefits that this and other digital health interventions show, this component will provide financing for the country's plans for a digital transformation in health. It will finance the following priority areas:

i) digital health governance and sustainability (assessments of preparedness, national strategy and budget, and digital health foundations: core team, architecture, data privacy norms, cybersecurity, interoperability guidelines, electronic health record strategy, telehealth strategy and norms, change management strategy, total cost of ownership);
ii) strengthening and expansion of the current teleradiology and teleophthalmology networks, plus other telemedicine services (tele-therapy, triage), to the country's hinterland areas, including its socio-cultural adaptations;
iii) telehealth infrastructure and connectivity.
iv) preparedness for the selection and implementation of an electronic health record system; and
v) software maintenance and support. Digital health can reduce the emissions of greenhouse gasses by reducing travel for health care and hardware purchases will follow best practices to reduce Information and Communication Technology emissions.

Component 3. Promoting health sector management and efficiency (US$3 million). The National Strategic Plan for Health targets several key parts of the health system that promote improved quality and efficiency in the delivery of health services, and this component will support the following areas and specific activities:

i) human resource quality and availability (allied health professional assessment, including current supply, gaps, and projected demand; stock-taking of existing training capacity; curricula review

[184] Project Baseline Assessment Report March 2023

and improvement, including socio-cultural dimensions in health; proposal for addressing sector's Human Resources needs, considering training center that could be financed in second operation);

ii) supply chain management (expansion of warehouse capacity; software and hardware for electronic supply chain management system; training of staff in supply chain management);

iii) pandemic and emergency preparedness (analysis of COVID-19 response, Emergency Operations Center plan, simulation exercises, laboratory equipment and diagnostic tests procurement, and biosafety/biosecurity assessments); and

iv) Essential services package for maternal and child health (laboratory and medical equipment, maternal waiting homes, community health committees set-up and training).

In addition to the three project components described above, the project will also support project administration and program monitoring and evaluation at a cost of US$1.8 million. These resources will support the MoH in program management and assessment of its effects. It will finance specialized consulting services for project implementation, costs associated with the Project Executing Unit (PEU), and evaluation of project implementation and impact.

4. Regional / National Development Plans

4.1.1. Low Carbon Development Strategy 2030

The Guyana Low Carbon Development Strategy (LCDS) 2030 was developed to create a new low carbon economy by harnessing Guyana's unique advantage of enhanced capacity. The LCDS 2030 will create a new low-carbon economy in Guyana by establishing incentives which values the world ecosystem services and promote these as essential components of a new model of global development with sustainability at its core. This will allow Guyana to harness the value of the country's ecosystem services to build a long-term, low-carbon diverse opportunity.

There are four objectives of the LCDS 2030, which provide guidance on the implementation and advancement of the Strategy's goal. These are:

1. Forest Climate Services and other Ecosystem Services
2. Stimulate future growth through clean energy and sustainable economic activities
3. Protect against climate change
4. Align with global climate goals

The LCDS 2030 addresses improved quality of healthcare services, as is outlined in Chapter 4. The LCDS outlines the following focus areas with respect to improving the quality of healthcare services:

- Sufficient numbers of highly trained medical personnel to service a low-carbon economy;
- Modern and upgraded facilities and equipment to facilitate accurate diagnosis, treatment, and care;
- Efficient management systems, data and information storage and retrieval, including cloud or offsite back up storage of records in the event of site destruction or damage due to fires, floods or other means; and
- Effective, quality medication - appropriately stored, delivered and administered in a timely manner.

In addition to the enhancement of the healthcare systems, Chapter 5 of the LCDS 2030 makes provision for the adaptability of public health to climate change as a measure to reduce climate change related diseases such as incidence of vector and waterborne diseases, including malaria, dengue and chikungunya. This will be achieved by:

- Improving public health adaptation infrastructure;
- Improving planning and response capability of the health sector to climate-related impacts; and
- Developing and implementing programmes to tackle climate-related illnesses.

The LCDS will support improving Guyana's public health adaptation infrastructure; planning and response capability of the health sector to climate-related impacts; and the developing and implementing of programmes to tackle climate-related illnesses. By achieving these objectives, the LCDS 2030 will boost and promote disaster risk preparedness and management capacity of the health sector; quicker recovery from extreme weather-related events like floods; better access to clean water and sanitation facilities; and improve the public's sensitisation of the risks of climate-related health impacts – particularly at the community level.

Under the LCDS it is expected that efforts will also be invested in improving access to, and the quality of healthcare services across the country. This will include training healthcare personnel to render service in a low-carbon economy; upgrading medical facilities and equipment to facilitate accurate diagnosis, treatment and care; improving management systems, data information storage and retrieval; as well securing effective quality medication.

4.2. INTEGRATED REGIONAL HEALTH PLAN 2024-2025

This plan defines the strategic orientation of region 9 Upper Takutu -Upper Essequibo during the period 2024-2025 and informs the workplan for the period 01/2024 to 12/2025.In keeping with the national goal of achieving universal health coverage and the improvement of the health of all people in Guyana.
The plan focuses on two main areas of focus these are

1. Making progress towards equitable, fair access to the package of essential health services and
2. Increasing responsiveness of the health system to the health care needs of the population

Additionally, there are respectively twelve and seven monitoring targets which will help to guide and assess the functionality of the plan.

Key indicators include:

- Reduce risk factors for NCDs and increase promotion and prevention in schools and the communities.
- Standardize processes for health service delivery, especially SOPs for HEARTS, follow-up of chronic patients, home visits, outreach services and non-acute and acute patient referral
- Increase screening and detection of NCDs in all sub-districts.
- Purchase and set-up equipment for priority health care needs (point of care tests, eye-care equipment, etc.) in all sub-districts.
- Treat and control blood sugar and blood pressure levels
- Incorporate training of physicians, medexes, nurses and CHWs on HEARTS guidelines and screening.

4.3. Village Sustainability Plan

The Village Sustainability Plans are ten (10) year plans that have been communally developed by indigenous villages. These plans outline the village's development aspirations and will act as a primary framework for implementing project activities. The villages will select individual projects that are important to them in a rolling manner as village leadership changes. The villages will further prepare proposals for funding for the specific activities chosen each year. These proposals are then submitted to the office of the Regional Chairman to be presented as part of the regional budget estimates during the national budgeting period, which is decided by the ruling administration every year.

5. Legislative Framework

5.1. Article 25: Constitution of the Cooperative Republic of Guyana

Guyana is governed according to the Constitution of the Co-operative Republic of Guyana, which took effect in 1980 and expressly provides for protection of the environment. Article 25 establishes "improvement of the environment" as a general duty of the citizenship. In addition, Article 36 reads as follows:

"In the interests of the present and future generations, the State will protect and make rational use of its land, mineral and water resources, as well as its fauna and flora, and will take all appropriate measures to conserve and improve the environment."

The Constitution of Guyana is the supreme law of the land and all other law and legal framework must be considered with the context of the Constitution. In the Constitution, education is considered under the following Articles:

- Article 24: "Every citizen has the right to free medical attention and also to social care in case of old age and disability"

- Article 25 (1): "Every citizen has a duty to participate in activities designed to improve the environment and protect the health of the nation"

5.2. Article 29: Constitution of Guyana

Article 29 (1) of Guyana's Constitution recognizes the principle of equality of men and women. It expressly states:

"women's participation in the various management and decision-making processes, whether private, public, or state, shall be encouraged and facilitated by laws enacted for that purpose or otherwise".
Further Article 40 states:

(1) Every person in Guyana is entitled to the basic right to a happy, creative, and productive life, free from hunger, ignorance and want. That right includes the fundamental rights and freedoms of the individual.
(2) The provisions of Title 1 of Part 2 shall have effect for the purpose of affording protection to the aforesaid fundamental rights and freedoms of the individual subject to such limitations of that protection as are contained in those provisions, being limitations designed to ensure that the enjoyment of the said rights and freedoms by any individual does not prejudice the rights and freedoms of others or the public interest.[185]

5.3. Environmental Protection Act (1996)

The Environmental Protection Act, 1996, and the Environmental Protection Amendment Act 2005, establishes the basic institutional and regulatory framework within which all activities that may significantly affect the natural, social, and cultural environments are assessed. The Act provides for management, conservation, protection and improvement of the environment, the prevention or control of pollution, the assessment of the impact of economic development on the environment and the sustainable use of natural resources. The Act also provides that the EPA will be the central coordinating agency for environmental management in the relevant sectors in Guyana.

Environmental Protection Regulations
The Environmental Protection Act, 1996 comprises several subsidiary Environmental Protection Regulations. These Regulations were developed to regulate and control the activities of development projects during construction and operation. The EPA has the responsibility to ensure the compliance of all new and existing activities to these Regulations by issuing the required authorizations and monitoring their operations.

5.4. Environmental Protection Air Quality Regulations (2000)

In accordance with these Regulations anyone who emits any air contaminant in the construction, installation, operation, modification or extension of any facility related to industry, commerce, agriculture or any institution shall apply to the EPA for an environmental authorization at least ninety days before the date on which the emission is to commence. In accordance with the Regulations the EPA shall establish the desirable air pollution limits. Currently, there are no nationally determined or established Air Quality standards. However, the Agency is guided by and utilises air quality guidelines reputable international organisations from the World Health

[185] https://www.parliament.gov.gy/Constitution%20of%20the%20Cooperatiive%20Republic%20of%20Guyana.pdfhttps://www.parliament.gov.gy/Constitution%20of%20the%20Cooperatiive%20Republic%20of%20Guyana.pdf

Organisation (WHO) and the United States Environmental Protection Agency (USEPA) among others. Table 4-2 below shows the WHO Air Quality Guidelines.

Table 45: WHO Air Quality Standards

Element	Averaging Period	Acceptable Limit
Particulate Matter (PM 10)	24-hour	50 g/m^3
Particulate Matter (PM 2.5)	24-hour	25 g/m^3
Sulphur Dioxide	24-hour	20 g/m^3
Ozone (O3)	8-hour	100ug/m^3
Nitrogen Dioxide	1-hour	40ug/m^3

5.5. Environmental Protection Water Quality Regulations (2000)

These Regulations require an environmental authorization for construction, installation, operation, modification/extension of facilities that discharge effluents. Requirements and guidelines on the discharge of effluents and disposal of sludge are provided. The EPA adopts the WHO and USEPA standards for surface and potable water when applicable. Draft Water Quality Guidelines have also been developed by the EPA in collaboration with the Guyana National Bureau of Standards (GNBS). Limits for key parameters outlined in these guidelines are presented in Table 4-3.

Table 46 Industrial Effluent Discharge Limits

Parameter	Acceptable Standard
pH	5.0 – 9.0
Temperature	<40°C
Total Suspended Solids	100 mg/L
Total Dissolved Solids	500 mg/L
Turbidity	25 NTU
Dissolved Oxygen	>4 mg/L
Oil and Grease	25 mg/L
Chemical Oxygen Demand	<250 mg/L
Biochemical Oxygen Demand	<50 mg/L

5.6. Environmental Protection Noise Management Regulations 2000

Under these Regulations activities that emit noise such as construction, transport, industry, commerce and any institution are required to apply to the Agency for an environmental authorization. The EPA is responsible for the establishment of standards for permissible noise levels in industry, construction and other areas. The EPA may grant authorization for noise emission unconditionally or subject to conditions and may require environmental audit procedures. The GNBS and the EPA developed standards for noise emissions into the environment as shown in Table 4-4.

Table 47: Decibel Limits for Various Activities

Type of Activity	Day Time Limit (dB)	Night Time Limit (dB)

Residential, Institutional, Educational	75	60
Industrial, Transportation	100	80
Commercial	80	65
Construction	90	75
Recreational	100 (18:00 to 01:00hrs)	75 (01:00 to 08:00hrs)

5.7. Environmental Protection Hazardous Wastes Management Regulations (2000)

These Regulations outline the rules and procedures for transport, storage, treatment and disposal of hazardous wastes and are intended to ensure that all operations that generate, transport, store and dispose of hazardous wastes are managed in a manner that protects human health and the environment. The Regulations also allow for the provision of information on the types of facilities and quantity of hazardous waste generated, treatment standards and efforts to reduce the waste generated.

5.8. Environmental Protection (Litter Enforcement) Regulations (2013)

These Regulations provide for the enforcement of litter offences. It is an offence under these regulations to place litter in a public place, permit or cause another person to litter a public place or have litter on private premises that pose a health risk. The fine for an individual found littering in a public place is $50,000, while for body corporate it is $100,000. A fixed penalty of fifteen thousand dollars ($15,000) is offered to offenders who accept liability for the offence committed. Under the Litter Prevention Regulations, the Regional Democratic Councils (RDCs) and Neighbourhood Democratic Councils (NDCs) are expected to provide receptacles in public places. Further, every Council shall make appropriate provision for the prompt, efficient and regular emptying of the contents of the receptacles and for the removal and disposal of those contents.

5.9. Environmental Assessment and Management Plan (EAMP) Guidelines

The EPA, in 2021, prepared draft guidelines for the Preparation of Environmental Assessment and Management Plans (EAMP). These guidelines were updated in 2022. An EAMP seeks to identify and assessment potential impacts of project and provide methods and procedures for mitigating and monitoring impacts. According to the Guidelines, an EAMP "provides a description of the methods and procedures for identifying, assessing and analysing existing and potential physical, ecological and socio-economic impacts of projects and identifying actions to prevent and mitigate impacts as well as a framework for monitoring and reporting during project implementation. The EAMP should also identify environmental objectives of the developer, detailed description of the project and a robust baseline of the project environment and area of influence of the project. The EAMP should be used

throughout the project life cycle and regularly updated in an effort to remain aligned with the project as it progresses from construction to operation and to decommissioning."

The objectives of the EAMP are to:

- Place the proposed or existing activity in the context of the local and regional environment,

- Adequately describe all components of the proposed/ existing activity, so that the Agency can consider approval of a well-defined project, and prescribe relevant and adequate Permit Conditions for the monitoring of the activity,
- Identify the environmental issues/risks associated with the proposed/existing activity,
- Provide the basis of the developer's environment management program, which shows that the environmental impacts resulting from the proposed/existing activity, including cumulative impacts, can be acceptably managed,
- Provide a document that clearly sets out the reasons why the proposed/existing activity should be **considered environmentally acceptable**

5.10. Public Health Ordinance (1934)

The Public Health Ordinance makes provisions for promoting public health concerns in Guyana. The Ordinance is dated and was enacted during Guyana's colonial past. The Ordinance makes provisions for central and decentralized and local administration of health including the prevention of infectious, epidemic, endemic and venereal diseases, as well as management of public health facilities and services. The Ordinance also makes provisions for regulating 'offensive trades', that is, a trade that damages the health of the persons engaged in the trade. The Ministry of Health has convened a Committee for the management of offensive trades and this Committee is chaired by the Chief Medical Officer and is aimed at regulating activities that can damage the health of employees during their routine duties. The Government's COVID-19 measures introduced several public health restrictions which were gazetted under this Ordinance.

A new Public Health Bill is currently in draft and will supersede the Public Health Ordinance when enacted.

5.11. Ministry of Health Act (2005)

The Ministry of Health Act 2005 makes provision for the protection and promotion of the health of the people of Guyana by contributing to the improvement in the quality of life and by providing the people of Guyana with access to a productive life, free from diseases and infirmary, and characterized by physical, mental, and social well-being.

The Act prescribes the mandate of the Minister with responsibility for health, and the appointment of the Advisor, Chief Medical Officer and Permanent Secretary. The Act requires that the Minister at the end of each year, prepare an annual report to be submitted to the National Assembly. The Act also empowers the Minister to make regulations under this Act

Among the responsibilities conferred to the Ministry by the Act include oversight of health care services including mental health; provide advice to Government and establish policies on health; develop and ensure the implementation of the National Health Plan and other action plans and directives including human and all other resource requirements; enter into service agreement with the Regional Health Authorities (RHA) and review and approve their health plans and budgets; and facilitate the regulation of the health care professionals of hospitals and other health facilities in the public and private sectors including accreditation.

5.12. Water and Sewerage Act (2002)

The Water and Sewerage Act provides the framework for the overarching management of water resources in Guyana, and subject to existing rights, the ownership of water resources and the rights to use, abstract, manage,

and control the flow of water, are vested in the State. The Act contains various provisions for the management of freshwater resources, and established three institutions for realizing its objectives:

- The National Water Council for policy development and implementation.
- The Hydrometeorological Department within the Ministry of Agriculture for licensing and monitoring of water-use and impacts on quantity and quality of surface and groundwater.
- Guyana Water Incorporated (GWI) for the licensing and monitoring of potable water use and sewerage systems.

The Act also outlines liabilities for offences related to access to records and information to the relevant authorities, the improper disposal of sewage, the pollution of waterworks, the diversion of water from streams and rivers, and water availability and water quality.

5.13. Occupational Safety and Health Act (1997)

The Occupational Safety and Health Act 1997 defines the responsibilities of management and workers with respect to safety and health and applies to every workplace in Guyana. The Act makes provisions for the registration of industrial establishments, the establishment of an Occupational Safety and Health Authority, the establishment of a National Advisory Council on Occupational Safety and Health, the duties of employers, workers and other persons, treatments of accidents and occupational diseases, and occupational safety and health regulations. The Act authorises Occupational Health and Safety (OH&S) inspectors to enter and inspect workplaces.

At a construction site, employers must ensure that the requirements of the Act are implemented and that the safety and health of workers are protected onsite. Employers also have responsibility for providing protective devices for workers, providing instructions and supervision to ensure the safety of workers, maintaining a medicine chest and establishing an occupational health service for workers. Employers have a responsibility to establish a joint workplace safety committee. The provisions of this Act should be implemented throughout the construction phase of the project.

5.14. Labour Act of 1942 (Amended 1997)

The Labour Act of 1942 specifies the conditions that an employer must observe in the contracting employees. The Labour Act of 1942 is an Act to provide or the establishment of a Department of Labour, for the regulation of the relationship between employers and employees and for the settlement of differences between them. The Act deals with the Regulation of Wages, the Rights of the Employees and Duties and Obligations of Employees, Payment of Wages and Deductions therefrom. It outlines the Hours of Work of the Employers, Collective Agreements, and Miscellaneous such as information sharing and appointment and powers of Labour Officers.

5.15. Persons with Disabilities Act (2010)

The Persons with Disabilities Act 2010 provides certain rights to person with disabilities such as the promotion and protection and the full and equal enjoyment of the rights, to eliminate discrimination on the basis of disability, to provide for the welfare and rehabilitation of persons with disabilities, to provide for the registration of persons with disabilities, to establish the National Commission on Disabilities and for connected persons. Section 14 – 19 makes provision for the inclusion of persons with disabilities into the general education system by providing adequate infrastructural and policy framework to allow for the access to education by people with disabilities.

5.16. Prevention of Discrimination Act (1997)

The Prevention of Discrimination Act Chapter 99:08 of 1997 provides for the elimination of discrimination in employment, training, recruitment and membership of professional bodies and the promotion or equal remuneration to men and women in employment who perform work of equal value, and for matter connected therewith. The Act outlines the prohibited ground for discrimination, which includes race, sex, religion, colour, ethnic origin, indigenous population, national extraction, social origins, economic status, political opinions, disability, family responsibility, pregnancy, marital status, or age, except for purpose of retirement and restriction on work and employment on minors.

The 1997 Act further states that any act or omission, or any practice or policy that directly or indirectly result in discrimination against a person on the grounds stated is an act of discrimination regardless of whether the person the person responsible for the act or omission or the practice or policy intended to discriminate.

The Prevention of Discrimination Act 1997 advocates for the promotion of equal remuneration by stating that every employer and every person acting on behalf of such employer shall be obligated to pay equal remuneration to men and women performing work of equal value for such employer.

5.17. Employment of Young Persons and Children Act 1938 (Amended 1999)

The Employment of Young Persons and Children Act 1938, amended 1999, is an Act relating to the employment of young person and children. It established that no child under the age of fifteen shall be employed, and no young person under the age of sixteen shall be employed at night in any industrial undertakings except to the extent to which and in the circumstances in which such employment is permitted under the International Labour Organization (ILO) Convention. The Act outlines the offences and regulations as it relates to the employment of young person and children.

5.18. Sexual Offences Act 2010 (Amended 2013)

The Sexual Offences Act of 2010 reforms and consolidates the laws relating to sexual offences. The Act makes provisions for the prosecution of acts of sexual offences and provides the framework for various measures to be implemented including establishing a National Plan for the Prevention of Sexual Offences that aims to prevent and bring awareness to sexual offences in Guyana. The Sexual Offences Act outline the avenues available to the victim to redress by the justice system.

5.19. Amerindian Act 2006

The Amerindian Act provides for the recognition and protection of the collective rights of Amerindian villages and communities, mechanisms for good governance within Amerindian villages and communities and the granting of land to these villages and communities. The act recognizes the rights of indigenous peoples and communities and provides for their participation in governance. The Act supports and encourages their rights to preserve their traditional culture, cultural landscapes, traditional knowledge and languages as a minority group.

Further, the Act makes provisions for the self-governance and administration of lands that have been demarcated Amerindian territories and therefore control land use and planning within the areas. The act also establishes the National Toshao Council (NTC) and Village Councils (VC) , which are the main governance bodies, and are concerned with the overall well-being and development of the collective and individual indigenous communities. the Act also provides additional guidelines and procedures for Amerindian communities and its interaction with other industries as well as stipulates measures of offences and redress.

5.20. National Trust Act -Chapter 20:03

The administration of Guyana's cultural heritage is safeguarded by the **National Trust Act, Chapter 20:03 (NTA).** This NTA was enacted to promulgate the preservation of places of national and historic importance. **Section 17 of the NTA** provides for the preservation of monuments, sites, places, and objects of historic interest or national importance. The principal responsibility of the **NTA** is the preservation of all monuments of Guyana, which includes "*any object or other work of man or of nature whether above or below the surface of the land or the floor of the sea within the territorial waters of Guyana and any site, cave or excavation*" cited in the interpretation section, and as laid out in **Section 15 of the NTA.** Its mandate also includes research and documentation, public awareness and heritage education, administration, and conducting works under routine government capital projects. Additionally, **Sections 20-24, in conjunction with the First and Second Schedules of the NTA** sets out the standard operating procedures to be implemented in the event of a potential find. [186]

[186] National Trust Act, Cap 20:03 Act 7 of 1972, Amended by 6 of 1997

5.20.1. Chance Finds Procedure: National Trust of Guyana

Archaeological finds

If any archaeological materials have been encountered during construction, especially in a known archaeological or heritage site, the National Trust of Guyana requires:

- All construction activity in the vicinity of the remains is to seize immediately.
- The find location should be recorded, and all remains be left in place.
- Make contact with the relevant authorities regarding the next steps to be followed. The excavation of artifacts should only be done by professionals who have been trained in proper systematic excavation techniques.

Removal of Archaeological Finds
If for some reason there is a need to remove any artifacts unearthed, the National Trust requires:

- All finds should be treated as if they are fragile, even if they do not appear that way.
- If an artifact breaks during unearthing or is in pieces make an effort to collect all the detached or broken pieces.
- ideally, artifacts should be handled or moved one at a time, do not stack them on top of each other to move them.
- Always pick up an artifact using both hands to provide full support, do not push pull or slide it in anyway.
- Ensure there is a clear place to set artifacts down, the space should be clean and free from food, beverages, and instruments such as pens, tools, keys, or any objects that may damage them in any way.
- If necessary, lightly pad the surface to reduce the risk of the objects sliding or rolling off and to protect them from abrasions.
- Make contact with the relevant authorities regarding the next steps to be followed.

Transporting and Handling

- Generally, objects should be handled as little as possible since oils, acids, and salts in human skin will cause damage to any artifact overtime. Minimize the length of time for handling but rather be organized and prepared for dealing with the objects.
- Objects may only be moved, handled, or assessed by trained personnel or under the supervision of trained staff. Employees must comply with established guidelines to eliminate any potential damage.
- All items to be moved will be assessed to ensure the appropriate resources and arrangements are in place to minimize risk to both the item and staff member(s). In addition, each item should be evaluated individually before they are handled, packaged, or transported in order to determine whether they are stable enough to withstand the activity.
- Collection must be handled with appropriate equipment such as gloves, containers, cushions, trolleys, and with sufficient staff to mitigate any risk of mishandling.[187]

The legislative framework of Guyana's cultural heritage is facilitated by several local and international statutes that offer protection, administration, and oversight for Guyana's cultural and historical tapestry. These articles of law, policies, and /or international agreements and conventions include:

5.20.2. Convention on the Protection of World Cultural and Natural Heritage, 1972

The convention concerning the protection of the world's cultural and natural heritage, the World Heritage

[187] Procedure extracted from: National Trust of Guyana, Guidelines for the Protection of Monuments and Sites, 2017.

Convention was adopted by the General Conference of UNESCO in 1972. The Convention aims to encourage the identification, protection, and preservation of earth's cultural and natural heritage. It recognizes that nature and culture are complementary, and that cultural identity is strongly related to the natural environment in which it develops. The Convention provides for the protection of those cultural and natural 'properties' deemed to be of greatest value to humanity. It is not intended to protect all properties of great interest, importance, or value, but rather a select list of the most outstanding of these from an international viewpoint. The Convention recognizes that nations have a duty to ensure identification, protection, conservation, presentation, and transmission to future generations of their cultural and natural heritage. By adhering to the Convention, nations pledge to conserve not only the World Heritage Site(s) situated within their territories, but also to improve the protection of their national heritage. Article 1 and 2 of the convention define cultural and natural heritage as follows:

5.20.3. Cultural Heritage

1. Monuments: architectural works, works of monumental sculpture and painting, elements or structures of an archaeological nature, inscriptions, cave dwellings and combinations of features, which are of outstanding universal value from the point of view of history, art or science
2.Groups of buildings: groups of separate or connected buildings which, because of their architecture, their homogeneity, or their place in the landscape, are of outstanding universal value from the point of view of history, art or science.
3.Sites: works of man or the combined works of nature and man, and areas including archaeological sites which are of outstanding universal value from the historical, aesthetic, ethnological or anthropological point of view.

5.20.4. Natural Heritage

1.Natural features consisting of physical and biological formations or groups of such formations, which are of outstanding universal value from the aesthetic or scientific point of view.
2.Geological and physiographical formations and precisely delineated areas which constitute the habitat of threatened species of animals and plants of outstanding universal value from the point of view of science or conservation.
3. Natural sites or precisely delineated natural areas of outstanding universal value from the point of view of science, conservation, or natural beauty.

In accordance with this convention, the National Trust of Guyana was established to preserve Guyana's Natural/cultural Heritage.

5.20.5. Convention on Biological Diversity

The Convention on Biological Diversity 1992 notes that some cultural knowledge and practices may depend on biodiversity and its components, and therefore specifically recognises the cultural value of biodiversity alongside its ecological, genetic, social, economic, scientific, educational, recreational, and aesthetic values. These cultural services should be considered in environmental and social impact assessments, particularly when considering linkages between cultural heritage and biodiversity, and between environmental and social impact assessments (including well-being). This is particularly so for some indigenous and other communities whose traditional and spiritual activities depend on the maintenance of biodiversity features.
Article 8(j) of the Convention makes provision to protect the knowledge and practices of indigenous and local communities who rely on the conservation and sustainable use of biological diversity. Article 10(c) protects and encourages customary use of biological resources in accordance with traditional cultural practices. The Convention also requires that benefits from the use, for commercial purposes, of traditional knowledge and/or practices should be shared fairly and equitably with the owners of such knowledge (Article 15(7)).

5.20.6. Equal Rights Act 1990

This Act makes provision for the enforcement of the principles enshrined in article 29 of the Guyanese Constitution to secure equality for women and for matters connected therewith.
Particularly Section 2 (4) promulgates:
No person shall be ineligible for, or discriminated against in respect of, any employment, appointment, or promotion in, or to, any office or position on the ground only of sex.
2 (7) Nothing in this section shall be deemed to prevent any employer from making special labour and health protection measures for women, or from making provision for conditions enabling mothers to work or for material and moral support for mothers and children, including paid leave and other benefits for mothers and expectant mothers.[188]

5.20.7. Sexual offences Act: Chapter 008:03

Instituted in 2010, the Sexual Offences Act is gender neutral, meaning that both females and males can be charged with offences and both females and males can make complaints about being victims of the offences provided under the Act.[189] In 2013, the Act expanded the offences of rape to include oral, vaginal and anal penetration. In so doing, the Act adopted a gender-neutral definition of rape which would now recognize male rape. In addition, marital rape was criminalised without conditions, and the offences of stalking, grooming and voyeurism were created. Lastly, the age of sexual consent was increased from 13 to 16 years old for both boys and girls.

5.20.8. Domestic Violence Act: Chapter 11:09

This Act affords protection to both men and women in cases involving domestic violence by the granting of a protection order and provides the police with powers of arrest where a domestic violence offense occurs and for matters connected therewith or incidental there to.[190] Under the Act, victims, police officers and social workers, among others, are empowered to seek protection, occupation, tenancy and/or maintenance orders against abusers on behalf of persons affected by domestic violence. The category of protected people includes intimate partners, including non-married couples, and family members.

5.21. Family Violence Act of 2024

An Act to provide increased protection for victims of family violence, to make provision for granting family violence orders and for matters connected there to. According to the Act Violence includes physical, emotional, psychological, sexual and economic abuse, intimidation and harassment. And includes violent acts committed against children, disabled persons or any member of a family unit, whether cohabitating or not. [191]

5.22. The Protection from Harassment Act 2023

An Act to provide for the prevention of, and the protection of persons from, harassment and other similar conduct and for connected matters. The act addresses sexual advances
The Act defines “harassment” as any act directly or indirectly engaging in conduct that – (a) causes harm or

[188] https://www.ilo.org/dyn/travail/docs/587/Equal%20Rights%20Act%201990.pdf
[189] https://mola.gov.gy//laws/Volume%203%20Cap.%206.03%20-%2010.071696982578.pdf
[190] https://mola.gov.gy//laws/Volume%204%20Cap.%2010.08%20-%2012.211696970601.pdf
[191] https://www.parliament.gov.gy/publications/acts-of-parliament/familyviolenceact14of2024

inspires the reasonable belief that harm may be caused to a person by unreasonably – (i) following, watching, pursuing or accosting of the person; (ii) loitering outside of or near the building or place where the person resides, works, carries on business, studies or happens to be; (iii) engaging in verbal, electronic or any other communication aimed at the person, by any means, whether or not conversation ensues; (iv)sending, delivering or causing the delivery of letters, telegrams, packages, facsimiles, electronic mail or other objects to the person or leaving them where they will be found by, given to, or brought to the attention of, the person; or (v) acting in any manner described in subparagraphs (i) to (iv) towards someone with a familial or close personal relationship to the person; (b) amounts to sexual harassment of the person,[192][193]

5.23. Combating of trafficking in person Act 2023

An Act to provide comprehensive measures to combat trafficking in persons and for connected matters. Recognizing that women and girls are the main victim of trafficking for the purpose of sexual exploitation, this Act provides for their protection by creating the offence of trafficking in persons.

5.24. Guyana has also adopted a National Gender and Social Inclusion Policy, aimed at mainstreaming gender into all sectors of government. [194]

5.25. Protection of Children Act

In addition, the Protection of Children Act, enacted in 2009, was passed to provide comprehensive legislation on the protection of children in Guyana. The Act seeks to ensure children are protected from threatening situations. Particularly, the Act prohibits the commercial sexual exploitation of children through the production, distribution, importation, exportation or possession of child pornography as well as the use of children for child pornography. The Act also imposes mandatory reporting obligations in cases of child abuse.[195]

5.26. National Policies, Strategies and Plans

5.26.1. National Gender Equality and Social Inclusion Policy

In 2018 a National Gender Equality and Social Inclusion policy was drafted by the Government of Guyana. The policy aimed to provide a framework for the elimination of all forms of discrimination and violence against women and girls, and to promote economic development, inclusion, health, wellness and healthcare, and support education, training and skills development for women and children. The Gender and Social Inclusion Policy aims to mainstream gender issues in all sectors to eliminate negative economic, social, and cultural practices that impede equality and equity. The policy also seeks to strengthen links between Government and Non- Governmental Organizations to develop, maintain and provide gender-sensitive information and gender disaggregated data for use in project planning and implementation at all levels and in all sectors.[196]

[192] https://mhsss.gov.gy/Documents/Draft%20Protection%20from%20Harassment%20Bill%20July%202023.pdf
[193] It is prudent to note that sexual orientation and gender identity are not protected grounds under the Prevention of Discrimination Act and the Domestic Violence Act does not cover persons in same sex relationships.
[194] https://pancap.org/pancap-documents/guyana-gender-based-violence-policy-brief/
[195] https://pancap.org/pancap-documents/guyana-gender-based-violence-policy-brief/
[196] https://wrd.unwomen.org/sites/default/files/2021-12/GUYANA_NationalGenderEqualitySocialInclusionPolicy.pdf

5.26.2. National Development Strategy 2001 -2010

The National Development Strategy (NDS) 2001-2010 was developed as a multi-pronged approach to guiding the development of Guyana over a ten-year period. The objectives of the NDS are:

1. To attain the highest rates of economic growth that are possible
2. To eliminate poverty in Guyana
3. To achieve geographical unity
4. To attain an equitable geographical distribution of economic activity
5. To diversify the economy

The objectives of the NDS as it relates to the health sector are to increase the length of healthy life for all people in Guyana, and to reduce health disparities among social groups. This can be furthered by improve the population's access to health care and the quality of the care that is offered, while ensuring that the health services are provided cost-effectively.

In addition, Volume 3, Chapter 19 of the NDS considers development in areas of (a) Administration and management, (b) Regional Health Authorities, (c) Human Resources, (d) Health Programmes, (e) Facilities and Services, (f) Financing, (G) Vulnerable Groups, and (h) Fees for patients bypassing the vulnerable groups.

Access to and increased availability to health services are of specific interest to the NDS and its success. The successful implementation of the NDS in relation to the health sector hinges on responsiveness to the needs of the people and preferences of the clientele at all levels of the delivery system.

5.26.3. Low Carbon Development Strategy 2030

The Guyana Low Carbon Development Strategy (LCDS) 2030 was developed to create a new low carbon economy by harnessing Guyana's unique advantage of enhanced capacity. The LCDS 2030 will create a new low-carbon economy in Guyana by establishing incentives which values the world ecosystem services and promote these as essential components of a new model of global development with sustainability at its core. This will allow Guyana to harness the value of the country's ecosystem services to build a long-term, low-carbon diverse opportunity.

There are four objectives of the LCDS 2030, which provide guidance on the implementation and advancement of the Strategy's goal. These are:

1. Forest Climate Services and other Ecosystem Services
2. Stimulate future growth through clean energy and sustainable economic activities
3. Protect against climate change
4. Align with global climate goals

The LCDS 2030 addresses improved quality of healthcare services, as is outlined in Chapter 4. The LCDS outlines the following focus areas with respect to improving the quality of healthcare services:

- Sufficient numbers of highly trained medical personnel to service a low-carbon economy;
- Modern and upgraded facilities and equipment to facilitate accurate diagnosis, treatment, and care;
- Efficient management systems, data and information storage and retrieval, including cloud or offsite back up storage of records in the event of site destruction or damage due to fires, floods or other means; and
- Effective, quality medication - appropriately stored, delivered and administered in a timely manner.

In addition to the enhancement of the healthcare systems, Chapter 5 of the LCDS 2030 makes provision for the adaptability of public health to climate change as a measure to reduce climate change related diseases such as incidence of vector and waterborne diseases, including malaria, dengue and chikungunya. This will be achieved by:

- Improving public health adaptation infrastructure;
- Improving planning and response capability of the health sector to climate-related impacts; and
- Developing and implementing programmes to tackle climate-related illnesses.

The LCDS will support improving Guyana's public health adaptation infrastructure; planning and response capability of the health sector to climate-related impacts; and the developing and implementing of programmes to tackle climate-related illnesses. By achieving these objectives, the LCDS 2030 will boost and promote disaster risk preparedness and management capacity of the health sector; quicker recovery from extreme weather-related events like floods; better access to clean water and sanitation facilities; and improve the public's sensitisation of the risks of climate-related health impacts – particularly at the community level.

Under the LCDS it is expected that efforts will also be invested in improving access to, and the quality of healthcare services across the country. This will include training healthcare personnel to render service in a low-carbon economy; upgrading medical facilities and equipment to facilitate accurate diagnosis, treatment and care; improving management systems, data information storage and retrieval; as well securing effective quality medication.

5.26.4. Health Vision 2020: A National Health Strategy for Guyana 2013 – 2020

The Health Vision 2020 sets out Guyana's long-term plan for health planning towards meeting the Millennium Development Goals (MDGs) targets. The Strategy aims at consolidating health outcomes and system strengthening, accelerating closure in the remaining gaps in meeting the MDGs, and establishing a post MDG agenda for Guyana. This is to be achieved by expanding universal health coverage and enabling health enhancing behavioural and cultural changes in and through the delivery of improved health services.

To meet the vision for 2020, the strategy targets three principal goals:

i) Advance the well-being of all peoples in Guyana;
ii) Reduce health inequities; and
iii) Improve the management and provision of evidence-based, people-responsive, quality health services.

The Strategy focuses on thirteen components that target specific healthcare areas that are currently being affected. These are:

1. Health Governance and Leadership
2. Human Resources for Health
3. Health Financing
4. Strategic Information
5. Drugs and Medical Supplies
6. Service Delivery
7. Strategic Partnership
8. Health Across the Human Life Course
9. Non - Communicable Diseases
10. Communicable Diseases
11. Environmental Health

12. Food Security and Nutrition
13. Health Promotions

The implementation of the Strategy was overseen by a National Health Policy Committee and supported at the technical and operational levels by an Administration and Management Directorate and a Technical Health Directorate.

The GoG is currently in the process of developing a National Strategic Plan for Health 2022-2030 which intends to promote a model based on the principles of Primary Health Care through an Integrated Health Service Delivery Network approach to achieve universal access and coverage. Essential functions include healthcare delivery model, governance, financing, human resources, delivery of services, evidence informed decision making, supply chain, emergency preparedness, strategic partnerships, occupational safety and health, and preferred health programs and health determinants. In order to address other key areas for improvement, the MoH is preparing a Health Infrastructure Transformation Plan and a Human Resource Development Plan, with assistance from the Pan-American Health Organization (PAHO).

5.26.5. Disaster Risk Management

Several initiatives have been pursued by the GoG with regards to disaster risk management and response. Among these include the development of legislation, implementation strategies, management plans, procedures, guidelines, damage assessment and needs analysis system, early warning system, and coordination platforms. A Disaster Risk Management Bill, National Disaster Risk Management Policy and Early Warning System Framework document, National Flood Plan, Community Based Integrated Disaster Risk Management Plan, Integrated Disaster Risk Management Agriculture and Environment Plan, National Public Education Plan, among other instruments have been prepared.

Through IDB support, the GoG, in 2013 prepared a 10-year National Integrated Disaster Risk Management Plan and Implementation Strategy (NIDRMP) with the intention to guide the implementation of projects and initiatives in Guyana – at national, regional and local levels – that are required in order to meet the NIDRMP's strategic objectives of risk identification, prevention/mitigation, financial protection/risk transfer, preparedness/response and recovery. In addition, the Civil Defence Commission (CDC), with support from the United Nations Development Programme, developed a Multi-Hazard Disaster Preparedness and Response Plan (MHPRP) in 2013. The MHPRP sought to detail arrangements to cope with the effects of natural and/or man-made disasters occurring in Guyana and to assign responsibilities and to provide coordination of emergency activities connected with major disasters, in general and specific ways.

The health sector features prominently, both in terms of vulnerability as well as being part of response mechanisms. The sector is particularly vulnerable to flooding and there is a high risk of infectious disease outbreak as well as high risk of fire., A health sector self-assessment tool for disaster risk reduction was developed with support from PAHO/WHO for the purposes of determining the status of key aspects of disaster risk management in Guyana with focus on mitigation and preparedness. The application of the self-assessment tool indicated that there are gaps in both mitigation and preparedness. However, disaster risk management planning is developing within the health sector.

5.27. National Guidelines

5.27.1. EPA Guidelines

The EPA has prepared several environmental management guidelines for varying activities in keeping with the Environmental Protection Regulations of 2000. The Guidelines relevant to the health sector are outlined below.

5.27.1.1. GYS 259:2004 Occupational, Health and Safety Management Systems – Specification with Guidance for Use.

This standard specifies the requirements for an OH&S management system to enable an organization to formulate policies and objectives. This takes into account legislative requirements and information regarding significant hazards and risks, which the organization can control and over which it can be expected to have an influence to protect its employees and others whose health and safety may be affected by the activities of the organization.

5.27.2. National Building Codes

The National Building Codes were developed by the GNBS in 2012 with the aim of "providing an efficient and effective system for granting building permits, administering building matters and resolving building disputes" and to ""facilitate uniformity in the education, training and qualifications of building practitioners and the recognition of qualification". The objective of the building codes is to provide guidance on the construction of buildings in order to ensure safety of the potential occupants, builders, and the structure. The Codes are expected to guide architects and contractors on the design and construction of buildings. As such, it focuses on fire safety, use and occupancy, electrical, plumbing, use of Guyanese hardwoods in construction, concrete and block masonry, structural steel, high-rise buildings, foundations and excavations, and design and construction of septic tanks and associated secondary treatment and disposal systems.

5.28. International Policies

5.29. The United Nations Declaration on the Rights of Indigenous Peoples UNDRIP (2007)

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) was adopted by the General Assembly on September 13, 2007. The UNDRIP recognises the rights of Indigenous Peoples and outlines a framework for the implementation of the human rights standards and fundamental freedoms as it relates to indigenous peoples and their specific situation and needs. By adopting this declaration, the Government signaled its commitment to implement measures to safeguard and protect the rights of its indigenous populations and to uphold the principle of Free Prior and Informed Consent for any form of development that will occur within indigenous lands. Guyana adopted the Declaration in 2007.

5.29.1. American Declaration on the Rights on Indigenous People (2016)

On June 15, 2016, the Inter-America Commission on Human Rights (IACHR) adopted the American Declaration on the Rights of the Indigenous Peoples between members of the Organisation of American States (OAS) at its third plenary session. Guyana is a member of the OAS. The Declaration outlines the intention to respect and promote the inherent rights of indigenous peoples as it relates to their human rights, gender equality, guarantees against racism, racial discrimination and related intolerance.

5.29.2. IDB's Environmental and Social Policy Framework

ENVIRONMENT AND SOCIAL POLICY STANDARDS (ESPS)

The IDB's Sustainability framework comprises IDB's Environmental and Social Performance Standards

(ESPS) and its Environmental *and Social Policy Framework* (ESPF). The framework articulates the Bank's strategic commitment to sustainable development and is an integral part of IDB's approach to risk management, transparency and good governance in its operations. Simultaneously it also provides a framework for governments, businesses, and project developers to avoid, mitigate, and manage risks and impacts as a means of doing business in a sustainable way, including stakeholder engagement and disclosure obligations in relation to project activities.
The ESPS comprises ten (10) standards. The standards address:

Standard 1: Assessment and Management of Environmental and Social Risks and Impacts
Standard 2: Labour and Working Conditions
Standard 3: Resource Efficiency and Pollution Prevention
Standard 4: Disaster Risk
Standard 5: Land Acquisition and Involuntary Resettlement
Standard 6: Biodiversity and Living Natural Resource Management
Standard 7: Indigenous Peoples
Standard 9: Gender Equality
Standard 10: Stakeholder Engagement and Information Disclosure [197]

The IDB's Environmental and Social Policy Framework (ESPF) makes provision for the protection of the environment and groups that may be vulnerable to the potential risk and impacts of IDB supported projects. As such, it has established a strict set of Environmental and Social Standards against infringements of environmental and social rights. These Environmental and Social Performance Standards (ESPS) describe the requirements that must be met in the development and implementation of IDB-financed projects. The objectives of the Bank's Performance Standards are to:

1. Identify and evaluate environmental and social risks and impacts of the project. Adopt a mitigation hierarchy and a precautionary approach to anticipate and avoid, or where avoidance is not possible, minimize, and, where residual impacts remain, compensate/offset for risks and impacts to workers, project-affected people, and the environment.
2. Promote improved environmental and social performance of Borrowers through the effective use of management systems.
3. Ensure that grievances from projects affected people and external communications from other stakeholders are responded to and managed appropriately.
4. Promote and provide means for adequate engagement with project-affected people and other stakeholders throughout the project cycle on issues that could potentially affect them and to ensure that relevant environmental and social information is disclosed and disseminated.

This project was listed as a Category B under the Bank's screening and environmental and social classification. Category B suggests that the project has the potential to cause mostly local and short- term negative environmental and social impact and for which mitigation measure are known and readily available. Category A projects have been excluded and environmental and social audits will be carried out prior to the start of any civil works for the facilities in operation. Site-specific ESAs/ESMPs will be developed as necessary for renovations of a substantial nature or for any new construction and will be conducted for the project. In addition, a Socio-cultural Analysis and an Indigenous Peoples Plan will have to be prepared prior to project implementation for the project.

[197] IBD ESPS Guidelines Document, (2021) English Version

6. International Legislation Conventions and Treaties

Guyana has ratified eleven (11) human rights treaties and incorporated their obligations into national legislation in the following areas: education, gender violence, medical termination of pregnancy, indigenous people's rights, child protection, equal right to property, family and parenting rights, employment and social security, labour, political participation of women, protecting the human rights of vulnerable groups, and reversal of marginalization and discrimination of all persons. Amongst the treaties ratified by Guyana are:

6.1. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

The convention contains thirty (30) articles which espouse to eradicate discrimination of women, and foster an environment where the economic, social, cultural, political, civil, or other rights and needs of women can be achieved. The Convention supports the structural development of legislation and policies to advance the enjoyment of females in their respective societies. It provides a blueprint for national governments to ascribe to, to end such discrimination against women.[198]

6.2. Beijing Platform for Action

The 1995 Beijing Platform for Action was crafted, as a guide in response to global struggle against constraints and obstacles to the empowerment of women around the world. The Platform for Action contains 12 critical areas of concern namely: poverty; education and training; health; violence; armed conflict; economy; power and decision-making; institutional mechanisms; human rights; media; environment; and the girl child. For each critical area of concern, strategic objectives are identified, as well as a detailed catalogue of related actions to be taken by governments and other stakeholders, at national, regional, and international levels.[199]

6.3. Sustainable Development Goals

The United Nations Sustainable Development Goals 2030 came into effect in January 2016, as a group of global goals that precede the Millennium Development Goals. The SDGs propound to achieve a better and more sustainable future for all. The SDGs address key global challenges, including those related to poverty, inequality, climate, environmental degradation, prosperity, and peace and justice. The 17 interconnected goals of the United Nations seek to ensure that no one is left behind with the support of the United Nations framework. Additionally, governments who are signatories to the Goals are encouraged to integrate the SDGs into their national development plans and policies[200]. Guyana became a signatory to the UN in 1966. [201]

6.4. ILO Convention No. 169 on Indigenous and Tribal Peoples (1989)

[198] https://www.ohchr.org/sites/default/files/Documents/ProfessionalInterest/cedaw.pdf
[199] https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/CSW/PFA_E_Final_WEB.pdf
[200] Our work on the Sustainable Development Goals in Guyana. Accessed at https://guyana.un.org/en/sdgs 1/16/2024
[201] Guyana and the United Nations. Accessed at https://www.un.int/guyana/guyana/guyana-and-united-nations#:~:text=Membership%20of%20the%20United%20Nations,independence%20on%2026%20May%201966. 1/16/2024.

A legally binding international treaty addressing the rights of Indigenous and tribal peoples, including land rights, employment, and participation in decision-making. The Government of Guyana has not ratified ILO 169, claiming that Guyana's Amerindian Act 2006 completely documents and represents the rights of the Amerindian people, so there is no need for ratification of Convention No. 169.

6.5. International Covenant on Civil and Political Rights (ICCPR) (1966) –

Article 27 protects the rights of ethnic, religious, and linguistic minorities, including Indigenous peoples.

6.6. International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966)

Are a group of 31 principles that address economic, social, and cultural rights of people globally, including those of Indigenous peoples.

6.7. UNESCO Universal Declaration on Cultural Diversity (2001)

A compilation of twelve articles that promote cultural pluralism. The articles highlight the importance of protecting Indigenous cultures, and languages.

6.8. Nagoya Protocol on Access and Benefit-Sharing (2010)

Ensures Indigenous communities' benefit from the use of their traditional knowledge and genetic resources.

6.9. Convention on the Rights of the Child

The Convention on the Rights of the child is a compilation of articles which were adopted and opened for signature, ratification and accession by the United Nations General Assembly resolution 44/25 of 20 November 1989; and came into force 2 September 1990, in accordance with article 49. The Convention sets forth 54 principles/ safeguards to guarantee the inalienable rights of all members of the human family, but specifically children.
Article 24 recognizes the role of the State to provide the highest attainable standard of health and to provide facilities for the treatment of illness and rehabilitation of health of children. It espouses that State parties shall strive to ensure that no child is deprived of his or her right to access to such health care services.[202]

6.10. Free Prior and Informed Consent

The Declaration on the Rights of Indigenous Peoples requires States to consult and cooperate in good faith with the Indigenous Peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may

[202] https://www.ohchr.org/sites/default/files/crc.pdf

affect them.
Consultation and participation are crucial components of a consent process. States must have consent as the objective of consultation before any of the following actions are taken:
The adoption of legislation or administrative policies that affect Indigenous Peoples (article 19);
The undertaking of projects that affect Indigenous Peoples' rights to land, territory and resources, including mining and other utilization or exploitation of resources (article 32);
The relocation of Indigenous Peoples from their lands or territories (article 10);
The storage or disposal of hazardous materials on Indigenous Peoples' lands or territories (article 29);

Furthermore, Indigenous Peoples who have unwillingly lost possession of their lands, when those lands have been "confiscated, taken, occupied or damaged without their free, prior and informed consent" are entitled to restitution or other appropriate redress (article 28).

What is the exact meaning of free, prior and informed consent?
Free implies that there is no coercion, intimidation or manipulation.
Prior implies that consent is to be sought sufficiently in advance of any authorization or commencement of activities and respect is shown to time requirements of indigenous consultation/consensus processes.
Informed implies that information is provided that covers a range of aspects, including the nature, size, pace, reversibility and scope of any proposed project or activity; the purpose of the project as well as its duration; locality and areas affected; a preliminary assessment of the likely economic, social, cultural and environmental impact, including potential risks; personnel likely to be involved in the execution of the project; and procedures the project may entail.[203]

Table 48 List of global gender equality instruments and adaption status

Instrument	Summary	Status of Ratification
Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) 1979	The convention defines what constitutes discrimination against women, and outlines an agenda for national action to end discrimination	Ratified
The Beijing Platform for Action 1995[204]	An agenda for women's empowerment. It is considered the key global policy document on gender equality. It is a global commitment to achieving equality, development, and peace for women worldwide	Guyana has made strides to develop implementation strategies or plans of action in keeping with this platform
Inter-American Convention on the Prevention, Punishment, and Eradication of Violence (Belem do para) 1994	The convention defines violence against women, establishes that women have the right to live a life free of violence, and that violence against women constitutes a violation of their human rights and fundamental freedoms.	Ratified

[203] https://www.ohchr.org/en/indigenous-peoples/consultation-and-free-prior-and-informed-consent-fpic#:~:text=What%20is%20the%20exact%20meaning,procedures%20the%20project%20may%20entail.
[204] https://www.cepal.org/sites/default/files/comunicacion_26_guyana.pdf
https://www.cepal.org/sites/default/files/comunicacion_26_guyana.pdf

The UN Declaration on the Elimination of Violence Against Women 1993	The declaration contains six articles and recognizes the need for the universal application of rights and principles of equality, security, liberty, integrity, and dignity of all human beings to women as well.	Signed the declaration
International Convention on Civil and Political Rights (ICCPR)	Enables people to enjoy a wide range of human rights including those relating to freedom from torture and other cruel inhumane and degrading treatment or punishment.	Ratified
International Convention on Economic Cultural and Social Rights 1996	Ensures the enjoyment of economic, social, and cultural rights including the rights to education and fair and just conditions of work. It also ensures an adequate standard of living, the highest attainable standard of health and social security	Ratified
International Convention on the Protection of The Rights of all Migrant Workers and Members their Families - ICMW (1990)	A global diplomatic deal to guarantee dignity and equality in the era of globalization. The convention sets minimum standards for migrant workers and members of their families, with a focus on eliminating the exploitation of workers in the migration process.	Ratified
Convention on the Rights of the Child-CRC (1989)	Consists of 54 articles that set out children's rights, and how governments should work together to make them available to all children.	Signed
Equal Renumeration Convention 1951 (NO. 100)	Focuses on gender parity in employment, and outlines principles for the equal renumeration for work of equal value. Independent of whether it is performed by men or women.	All countries in the English-speaking Caribbean have signed the convention.
Discrimination (Employment and Occupation) Convention 1958 (No. 111)	Sets out the definition for discrimination and forbids distinction, exclusion, or preference based on race, color, sex, religion, political opinion, national extraction, or social origin.	All countries in the English-speaking Caribbean have signed the convention.
Domestic Workers Convention 2011 (No. 189)	Establishes the first global standard for domestic workers	Ratified

	making them entitled to the same basic rights as those available to other workers in their country.	
The Universal Declaration of Human Rights	The declaration contains 30 articles and covers the most fundamental rights and freedoms of people collectively and individually everywhere in the world.	
ILO Convention No. 169 on Indigenous and Tribal Peoples (1989)	A legally binding international treaty addressing the rights of Indigenous and tribal peoples, including land rights, employment, and participation in decision-making.	The Government of Guyana has not ratified ILO 169, claiming that Guyana's Amerindian Act 2006 completely documents and represents the rights of the Amerindian people, so there is no need for ratification of Convention No. 169.

6.11. Policy Implementation and Institutional Framework

6.12. Ministry of Amerindian Affairs

The Ministry of Amerindian Affairs is the principal administrator of government initiatives and projects relating to indigenous populations within the national framework and accordance with the goals outlined in the national budget. The Ministry is guided by a minister who represents the collective interests of indigenous communities in the National Assembly and Cabinet.

6.13. National Toshao Council

The Amerindian Act made provisions for the establishment of the National Toshao's Council (NTC). The NTC is the representative decision-making body responsible for the collective development of indigenous communities. The NTC is made up of Toshaos from each Amerindian village across, Guyana; and is managed by an executive comprising of one Toshao from each administrative region, along with ten additional Toshao. The primary objectives of the NTC are the promotion of good governance within indigenous villages, and to further the general well-being of indigenous villages through the formulation of strategies and plans for the reduction of poverty, conservation, and other matters concerning natural resources as outlined in the Amerindian Act. The Council may offer advice to the Minister as provided for in the Act

6.14. Village Council

Village Councils for indigenous communities are provided for under the Amerindian Act. The Council is a body comprising of a Toshao (indigenous village Chief) and Councilors who are elected by members of the villages to manage village administration. The Village Council is responsible for the good governance and well-being of the community and promotion of sustainable use, protection and conservation of village lands and resources, and resources on those lands under the provisions made in the Amerindian Act. The Village Council is responsible for the nomination of members to the national Toshao Council. Village Councils are elected every three years.

6.15. Ministry of Health

The Ministry of Health (MOH) was established under the Ministry of Health Act 2005 and is responsible for the efficient and effective administration and delivery of healthcare in Guyana. The Act empowers the Minister and other officials to manage the business of the Ministry including health facilities and improvement projects.

The MOH will serve as the implementing agency for this project through a Project Implementation Unit (PIU) within the Health Sector Development Unit (HSDU). The HSDU is the managing body for projects in collaboration with donor partners. For the purpose of this project, the PIU functions as the primary implementation agent for the Ministry of Health.

The HSDU/PIU works in collaboration with the Environmental Health Unit (EHU), Chief Medical Officer (CMO), hospital management, regional administration, and other key stakeholders to ensure effective implementation.

In specific terms, the PIU will be responsible for performing the following processes in the IDB-financed project:

- Performing environmental, social, and occupational health and safety analyses
- Consulting parties affected by the project in the area of ESHS
- Implementing the environmental management plan

- Implementing the social and occupational health and safety plan
- Providing technical ESHS inputs for project procurement
- Processing internal or external complaints in the ESHS area
- Ensuring that contractors comply with ESHS regulations and standards
- Ensuring the contractors comply with the ESA/ESMP
- Ensuring the contractor and any sub-contractor comply with national laws and regulations

6.16. Environmental Protection Agency

The EPA oversees the effective management, conservation, protection and improvement of the environment and takes the necessary measures to ensure the prevention and control of pollution, assesses the impact of economic development on the environment and the sustainable use of natural resources. The Agency was established in 1996 by the Environmental Protection Act and is responsible for the development and enforcement of national environmental legislation which seeks not only to protect the natural environment but also the health and wellbeing of human beings and other living things. The agency also has an advisory role to advise the Government of Guyana on matters pertaining to the development and implementation of environmental policies and standards. Its regulatory mandate also makes provisions for undertaking the inspection and enforcement of matters dealing with the environment, conservation and natural resources and administers the environmental permitting process in Guyana.

The EPAs role will be to monitor and advise the project throughout the various development stages, ensuring the project is compliant with local environmental regulations and standards.

6.17. Regional Agencies

The responsibility for the delivery of health services is a primary responsibility of Regional Democratic Councils (RDCs). The management of health facilities at the regional level, their budget and expenditures are done by the Regional Executive Officer (REO). While the Regional Health Officer (RHO) has oversight of all primary health care facilities and district/regional hospitals, the Regional Health Authority Board is the overarching body that sets the mandates of the regional health landscape with direction from the Minister of Health; these agencies coordinate efforts to ensure efficient health sector interventions.

6.18. Regional Democratic Councils

The Regional Democratic Council (RDC) is the body responsible for local government and administration in the administrative Region and has a mandate to:

- To support the administration of all services required within its boundaries (services such as health, education and public works among others). In this regard, relevant duties of RDCs include maintaining and protecting public property, protecting and improving the physical environment, and improving living and working conditions.
- To coordinate the activities of the Local Democratic Councils and provide such cooperation and support as required. It should be noted that the RDC has some 48 powers delegated to it by the Minister responsible for Local Government.
- To develop regional facilities, as it deems necessary.
- To identify economic (revenue-earning) projects and assist the Administration in executing works necessary for the development of the region.

6.19. Gender Affairs Bureau

The Gender Affairs Bureau is the national body within the Ministry of Human Services and Social Security

with responsibility for the formation, implementation, and monitoring of policies to promote gender equality and social inclusion. It also serves in an advisory capacity on gender Affairs to established bodies such as the Women and Gender Equality Commission, Regional Gender Affairs Committees, and the Inter-Ministry Gender Focal Point Committee. This department addresses issues affecting men and boys, women and girls; and its principal area of discussion has been gender equality and the empowerment of women.[205]

6.20. Women and Gender Equality Commission

The Women and Gender Equality Commission was established under section 212G of the Constitution of Guyana and is tasked with supporting the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the fulfilment of the Sustainable Development Goals.[206]

It also promotes gender mainstreaming in all policies and programs, provides opportunities for education of women and men on the benefits of gender equality and ending gender-based violence. The commission has recommended the use of evidence-based data, timely policy, and legislative initiatives to uphold women's rights and gender equality.[207]Another critical function of the commission is the evaluation of systems of personal family law, customs and practices or any law likely to affect gender equality or the status of women and make recommendations to the National Assembly.[208]

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Another critical function of the commission is the evaluation of systems of personal family law, customs and practices or any law likely to affect gender equality or the status of women and make recommendations to the National Assembly.[212]

7. Indigenous Peoples – National Situation

The indigenous peoples of Guyana are known colloquially as Amerindians. There are nine (9) Amerindian peoples in the country, namely, the Akawaio, Arawaks, Arekuna, Carib, Makushi, Patamona, Wapishana, Wai Wai and Warrau.[2]

[205] Data obtained during interview with Mr. Adel Lilly Manager, Gender Affairs Bureau, Ministry of Human Services and Social Security
[206] https://wgec.gov.gy/about/
[207] ibid
[208] ibid
[209] Data obtained during interview with Mr. Adel Lilly Manager, Gender Affairs Bureau, Ministry of Human Services and Social Security
[210] https://wgec.gov.gy/about/
[211] ibid
[212] ibid

They are the descendants of the first people who inhabit various geographical zones in the northern part of South America. Some groups were coastal dwellers while others lived mainly in the rain forest, savannahs and mountains of the interior. Today most of the indigenous communities are situated in the interior of the country and now constitute about 9.1 percent, or approximately 70, 000, of the total population of Guyana.

Despite rapid changes in many areas of the interior, most Amerindians continue to operate mainly outside the cash economy and are still dependent on a subsistence way of life which includes farming, fishing and hunting.

However, in their efforts to earn cash incomes some village leaders (Toshaos) have reached contractual arrangements with loggers, saw millers and gold miners to exploit timber and gold from their villages for a royalty fee. The royalty must be 7 percent or higher according to the Amerindian Act of 2006.

Beginning in the early 1980s, the growth in gold and diamond mining has attracted many Amerindian males. Many males have abandoned their villages to work in mining operations affecting the social structure of the village as women and children are left alone for prolonged periods. Agriculture, the traditional subsistence activity of villages is affected by the absence of men.

Gender relations and roles are impacted as women are now expected to undertake most of the responsibility within their villages when men leave to work in the mining sector.

215 indigenous communities in Guyana now have legal title to their collectively held lands. These holdings total some 29,000 square kilometres or 13.9 percent of the national territory. This area includes nearly 4 million acres of forested land that is legally under the control of indigenous peoples.3 The land titling process is currently being undertaken with assistance from the United Nations Development Programme (UNDP).

The issues facing indigenous groups of Guyana are related to lack of empowerment, their marginal status within the overall society and the affect this has on their self-determination as indigenous people. Impoverished indigenous women and children are particularly at risk of being lured to mining and lumber camps deep in the interior with promises of employment and end up being forced into prostitution through debt bondage, intimidation or abuse. There is also the issue of human trafficking of indigenous women and girls in and around mining camps.

Access to education and health care in Amerindian communities is limited, however the stated government policy is to provide indigenous children with the same health and educational opportunities available to the rest of the population. The government has been making strides to improve the delivery of education and health care through improvements in access to internet, training of health care assistants.

The GOG also has a basic universal health care policy in which all citizens should have access to free basic health care. In the case of hinterland residents, the government transports residents to the capital and regional health care centers to access services not available in their communities through medevac services. The Situational Analysis of Women and Children in Guyana (2016) shows that indigenous women and children have lower access to education and health compared to other groups. Further, limited health care services and the deterioration of their physical environment by activities such as mining predispose Amerindians to risks of worsened illnesses.

8. Summary of Social and Environmental Assessment and Mitigation Measures

The Socio-cultural impacts associated with the project are mostly negative and are likely to occur during the construction phase of the project these impacts are as follows:

Table 6: Indigenous Specific Risks and Mitigation Measures

Impact Area	Risk	Mitigation
Governance and Customary Law	Undermining Village/Town Council authority if project decisions bypass traditional governance processes	Route any project decision that could potentially affect the community through Village / Town Council;
Territorial Integrity and Sourcing of Materials	Encroachment on Indigenous Land for construction or material sourcing without consent	Maintain FPIC for all land use; maintain agreed boundaries; prohibit unauthorized resource extraction; Enter into formal agreements through the Village / Town Councils with regards to sourcing of materials.
Traditional Economy and Livelihoods	Disruption of agriculture, fishing, hunting, and foraging due to restricted access or environmental impacts.	Prohibit the hunting or harvesting of critical animals or species. Schedule works to avoid / prohibit any harvest/hunting of critical animals.; prioritize Indigenous suppliers for goods and services, where applicable.
Cultural Autonomy in Health	Risk of replacing traditional healing practices without integration into hospital operations	Incorporate culturally appropriate design into the new hospital;
Language and Knowledge Systems	Loss of Indigenous language use in healthcare and project communications	Translate hospital and project information into any local languages, as required;
Climate Change Vulnerability	Flooding or weather extremes affecting hospital access, resource availability and livelihoods.	Integrate climate-resilient design into the hospital and its environs; plan for emergency access routes; store emergency medical and food supplies.

Table 7: Indigenous Specific Opportunities and Enhancement Measures

Category	Opportunity / Benefit	Enhancement Measure	Monitoring
Governance and Participation	Strengthened role of Village Councils in project oversight and decision-making	Ensure Village / Town Council participation in decision-making and resolution processes as it relates to the community.	The Ministry of Heath will document in the project's environment and social compliance report, the number of decisions making and resolution process every quarter.
Economic Inclusion	Job creation and income opportunities for Indigenous men, women and youth	Prioritize Indigenous workers in recruitment and procurement, where applicable; provide skills training	The contractor will report at part of the monthly ESHS reports, the number of indigenous workers recruited, number of indigenous suppliers/service providers contracted, and number of training sessions conducted.
Cultural Integration in Health Services	Increased trust in healthcare services through recognition of traditional practices	Integrate culturally adaptive health education and treatment approaches; integrate cultural appropriate design into the hospital.	The Ministry of Health will document in the project's environment and social compliance report, the type of indigenous people's health education, treatment and design approaches have been integrated into the hospital
Language and Communication	Preservation and use of Indigenous languages in service delivery and community engagement	Translate project and hospital materials into local languages, as required.	The contractor will supply to the Ministry of Health copies of training materials, code of conduct, GRM protocol in the various languages (Chinese, Spanish, Portuguese etc).
Climate Resilience	Increased preparedness for climate-related risks through Indigenous knowledge and practices	Incorporate Indigenous knowledge into hospital site design, flood prevention, and emergency access planning.	Update the ESMP with flood prevention and emergency access measures.

Table 8: IPP Action Plan

Objective	Action	Timeline	Responsibility
Ensure inclusive participation	Engage Town Council and community reps through all stages	Start to closeout	PEU, MOH
Protect cultural heritage	Avoid sacred sites; involve Town Council in site screenings	Before construction, during	Contractor, PEU
Promote Indigenous Employment	Maintain hiring targets of up to 60% for local Indigenous labour.	Construction phase	Contractor
Prevent SEA/SH/GBV	Culturally adapted GBV Action Plan	Ongoing	PEU, MOH, Contractor
Support traditional practices	Recognize traditional medicine practices, where applicable	Operations phase	MOH
Ensure effective communication	Translate materials and use visual/oral tools, where required	Throughout	PEU, MOH, Contractor

8.1. Positive Social Impact Analysis

The project is likely to induce lasting positive impacts; these will occur during the operation phase of the project. During the construction phase one positive impact that is likely to occur is job creation.

8.1.1. Construction Phase

Job Creation: During the Construction phase of the project, it is anticipated that community members (men and women) will be able to access jobs with the project. The project will require labourers and specialists with technical skills such as ransom operators, excavator operators, surveyors, traffic controllers, cooks, flaggers, etc.

Cultural Pluralism: Guyana is an ethnically plural society and the project is expected to employ labour from China. The mix of local and migrant labour force can foster greater appreciation of culture, through the exchange and ideas and skills between members of the Chinese and Guyanese labour force. Individuals from different cultural backgrounds may have unique ways of thinking, behaving, and interacting, and an appreciation for these differences can impact project outcomes both negatively and positively.

8.2. Operational Phase Impacts

During the operational phase/ post-construction phase of the project, the Healthcare Network Strengthening Project is expected to yield tremendous social and economic benefits for members of the project area and the country at large as well as Guyana's northwestern neighbor Brazil, these impacts include:

Improved Health Care: With the new hospital residents of Guyana and Brazil will be able to experience improved health care, Guyanese will no longer need to travel to Brazil to access services that were previously unavailable in the region. The hospital will further bridge the relationship between Guyana and Brazil, as Brazilian nationals residing in Guyana and Brazil will also be able to access holistic health care services in Guyana.

8.3. Participation, Consultation and FPIC Processes

The Principle of Free, Prior and Informed Consent (FPIC) aims to address the historical trauma and denial of the rights of Indigenous peoples globally. This principle upholds that indigenous people must be upheld by duty bearers (the State). States must ensure that all parties whether state agencies or private companies obtain indigenous people's FPIC before the commencement of any form of development activities, and moreover activities that require the use of indigenous lands and resources, or impact their economic, social and cultural lives, for example in the issuance of concessions, and before the commencement of related activities in or near their territories or impacting on the enjoyment of their rights.

In fact, Article 27 of the International Covenant on Civil and Political Rights (ICCPR) and Article 15 of the International Covenant on Economic Social and Cultural Rights (ICECSR), both affirm the indigenous People's right to self-determination applicable to support the demand for FPIC: "Respect the principle of free, prior and informed consent of indigenous people in all matters covered by their specific rights."

The Committee on Elimination of Racial Discrimination (CERD) clarified that securing

Indigenous People's rights, including their property, in a non-discriminatory manner necessitated that decisions directly relating to (Indigenous People) rights and interests are taken with their informed consent. The UN Declaration on the rights of Indigenous Peoples of 2007 have placed emphasis on the requirement to obtain FPIC in relation to projects impacting on Indigenous Peoples.

The ILO Convention 169 recognizes indigenous people's collective land and participation rights and affirms a strong procedural requirement for consultations which must have 'the objective of achieving …consent". In addition, these consultations must be undertaken in good faith and in a form appropriate to the circumstances. The project engagement approach of this report is a detailed description of the attempt to undertake good faith consultations with a broad objective of achieving consent of the community prior to the beginning of the project and continuous throughout the life of the project.

Consultations with various stakeholders were carried out during the feasibility and ESCIA Assessment Stages of the project, and during project implementation. Further consultations are expected to occur with the community on the hospital construction and its risks and impacts. Project stakeholders can be classified into two groups beneficiaries, recipients or receivers of services, and project affected persons, those persons that can be impacted either positively or negatively by the project.

The list of stakeholders consulted on specific issues is provided in Table 9 and date of consultations in Table 10.

Table 9: Stakeholders Engaged

stakeholder	Designation	Issues Discussed	Date
Dr. Cerdel McWatt	Regional Health Officer	Regional Health Officer	
Mr. Brian Allicock	Regional Chairman	Regional Administration	
Ms Keisha Williams	Town Clerk	Regional Administration	
Ms Indira Singh	Deputy Mayor	Regional Administration	
Kateri Joseph	Regional Education Officer	Education	
Tanis Boston	Child Protection Officer	Social Protection	
Deanna Ferrera	Social Protection Officer	Social Services	
Professor Opedayi	Director GOAL	Education	
Jason Wilson	Ministry of Amerindian Affairs	Regional Administration	
Trudy	Small Business Bureau	Business Environment	
Mr. Wong	President Rupununi Chamber of Commerce	Business Environment	
Amerissa Barker	Visit Rupununi	Tourism and cultural landscape	
Mohammed Ally	Deputy Commander of Police	Security of the region	
Kennedy Bento	Tosaho- Rukumuta	Social Impacts and mitigation and social Benefits of the project	
Ivor Daniels	Toshao- Annai	Social Impacts and mitigation and social Benefits of the project	
Arnold Bartholomew	Toshao- Massara	Social Impacts and mitigation and social Benefits of the project	
Kevin Edwards	Senior Councilor- Kwaimatta	Social Impacts and mitigation and social Benefits of the project	
Ozias James	Toshao-Apoteri	Social Impacts and mitigation and social Benefits of the project	
Gillian Rodrigues	CDC- Chair- Aranaputa	Social Impacts and mitigation and social Benefits of the project	
Timothy Williams	Toshao- Aishalton	Social Impacts and mitigation and social Benefits of the project	
Daniel Aguilar	Toshao- Maruranau	Social Impacts and mitigation and social Benefits of the project	
Roxanne Beck	Toshao- Awarewaunau	Social Impacts and mitigation and social Benefits of the project	
Apollos Issacs	Toshao -Karaudarnau	Social Impacts and mitigation and social Benefits of the project	
Russian Dorrick	Toshao- Yupukari	Social Impacts and mitigation and social Benefits of the project	
Jose Charles	Senior Councilor, Fly Hill	Social Impacts and mitigation and social Benefits of the project	
Nilas Vincent	Senior Councilor, Kaicumbay	Social Impacts and mitigation and social Benefits of the project	
Wilson Lorentino	Tosaho- St. Ignatius	Social Impacts and mitigation and social Benefits of the project	
Linda Fredericks	Senior Councilor, Kumu	Social Impacts and mitigation and social Benefits of the project	
Martin Anthony	Senior Councilor, Quarrie	Social Impacts and mitigation and social Benefits of the project	
Alex Augustine	Toshao- Sand Creek	Social Impacts and mitigation and social Benefits of the project	
Nicolas Fredericks	Toshao-Shulinab	Social Impacts and mitigation and social Benefits of the project	
Ronald Ignatius Jr.	Senior Councilor Quiko	Social Impacts and mitigation and social Benefits of the project	

Meaningful consultations were conducted at various stages of the project to ensure that the project was able to garner input from project stakeholders. Consultations afforded the project to outline its assessment of impacts, outline mitigation plans, and garner input from community members about potential impacts, mitigation and grievance procedures.

Consultations also allowed community members to express their views on the project and make suggestions for improvements in aspects of the project. Contributing to the development of the final social assessment, mitigation, and grievance plans.

It also allowed the Project team to disclose information about the project's development plans and components.

The villages consulted during this stage of the consultations included those villages that are directly impacted by the project through their dependence on the regional hospital for support. These villages are the villages that are equipped with district hospitals. A total of 19 villages were consulted using key informant interviews (KIIs) and focus group discussions.

The Toshaos assisted in the coordination of community consultation meetings. These meetings were clustered to ensure maximum participation at the village level, taking into consideration logistics of the various localities. Ahead of village meetings, the Toshaos of the various villages participated in one-on-one discussions and in some instances, a group meeting where they received high-level information on the project and were able to ask clarifying questions. They also received a copy of the social and environmental presentation to help inform their discussions with their communities.

Table 10: Public Consultations

No	Venue	Date	Number of Participants	
			Male	Female
1.	Lethem	April 14, 2025	5	4
2.	Authur Chung Convention Center	May 22, 2025	16	3
3.	Regional Health Administration Building, Lethem.	July 4, 2025	21 participants. Gender data not collected.	
4.	Guyana Forestry Commission	July 1, 2025	-	1
5.	Small Business Bureau	June 9, 2025 June 24, 2025	-	1
6.	Ministry of Human Services and Social Security	May 8,2025 May 22, 2025	-	2
7.	Regional Executive Officer	July 18, 2025	1	-
8.	GOAL	May 22, 2025	1	-

Table 11: Summary of Perceived Benefits and Expressed Concerns

Date of Consultation	Participants	Method	Perceived Benefits	Expressed Concerns	How feedback was addressed
January 2023	Hospital staff and management	Project specific engagement for Baseline Assessment	Improved supply of healthcare services locally;	Disruption of services	Design of the new hospital does not disrupt the existing hospital.
January 2023	Community members, Town Council, Business Commerce	Project-specific engagement for Baseline Assessment	Increased business opportunities for local vendors; Enhanced healthcare services and emergency care; Infrastructure improvements.	Increased demand for local resources (water, electricity); Safety concerns with workforce; Potential social conflicts.	Dedicated worker camps equipped with independent water/sanitation; GRM established for reporting safety issues and incidents;
July 2025	Town Council, Hospital management and staff, community members and residents	Project-specific engagement on temporary workers camp	Temporary jobs and incomes for locals; Strengthened collaboration with the project team;	Environmental impacts on rivers, trees; Concerns about health and safety risks; Worker influx.	Health and Safety Plans for both worker and community developed; Worker Influx Plan developed and shared with the Town Council prior to consultations as part of the notice for consultations.
2024 (ongoing)	Indigenous youth, women	Key informant interviews and focus groups	Improved access to training and capacity building; Opportunity for community development projects; Resource agreements;	Unequal access to employment; Potential social disruption with the influx of workers; GBV;	Gender action plan developed; GRM is developed and functional;

Grievance Redress Mechanism

The Ministry of Health's Grievance Redress Mechanism is developed and operational. It will be in effect for the lifecycle of the project and will govern all grievances related to community members and Project workers alike. GRM forms can be accessed at https://health.gov.gy/wp-content/uploads/2025/06/HCNS-PROJECT-GRIEVANCE-REPORT-FORM-test.pdf.
Additionally, stakeholders can contact the Inter-American Development Bank to report grievances at https://www.iadb.org/en/who-we-are/file-complaint.

Monitoring and Reporting

Table 49: Monitoring and Reporting

Monitoring Indicators	Basis of Indicators
Stakeholder Engagement	• Number of Stakeholders by age, gender • Number of Consultations and Participation activities that occur, meetings, information dissemination, brochures, flyers, training • Percentage of women trained
Grievance Redress Mechanism	• Total number of people using grievance redress procedure • Number of grievances received • How many times have community members submitted grievances • Number of grievances resolved • Length of time taken to resolve grievances