
STAKEHOLDER CONSULTATION REPORT



February 9, 2024

**SUPPORT FOR THE HEALTH
SYSTEMS STRENGTHENING
PROGRAMME FOR THE
PREVENTION AND CARE
MANAGEMENT OF NON-
COMMUNICABLE DISEASES**

Loan No.: JA-L1049

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Civil Works to Spanish Town Hospital

GOAL:

Stakeholder engagement strategy aims to foster meaningful interactions, build trust and achieve positive outcomes.

SUMMARY:

The stakeholder consultation session was held on **February 9, 2024**, at the Spanish Town Hospital. During the session, the team provided updates on the status of the civil works for the Spanish Town Hospital renovation and expansion project. This included details about the signed contract, which took place on **January 16, 2024**, with the contractor being **Jiangsu Zhenuai Construction Group Co. Ltd.** The session was well attended, with approximately **97 persons** physically present and **138 persons** participating online (see **Annex III**). Following the presentations, various stakeholders posed questions to the panel, and appropriate feedback was provided (see **Annex IV**). The entire meeting lasted approximately **two hours and twenty-four minutes**

OBJECTIVES:

The objectives of the stakeholder (external, internal and other) engagement are as follows:

- To ensure timely provision of relevant and understandable information;
- To create a process that provides opportunities for stakeholders to express their views, concerns and complaints and allow the MOHW to respond to them;
- Maintain awareness of safety and environmental issues among staff, patients, local communities and other interested parties in the vicinity of the Project;
- Manage and monitor the effectiveness of any corrective actions implemented because of stakeholder concerns or complaints during Project activities;
- Manage and report on the closing of stakeholder concerns and complaints; and
- Stakeholder engagement will include an on-going communication process based on:
 - Public disclosure of appropriate information to enable meaningful, accessible and continuous communication via consultation with stakeholders,
 - Meaningful consultations with potentially affected parties.
 - A procedure by which people can make comments or complaints.

PRESENTERS:

- Minister of Health and Wellness- Dr. The Hon. Christopher Tufton, MP
- Programme Manager- Mr. Orett Clarke
- Project Manager- Infrastructure Investments- Mr. Gene Shaw
- Environmental Health and Safety Specialist-Mr. Cleve Henry
- Social Specialist- Mrs. Grace-Ann Scarlett-Duncan

PROJECT OVERVIEW

Civil Works for the Spanish Town Hospital Renovation and Expansion

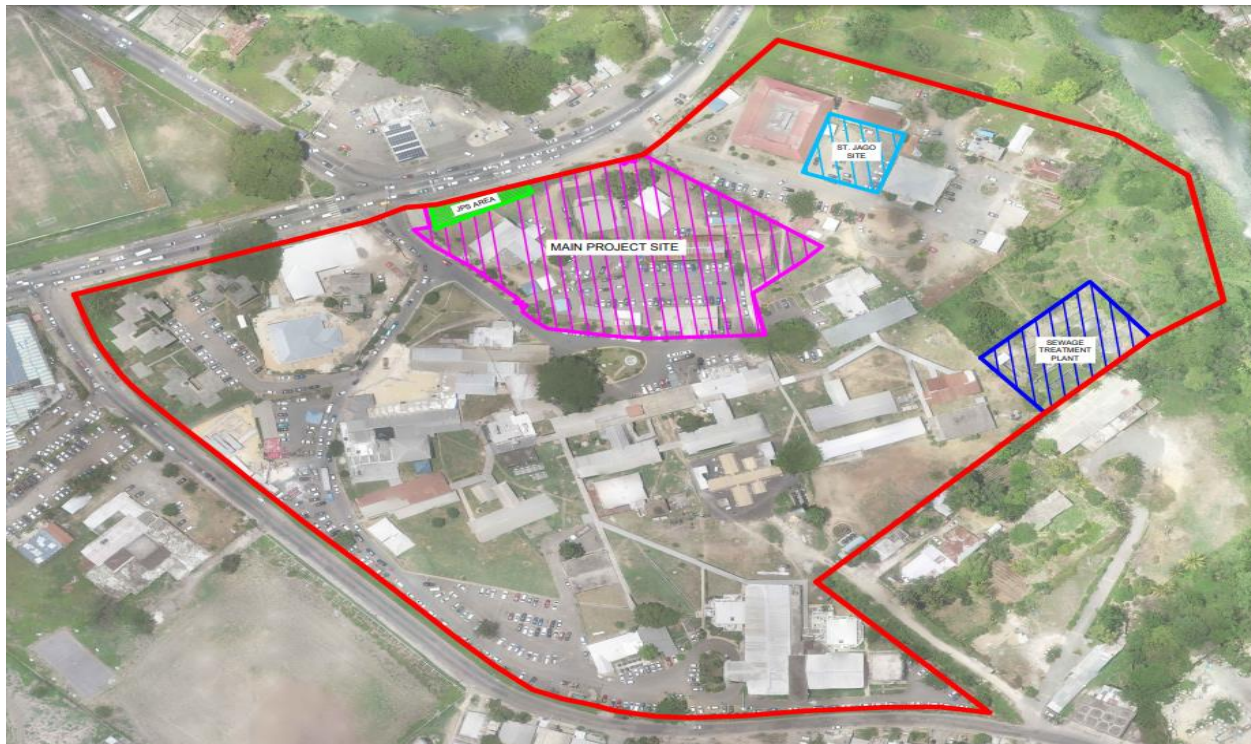


Fig. 1 Location of STH Projects

Spanish Town Hospital will receive the largest infrastructure works of the HSSP. The proposed new building encompasses the construction of a six-storey modern facility with an estimated area

of 17,633.68 sq. m., which will include several points of access for staff and patients, a basement (car park and access) and a skywalk to link the existing wards.

The six-storey facility will incorporate areas for accident and emergency, radiology department (x-ray, CT scanning, ultrasound, MRI & mammography), outpatient services, pharmacy, endoscopy unit, surgical suite, 4 bed wards (90 beds), intensive care unit, high dependency unit, laboratory, central sterile service department (CSSD), medical records, staff lounge area and underground staff parking.

This new building will be located at the northeastern part of the existing facility, which currently hosts several scattered buildings of varying sizes that will require demolition and temporary relocation of some of the existing hospital services that takes place in these areas. Some of these existing services include a day-care centre, a pharmacy, a laboratory, nursing quarters, maintenance storage, staff parking and a number of both underground and overhead utility services to facilitate the proposed construction.

The main entrance is orientated to the south, which provides easy access from the parking lot and the other buildings on the plot. An independent entrance to the Pharmacy and Outpatient department is located next to the main entrance. Additional separate entrances for patients and ambulances will directly lead to the Accident and Emergency department. A staff entrance is proposed on the north side that is going to be accessible only with appropriate identification card reader.

Services in the New building will include:

- i. Accident & Emergency Wing (Ground Floor)- With Ambulatory and Ambulance Bay, Triage rooms, Consultation rooms, Patient wards, Isolation rooms, Trauma Shock rooms, Doctors and Nurses change, lounge and lunch areas. Waiting and reception areas with front desk, cashier and toilets.
- ii. Radiology Department (Ground Floor) - MRI Scan rooms, CT Scan rooms, X-ray, Mammography rooms, Ultrasound rooms and services associated. Staff area, doctor's area. waiting and reception areas with front desk, cashier and toilets.

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- iii. Pharmacy (First Floor)- Waiting and reception areas with front desk, cashier and Toilet facilities, lift and staircase and ramp access to the public. Drugs preparation areas, staff areas, storages, offices and training areas.
 - iv. Out-patient Department (First Floor) - Waiting and reception areas with front desk, cashier and toilets, ECG, Catheter Room, Plaster room, Phlebotomy room, 4 independent clinics with their own Nurse's Station, sub waiting spaces and toilets. Special clinics, staff areas, doctor's lounge and ramp, lift and staircase access to the public.
 - v. Surgical Floor (Second Floor) - 2 separate waiting, reception areas. Day surgery wing with Endoscopy, Colonoscopy, Gynae Outpatient OT, Minor OT and services, staff areas, storerooms and staff lounge. Operation theatres 6 in number with all the necessary services. patient prep areas, recovery area, storage and doctors' room, nurses' room, change and toilets. In addition to this, there is a central sterile services department to facilitate both the wings on this floor.
 - vi. Patient Wards, ICU - Multiple general wards and special wards for patients, ICU/HDU wards and special isolation rooms with necessary services, staff areas, lounges, waiting, reception and toilets for visitors.
 - vii. Laboratory - A separate wing for laboratory services, with Immunology, Haematology, Serology Labs and Blood Bank with necessary services, staff areas, lounges, waiting, reception and toilets for visitors.

STAKEHOLDER IDENTIFICATION AND ANALYSIS

The stakeholders invited to this consultation session included the management and staff of the Spanish Town Hospital, as well as members from the St. Catherine Health Department and the management team for the South Eastern Regional Health Authority. The staff complement at the Spanish Town Hospital encompasses various roles, such as administration, patient affairs, nurse management, accounts officers, and health records. Additionally, the hospital houses several departments, including psychology, physiotherapy, pathology, general surgery, laboratory, and pharmacy services. It's worth noting that the staff members are also drawn from the communities around the project area and will also be representing the interests of their respective communities.

Other Stakeholder Groups invited:

- 1) National Environmental Planning Agency
- 2) National Works Agency
- 3) Social Development Commission
- 4) Jamaica National Heritage Trust
- 5) St. Catherine Municipal Council
- 6) Ministry of Health Environmental Unit
- 7) Jamaica Constabulary Force
- 8) St. Catherine Chamber of Commerce
- 9) Ministry of Health & Wellness / Environmental Health Unit

(See Appendix for Stakeholder Register and Analysis)

ENGAGEMENT STRATEGIES

To promote the event, we utilized various channels, including the MOHW website, notice boards, emails, WhatsApp messages, and meetings with the Parish Manager and Senior Medical Officer. Additionally, we promoted the meeting during staff meetings and distributed a fact sheet about the project. A comprehensive flyer was also created for the event, containing essential information such as the purpose of the meeting, date, time, location, and contact details for the MOHW and specific departments (PEU) (see attached flyer).

Furthermore, we developed a communications plan with clear timelines to facilitate stakeholder engagement. This plan will be continuously adjusted to sustain ongoing engagement activities (see attached document).

While we anticipate minimal conflicts during the consultation, as a precaution, we have invited local police to all sessions to promptly address any issues that may arise.

RISKS

One of the main risk mitigation measures is **stakeholder involvement**. Meaningful consultations with project stakeholders will be conducted throughout the implementation period and also during the operation phase.

The announcement of the Local Government Election scheduled for **February 26, 2024**, poses a significant risk to the project at present. As a workaround, we have adjusted the event dates and reduced community engagement activities during the month of February.

MONITORING AND EVALUATION

An attendance register was used to record the number of individuals attending, which will also serve as a baseline for measuring any increase or reduction in attendance during future sessions. Additionally, suggestion boxes were employed at the event to collect feedback, which will be carefully reviewed and addressed as necessary.

MEETING PROCEEDINGS

INTRODUCTION AND WELCOME

The Minister of Health and Wellness delivered greetings and opening remarks, encouraging the Spanish Town Hospital workers to embrace change, actively participate **in the consultation process, and** exercise patience **during the construction phase.**

I. PRESENTATION ON THE HSSP AND CIVIL WORKS TO SPANISH TOWN HOSPITAL – ORETT CLARKE, PROGRAMME MANAGER

The **Health Systems Strengthening Programme (HSSP)** in Jamaica aims to enhance the well-being of the population by focusing on two critical aspects:

1. **Comprehensive Policies for NCD Prevention:** The program emphasizes the development and implementation of robust policies to prevent risk factors associated with Non-Communicable Diseases (NCDs). These policies address lifestyle factors such as diet, physical activity, inter alia.
2. **Upgraded and Integrated Health Network:** The HSSP seeks to improve access to healthcare services by enhancing both primary and secondary health networks. This includes upgrading facilities, integrating services, and emphasizing chronic disease management. The goal is to provide more efficient and higher-quality care.

The recent presentation highlighted the benefits of a new construction project at the **Spanish Town Hospital**. Here are the key points:

-
- **Project Duration:** The project spans **forty (40) months**, divided into three phases:
 - **Construction:** A twenty-four (24)-month **period for building the new facility**.
 - **Equipping and Furnishing:** **An additional** eight (8) months **to ensure the hospital is fully equipped**.
 - **Operationalization:** **The final** eight (8) months **to make the hospital fully functional**.
 - **Stakeholder Involvement:** The roles and responsibilities of various stakeholders were emphasized. These include the **Contractor**, the **Ministry of Health and Wellness (MOHW)**, the **Spanish Town Hospital Management Team**, and most importantly, the **patients**. This integrative approach ensures that everyone contributes to the success of the project.

The redevelopment of Spanish Town Hospital represents a significant investment in public health infrastructure, benefiting the people of St. Catherine and its environs. It is a crucial milestone in Jamaica's efforts to strengthen its health system and improve services for the growing population. The new hospital building will enhance patient care, and its completion will mark a major achievement in the nation's history

II. ENVIRONMENTAL AND SOCIAL PERFORMANCE STANDARDS- GENE SHAW, PROJECT MANAGER- INFRASTRUCTURE INVESTMENTS

This presentation highlighted the ten (10) Environmental and Social Performance Standards that will guide the project. Emphasis was placed on the standards applicable to this project (see appendix for presentation). These are:

- 1) Assessment and Management of Environmental and Social Risks.
- 2) Labour and working conditions.
- 3) Resource efficiency and pollution prevention.
- 4) Community Health, Safety and Security.
- 5) Land Acquisition and Resettlement.
- 6) Biodiversity conservation and sustainable management of living natural resources.
- 7) Indigenous people.
- 8) Cultural heritage.
- 9) Gender equality.
- 10) Stakeholder engagement and information disclosure.

III. ENVIRONMENTAL HEALTH AND SAFETY- CLEVE HENRY, ENVIRONMENTAL HEALTH AND SAFETY SPECIALIST

This presentation introduced the relevant frameworks that the project is guided by including the IDB's Environmental and Social Policy Framework.

The following impacts and their mitigation were presented:

- 1) Noise
- 2) Dust
- 3) Vibration
- 4) Biological
- 5) Heritage
- 6) Solid Waste-
- 7) Health and Safety
- 8) Security
- 9) Transportation and Traffic
- 10) Aesthetics

(see appendix for presentation)

IV. ENVIRONMENTAL AND SOCIAL PERFORMANCE SAFEGUARDS- GRACE ANN SCARLETT-DUNCAN, SOCIAL SPECIALIST

Details on the Performance Standards that apply to the project were presented:

PLANS

- 1. The Livelihood Restoration Plan:** To provide livelihood support to vendors and persons impacted by the project, with the long-term goal of improving their economic conditions, enhancing their social inclusion, and promoting their formalization and access to rights, (See attachment for further details highlighting how the plan was adapted.)
- 2. Grievance Redress Mechanism Plan-** The Grievance Redress Mechanism aims to establish and maintain a harmonious relationship between the stakeholders (both internal and external) and the Project. A Claims and Complaints Absolution Program (CCAP) will be implemented as part of a Grievance Redress Mechanism (GRM) whose general objective is to create a system that allows stakeholders, who are perceived to be affected or harmed by any aspect of the Project, to document their complaints and in turn, receive a timely response, (See attachment for further details highlighting how the plan will be implemented).

Table 4-2 Grievance Procedure

Grievance Procedure	Timeline
Receiving and registering the complaint	1 day
Determine merit of the complaint and acknowledgement of complaint	2 days
Investigation of complaint by the CCAP	5 days
Determination (and approval) of appropriate solution/response	1 day
Communication on the resolution to the complainant	1 day
Receive and acknowledgement of appeals by complainant (where solutions are not satisfactory) and subsequent review by Supervisory Committee	2 days
Activate arbitration mechanisms if necessary	1 week
Resolution of Issue	1 week
Updating of Grievance Log	1 day

Table 4-2 Public Grievance Form

PUBLIC GRIEVANCE FORM	
Reference No:	
Full Name	
Contact Information	By Post: Please provide mailing address:

Please mark how you wish to be contacted (mail, telephone, e-mail).	_____

	By Telephone: By E-mail
Preferred Language for communication	English Patios Other
Description of Incident or Grievance: What happened? Where did it happen? To whom did it happen? What is the result of the problem?	
Date of Incident / Grievance	One time incident/grievance (date) Happened more than once (how many times?) On-going (currently experiencing problem)
What would you like to see happen to resolve the problem?	

-
- 3. Stakeholder Engagement Plan-** Designed to ensure effective engagement with local communities and other key internal and external stakeholders during the pre-construction, construction and operation phases. In order to establish and maintain equity and transparency for all stakeholder groups, it is essential to prepare information to be disclosed in advance, and in a format adapted and suitable to the different stakeholder groups, (See attachment for further details highlighting how the plan was adapted).

NEXT STEPS

- 1) Establish a Safety Committee to address construction activities and mitigate potential impacts.
- 2) Implement a waste management plan and ensure proper disposal of waste.
- 3) Increase security measures and implement regular security protocols.
- 4) Implement traffic management plans to minimize congestion and ensure unobstructed access to the Hospital, especially for emergency response vehicles.
- 5) Provide support and guidance to vendors and Project Affected Persons (PAPs) impacted by the construction.
- 6) Enhance communications on the Grievance Redress Mechanism Plan to address complaints and ensure corrective actions.
- 7) Ensure awareness of the Sexual Harassment Act of 2021 and provide more education/sensitization on how to file complaints.
- 8) Host more Stakeholder's engagement sessions as per plan.
- 9) Contractor to update C-ESMP.
- 10) Conduct workshops with Regulatory Agencies, Contractor, Construction Supervision Firm, Technical working Group, Communities.

CONCLUSION

Building and running the enlarged Spanish Town Hospital will serve as a national model. A lot of work is being done to maintain and grow the enthusiasm and involvement of communities and stakeholders in the project. We are aware of the risks involved in implementing this project, and several risk mitigation strategies are being considered.

Given the foregoing, one of the main risk mitigation measures is **stakeholder involvement**. Meaningful consultations with project stakeholders will be conducted throughout the implementation period and also during the operation phase. These consultations are expected to capture the views and perceptions of the communities/stakeholders who may be affected or have an interest in the development of the project, and provide a means to take their views into account as inputs for mitigation measures to improve project implementation.

Plans are underway to provide an organized procedure for monitoring project participants during execution and operation. There will be data recording and analysis done at these consultation meetings. With the goal of ongoing improvement, all paperwork created for and during these discussions shall be regarded as live documents.


ANNEXES

- I. Event Invite
- II. Agenda
- III. Event Register
- IV. Q&A Register
- V. Event Photos
- VI. Presentations
 - 1. Environmental Health and Safety
 - 2. Social Standards

ATTACHMENTS

- Livelihood Restoration and Grievance Plan
- Sensitization Plan for Stakeholder Engagement
- Stakeholders Register

I. EVENT INVITE








HEALTH SYSTEMS
STRENGTHENING PROGRAMME
Transforming Healthcare
for a better future

We would like to invite you to participate in an information meeting on the **Health Systems Strengthening Programme - Civil Works Upgrade** to Spanish Town Hospital, which will be held on Friday, February 9, 2024 at 10 am at the Spanish Town Hospital.

We want to share with you

1. Civil works upgrade to the Spanish Town Hospital
2. Potential environmental and social impacts
3. Management & mitigation measures
4. Grievance Redress Mechanism

     [HTTPS://HSSP.MOH.GOV.JM/](https://hssp.moh.gov.jm/)

Dear EHU Team,

We would like to invite you and members of your team to participate in an information meeting on the Health Systems Strengthening Programme - Civil Works Upgrade to Spanish Town Hospital, which will be held on Friday, February 9, 2024 at 10:00 am at the Spanish Town Hospital

During the meeting, the following topics will be discussed:

1. Details of the Programme and the Civil Works Upgrade to Spanish Town Hospital and main interventions (works) to be carried out;
2. Benefits associated with the operation of the Project
3. Involved parties and institutional responsibilities;
4. Outline of the applicable regulatory framework and standards of relevance;
5. Potential environmental and mitigation measures
6. Potential social impacts and mitigation measures
7. Mechanisms established to address claims and resolve conflicts; and
8. Overview of the management plans associated with the project.

The Honourable Minister Christopher Tufton will also be in attendance.

Looking forward to your participation

II. AGENDA

JA-L1049 & JA-G1005

Support for the Health Systems Strengthening for the Prevention and Care Management of
Non-Communicable Diseases Programme

STAKEHOLDER CONSULTATION SESSION

SPANISH TOWN HOSPITAL

10:00AM-10:15AM	Welcome and overview <ul style="list-style-type: none">- Terry Ann Frith, <i>Procurement Management Specialist</i>
10:15AM – 10:35AM	Opening Remarks <ul style="list-style-type: none">- Minister of Health, Dr. The Hon Christopher Tufton, MP
10:35AM-11:00AM	Overview of the Civil Works Upgrade to Spanish Town Hospital <ul style="list-style-type: none">- Orett Clarke, <i>Programme Manager</i>
11:15AM-11:45AM	Civil Works Expansion for Spanish Town Hospital <ul style="list-style-type: none">- Gene Shaw, <i>Project Manager, Infrastructure Investments</i>
11:45AM- 12:10PM	Environmental Safeguards <ul style="list-style-type: none">- Cleve Henry, <i>Environmental Health and Safety Specialist</i>
12:10PM-12:40PM	Social Safeguards <ul style="list-style-type: none">- Grace Scarlett Duncan, <i>Social Specialist</i>
12:40PM- 1:30PM	Q u e s t i o n a n d A n s w e r

Pg. 1 of 1

III. EVENT REGISTER

ONLINE PARTICIPANTS

1	Jodian Gordon-Wint (Guest)
2	G Golding (Guest)
3	Betty-Ann Campbell (Guest)
4	Conference Suite (Guest)
5	edit1 (Guest)
6	iPhone (Guest)
7	PAHO Conference (Guest)
8	Filipa Prenda (Guest)
9	iPhone (Guest)
10	iPhone (Guest)
11	sadiekee (Guest)
12	Beverley Wright (Guest)
13	Camille Burrell-Francis (Guest)
14	Aleeysha Robinson (Guest)
15	Tracy Ann Frith-Israel (Guest)
16	Shashonia Bryan (Guest)
17	Pet-gay Grant (Guest)
18	Corlette Spencer (Guest)
19	Tracy (Guest)
20	Jodian Gordon-Wint (Guest)
21	Slimmaz (Guest)
22	Dena-Kay Walters (Guest)
23	Marlene Townsend (Guest)
24	Jovan Silvera (Guest)
25	Alesia Blake (Guest)
26	Georgia Johnson-Boyd (Guest)
27	Nakesha (Guest)
28	Denise MsEnnis (St Catherine) (Guest)
29	Samsung SM-A245M (Guest)
30	Sabrina Braham (Guest)
31	Edwards (Guest)
32	Loren Warmington (Guest)
33	Raquel Sewell (Guest)
34	Paula-kay's iPhone (2) (Guest)
35	Michele's iPhone (Guest)

36	Dakeba Francis (Guest)
37	Racquel Dawkins Tracey (Guest)
38	Christine Patterson (Guest)
39	Tracy-Ann Grant -Thomas (Guest)
40	AmyKay Stout (Guest)
41	. (Guest)
42	Sharon Banbury (Guest)
43	Antonia Stewart (Guest)
44	C Green (Guest)
45	Satiere Douce (Guest)
46	Ellen Williams (Guest)
47	Jahbarie Barrick (Guest)
48	Brittanya's iPhone (Guest)
49	Simone Nivens Waul (Guest)
50	Sheri-Ann McKenzie (Guest)
51	Mrs. Robinson (Guest)
52	Cassandra Raynor (Guest)
53	T. Dean (Guest)
54	iPhone (10) (Guest)
55	Betty-Ann Campbell (Guest)
56	Mark M (Guest)
57	Swaimoi Johnson Cole (Guest)
58	Jackie James (Guest)
59	Lovina-Bele (Guest)
60	Tanesha Collash (Guest)
61	Shakira Wade (Guest)
62	Yasser (Guest)
63	Admin (Guest)
64	Crystal Davis (Guest)
65	Loren Warmington (Guest)
66	Kimone (Guest)
67	Vennesha Anderson (Guest)
68	Kimone (Guest)
69	S. Taylor (Guest)
70	alva Powell Stephenson (Guest)
71	Satiere Douce (Guest)
72	Minnel Masters-Lewis (Guest)
73	Rania king (Guest)
74	Shemone Murray-McFarlane (Guest)
75	Tanesha Thomas (Guest)

76	Vivette Lawrence DNS-LPH (Guest)
77	M King (Guest)
78	Marshabatten (Guest)
79	Amanda (Guest)
80	Jacqueline Ellis (Guest)
81	Patricia McAllister (Guest)
82	Bovette Butler (Guest)
83	Dominique Scott (Guest)
84	Loraine (Guest)
85	Swaimoi Johnson Cole (Guest)
86	Brittanya's iPhone (Guest)
87	Oraine Lynch (Guest)
88	Oria whyte (Guest)
89	Minnel Masters-Lewis (Guest)
90	Jullian Millwood-Tobin (Guest)
91	T. Beckford Blake (Guest)
92	R.M (Guest)
93	Jacqueline wilson (Guest)
94	Andrea Brown (Guest)
95	Andrea Nembhard (Guest)
96	C. Wright (Guest)
97	Karees's iPhone (Guest)
98	T. Beckford Blake (Guest)
99	Karees's iPhone (Guest)
100	Jacqueline wilson (Guest)
101	Sophia Reid (Guest)
102	Galaxy A30 (Guest)
103	Yasser (Guest)
104	Stephanie Clato-Day Scarlett (Guest)
105	Claudine Douglas Cole (Guest)
106	Nodia McLeod (Guest)
107	Jacqueline Ellis (Guest)
108	Jackie James (Guest)
109	iPhone (Guest)
110	Angella Decambre (Guest)
111	Shakira Wade (Guest)
112	winnifred Stewart-Wellington&Annette Curtis-Stewart (Guest)
113	Stacy-Ann Williams (Guest)
114	Tanesha Thomas (Guest)

115	SM (Guest)
116	Tanesha Thomas (Guest)
117	R.M (Guest)
118	Jodian Gordon-Wint (Guest)
119	Mae (Guest)
120	Dr. Sutherland (Guest)
121	sylvia Wilson foster Galaxy A30 (Guest)
122	Shellyann Hartley (Guest)
123	Alesia Blake (Guest)
124	Lennox Gordon (Guest)
125	Andrea Brown (Guest)
126	Angella Decambre (Guest)
127	Jackie James (Guest)
128	C Green (Guest)
129	Julia's iPhone (Guest)
130	G Golding (Guest)
131	Stacie Lewis (Guest)
132	Big (Guest)
133	Justin Mesquita (Guest)
134	Betty-Ann Campbell (Guest)
135	Oria whyte (Guest)
136	Tanesha Collash (Guest)
137	M King (Guest)
138	Minnel Masters-Lewis (Guest)

ATTENDANCE REGISTER



SPANISH TOWN HOSPITAL STAKEHOLDER SENSITIZATION SESSION

LOCATION: SPANISH TOWN HOSPITAL

FEBRUARY 9, 2024

Name	Phone Number	Occupation/Entity	Email Address	Signature
Gene Shaw				
JOHN URBANO				
Glenn Scarlett-Dina				
Rachel Clarke				
Jacqueline Jones				
Sashera Soars				



SPANISH TOWN HOSPITAL STAKEHOLDER SENSITIZATION SESSION

LOCATION: SPANISH TOWN HOSPITAL

FEBRUARY 9, 2024

Name	Phone Number	Occupation/Entity	Email Address	Signature
GRASPOLE D. CHRISTIE				
TerryAnn Faith				
Nasha-Ana De				
Rockelle Hobbs				
ALBERT BUCKLE				
Kens Bopke				

SPANISH TOWN HOSPITAL STAKEHOLDER SENSITIZATION SESSION

LOCATION: SPANISH TOWN HOSPITAL

FEBRUARY 9, 2024

Name	Phone Number	Occupation/Entity	Email Address	Signature
Oriel Affron				O. Affron
Michael Boudier				M. Boudier
Michael Wayde				M. Wayde
Maureen Stephens				M. Stephens
Teldra Leno				T. Leno
Jasmin Shaw				J. Shaw

SPANISH TOWN HOSPITAL STAKEHOLDER SENSITIZATION SESSION

LOCATION: SPANISH TOWN HOSPITAL

FEBRUARY 9, 2024

Name	Phone Number	Occupation/Entity	Email Address	Signature
Traevan Fearn				T. Fearn
Bradley Warrington				B. Warrington
Carol Clayton				C. Clayton
Melissa Luce-Nelson				M. Luce-Nelson
Dayna Weir				D. Weir
Fairlynn Byfield				F. Byfield

SPANISH TOWN HOSPITAL STAKEHOLDER SENSITIZATION SESSION

LOCATION: SPANISH TOWN HOSPITAL

FEBRUARY 9, 2024

Name	Phone Number	Occupation/Entity	Email Address	Signature
Stacey Ann Weir	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Francis Resper Chen	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Ann Helli	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Julette Forbes	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Collette Levesque	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Kohalele Morgan	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]

SPANISH TOWN HOSPITAL STAKEHOLDER SENSITIZATION SESSION

LOCATION: SPANISH TOWN HOSPITAL

FEBRUARY 9, 2024

Name	Phone Number	Occupation/Entity	Email Address	Signature
Christina Barnett	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Cynthia Grant	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Sandra Chan	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Michelle Tipping	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Veta McDemph	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Stephanie Dunlop-Shir	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]

SPANISH TOWN HOSPITAL STAKEHOLDER SENSITIZATION SESSION

LOCATION: SPANISH TOWN HOSPITAL

FEBRUARY 9, 2024

Name	Phone Number	Occupation/Entity	Email Address	Signature
Shakira Ellis	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
AmyKay Stout	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Deandra Dobson-Wright	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Charmaine Davis	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Eulyn Hyatt-Baileys	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Alesia Blake	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]

SPANISH TOWN HOSPITAL STAKEHOLDER SENSITIZATION SESSION

LOCATION: SPANISH TOWN HOSPITAL

FEBRUARY 9, 2024

Name	Phone Number	Occupation/Entity	Email Address	Signature
Juliet Forbes	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Judith Drackett	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Ryan Williams	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Toni Ann Dean	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Andrew Brown	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Termyne Bell	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]

SPANISH TOWN HOSPITAL STAKEHOLDER SENSITIZATION SESSION

LOCATION: SPANISH TOWN HOSPITAL

FEBRUARY 9, 2024

Name	Phone Number	Occupation/Entity	Email Address	Signature
DENNIS ROBERTSON	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Amey Walker	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Abigail Meppan	[REDACTED]	[REDACTED]	[REDACTED]	A. Meppan
Brittany Richards	[REDACTED]	[REDACTED]	[REDACTED]	B. Richards
Dimitri Lawrence	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Alie Tyle	[REDACTED]	[REDACTED]	[REDACTED]	Tyle

SPANISH TOWN HOSPITAL STAKEHOLDER SENSITIZATION SESSION

LOCATION: SPANISH TOWN HOSPITAL

FEBRUARY 9, 2024

Name	Phone Number	Occupation/Entity	Email Address	Signature
Moya Morgan-Benais	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Samuel Herr	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Beverly Barb-Bares	[REDACTED]	[REDACTED]	[REDACTED]	BB (B-Bares)
Shanelle Reynolds	[REDACTED]	[REDACTED]	[REDACTED]	S. Reynolds
Sam Gold	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Shanelle Linton	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

SPANISH TOWN HOSPITAL STAKEHOLDER SENSITIZATION SESSION

LOCATION: SPANISH TOWN HOSPITAL

FEBRUARY 9, 2024

Name	Phone Number	Occupation/Entity	Email Address	Signature
Roxan Edwards				R. Edwards
KATHIAN FISHER				K. FISHER
Eloana Wright				Eloana W
Angilee Caray				Angilee
Kaymarie Jordan				Kaymarie
MARZEN HAYDEN				M. Hayden

SPANISH TOWN HOSPITAL STAKEHOLDER SENSITIZATION SESSION

LOCATION: SPANISH TOWN HOSPITAL

FEBRUARY 9, 2024

Name	Phone Number	Occupation/Entity	Email Address	Signature
Keneisha Scott				K. Scott
Sasha-Kay Thomas				Sasha-Kay
Tareisha Barrow-Gaye				T. Barrow-Gaye
SHANAE SMITH-BRYAN				Shanae
Shelvia Lind-Torres				Shelvia
Brittany McFarlane				B. McFarlane



SPANISH TOWN HOSPITAL STAKEHOLDER SENSITIZATION SESSION

LOCATION: SPANISH TOWN HOSPITAL

FEBRUARY 9, 2024

Name	Phone Number	Occupation/Entity	Email Address	Signature
Jean Mirza Shyne	[REDACTED]	[REDACTED]	[REDACTED]	Jean Shyne
Sharmaine Nembales	[REDACTED]	[REDACTED]	[REDACTED]	S. Nembales
CHE STEVEN	[REDACTED]	[REDACTED]	[REDACTED]	CHE
Karen Reid	[REDACTED]	[REDACTED]	[REDACTED]	K. Reid
Nilsa Solomon	[REDACTED]	[REDACTED]	[REDACTED]	N. Solomon
Sheniqua Walker	[REDACTED]	[REDACTED]	[REDACTED]	Sheniqua Walker



SPANISH TOWN HOSPITAL STAKEHOLDER SENSITIZATION SESSION

LOCATION: SPANISH TOWN HOSPITAL

FEBRUARY 9, 2024

Name	Phone Number	Occupation/Entity	Email Address	Signature
Shareefah Bryce	[REDACTED]	[REDACTED]	[REDACTED]	S. Bryce
Marcellus Bartley	[REDACTED]	[REDACTED]	[REDACTED]	M. Bartley
Aletha Williams	[REDACTED]	[REDACTED]	[REDACTED]	A. Williams
Yanique Montague-Williams	[REDACTED]	[REDACTED]	[REDACTED]	Y. Montague-Williams
Shavoy White	[REDACTED]	[REDACTED]	[REDACTED]	S. White
JANSEN MONMADO	[REDACTED]	[REDACTED]	[REDACTED]	J. Monmado

SPANISH TOWN HOSPITAL STAKEHOLDER SENSITIZATION SESSION

LOCATION: SPANISH TOWN HOSPITAL

FEBRUARY 9, 2024

Name	Phone Number	Occupation/Entity	Email Address	Signature
Debbie Johnson	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Charles Anderson	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Janet Bailey	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Mickellia Henry	[REDACTED]	[REDACTED]	[REDACTED]	M. Henry
Leasha Medli	[REDACTED]	[REDACTED]	[REDACTED]	L. Medli
Kadeida Bryan	[REDACTED]	[REDACTED]	[REDACTED]	K. Bryan

SPANISH TOWN HOSPITAL STAKEHOLDER SENSITIZATION SESSION

LOCATION: SPANISH TOWN HOSPITAL

FEBRUARY 9, 2024

Name	Phone Number	Occupation/Entity	Email Address	Signature
ST CLAIR CLARK	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Josette Royal-Morrison	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Lemaitre B. Gordon	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Nicole Brown	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]
Nadia Wood	[REDACTED]	[REDACTED]	[REDACTED]	N. Wood
Raphelita Chantee	[REDACTED]	[REDACTED]	[REDACTED]	[Signature]



SPANISH TOWN HOSPITAL STAKEHOLDER SENSITIZATION SESSION

LOCATION: SPANISH TOWN HOSPITAL

FEBRUARY 9, 2024

Name	Phone Number	Occupation/Entity	Email Address	Signature
Shana Maxwell	[REDACTED]	[REDACTED]	[REDACTED]	S. Maxwell

IV. QUESTION AND ANSWER REGISTER

No.	Stakeholder	Questions/Comments	Response
1	St. Catherine Chamber of Commerce	Will there be any facilities made for subcontracts for businesses in the St Catherine area?	Yes- the aim is to engage as many persons from the parish as possible. However we must ensure that the skilled laborers show professionalism and work hard
2	STH Administration	Will there be enough conference room facilities in the new building?	Yes- there are conference room facilities on 4 floors in the new building
3	STH Nurse Manager	Will the end users be able to provide input for the layout?	Yes- Especially during the last 8 months, there will be several consultation sessions with the end users.
4	Health Records	Will there be any measures in place for utility disruption?	Yes- during construction there will be temporary measures put in place. Post construction will see the utilities in the basement.
5		How do you plan to mitigate flooding in the basement parking lot?	There are measures in the design to mitigate flooding. Lessons are to be taken from other similar construction projects.
6	Regional Director- SERHA	Is the electrical upgrade for the new building only? What about the existing space?	The upgrade mentioned is specifically for the new building as the current capacity will not be sufficient to power that building with all the new equipment.
7	Surgery Dept	What are the plans in place for traffic management? Where will the heavy duty equipment enter the site? How is the parking designated? Peak traffic hours are not the standard.	Regular consultation sessions will be had with the staff as this is a live document. The parking lot created over the St. Jago Park Health Centre will have more

			<p>parking spaces than what is being removed for construction.</p> <p>Staff will enter the hospital using the gate by King of Spain and an additional gate that will be created near the daycare.</p> <p>Additional security will be employed to man these areas.</p>
8	Medical Officer for Health	What about disaster mitigation features? Hurricanes, earthquakes.	Design of the new building complies with agency standards.
9	Medical Officer for Health	Will there be training for the Maintenance Team?	Yes, there will be.
10	Medical Officer for Health	Are there sufficient exits for staff?	Yes, that was considered. ¹
11	Medical Officer for Health	Are there sufficient bathrooms for staff?	Yes
12	Pathology- Lab	Will there be engagement of the end user for the type of equipment to be purchased? Will there be a proper maintenance schedule?	Yes- consultation is ongoing regarding the purchase of equipment.
13	SCHD Staff	I hope the promises are kept regarding dust nuisance.	Yes
14	Medical Officer for Health	Is there a maternity theater in the new building?	No. There are 7 operating theaters but none designated for maternity specifically.
15	Medical Officer for Health	What informed the number of beds?	The original number of beds was increased based on needs assessment and population requirements.
16	Medical Officer for Health	How was the additional water storage calculated?	Based on a standard recommendation of 2 weeks supply.
17	Online	Is there any consideration for solar energy?	Based on the space on the roof of the building being taken up by AC systems, there is not enough space to

			for solar panels for the whole building. If any, it will be minimal.
18	Senior Medical Officer	Please confirm the number of Operating Theaters. Is it 6 or 7?	There are 6 Operating Theatres on the surgical block, and 1 in Minor Operations.
19	Medical Officer for Health	How will flooding from Barnett Street be controlled?	The main culvert running alongside the road will be improved to increase run off.
20	STH Staff	Will the existing facility be updated?	No- This project focuses on the construction of the new building. Updates/renovation to the existing building will have to be undertaken by South East Regional Health Authority/St. Catherine Health Department
21	STH Staff	Spanish Town traffic is bad. How will you move material and equipment?	This will be done during off peak hours.
22	STH Staff	How much consideration was given for the A&E Dept? Currently, the dept is small	The Senior Medical Officer and Head of Accident and Emergency were a part of the consultation process.
23	Online	Any plans in place for an area for ambulances to be cleaned and sanitized?	There is currently a designated area for cleaning and sanitization
24	Medical Officer for Health	How will the SCMC assist with a drain maintenance program?	The approved plan includes an improved drainage system. St. Catherine Municipal Corporation will coordinate with the National Works Agency to ensure that what was approved is being implemented.
25	In Service Unit	Are there any plans to upgrade the communication in the existing facility?	No- the purpose of the Health Systems Strengthening Programme is

			to prevent Non-Communicable Diseases and as such all interventions are designed to facilitate the Chronic Care Model.
26	Jamaica National Heritage Trust	We would like a schedule of when excavation works begin.	This will be provided.
27	STH Staff	Has the safety committee already been established?	The names for the committee are being nominated now. This committee will also include SCMC.
28		Is there any capacity to improve design flaws during construction?	The team will have layers of oversight FIDIC Engineer Construction Supervision Spanish Town Hospital Management
29	Online	What measures are in place to control dust?	The construction site will have a dust monitoring system installed as well as a water truck will regularly dampen the site.
30	Online	Are there any considerations for asthmatic staff?	Yes- the dust monitoring system will minimize any adverse effects.

V. EVENT PHOTOS



















VI. PRESENTATIONS

ENVIRONMENTAL HEALTH AND SAFETY



ENVIRONMENTAL AND SOCIAL POLICY FRAMEWORK (ESPF)

The IDB's Environmental and Social Policy Framework (ESPF) sets out a systematic approach to environmental and social risk management that protects people and the environment and is harmonized with local and International best practices.

Regulatory Framework

- The Natural Resources Conservation Authority (Air Quality) Regulations, 2006
 - The Clean Air Act 1964
 - Building Act 2016
 - The Jamaica National Heritage Trust Act 1985
 - Noise Abatement Act 1997
- Noise Abatement Act 1997
 - The National Solid Waste Management Authority Act 2001
 - The Natural Resources (Hazardous Waste) (Control of Transboundary Movement) Regulations 2003

Impacts and Mitigations

- NOISE
- DUST (Air Quality)
- Vibration
- Biological
- Heritage
- Solid Waste
- Health and Safety
- Security
- Security
- Transportation and Traffic
- Aesthetics

POTENTIAL IMPACT - NOISE

- Noise nuisance from demolition and construction activity on surrounding sections of hospital
- Regulatory Context

NRCA standards for daytime and night time noise in various zones

ZONE	NRCA Daytime Guideline (dBA)	NRCA Night-time Guideline (dBA)
Commercial	65	55
Industrial	75	70
Residential	55	50
Educational/School	45	40

NOISE MITIGATION MEASURES

- Operate noise-generating equipment during regular working hours (e.g., 7 am – 7 pm) to reduce the potential of creating a noise nuisance during the night
- Optimize equipment choice for the task – e.g. vibratory pile driver instead of impact pile driver.
- No unnecessary revving of truck engines nor honking of horns nor use of engine brakes whilst on site or driving along site access roads
- Scheduling and phasing of construction work to minimize the operation of noisy equipment working simultaneously

Potential impact Air Quality

Dust nuisance from transportation of raw material and construction/demolition activities on surrounding sections of hospital communities and environs

Mitigation



AIR QUALITY - MITIGATION MEASURES

- Areas should be dampened every 4-6 hours or within reason to prevent a dust nuisance and on hotter days, this frequency should be increased.
- Fog gun dust-proof equipment is set up around the critical areas
- Cover or wet construction materials such as marl to prevent a dust nuisance.
- Trucks transporting materials to and from site should be covered to prevent dusting and spillage onto roadway.
- Ensure material stockpiles and construction debris are stored away from wards and patient areas.
- Consultation with Stakeholders to inform them of the work schedule and activities and to get their feedback.

Dust Suppression

Mitigation



AIR QUALITY - MONITORING



Dust Suppression

Mitigation



AIR QUALITY - MONITORING



Biological

Flora and Fauna
 Vectors
 Freshwater Ecosystem

Mitigation

Biological Mitigation

Some of the fruit trees, such as mango will be retained and integrated into the development. Fruit and ornamental trees will be planted where possible when construction is completed to bolster the flora present.

Heritage

Archaeological and Historical Assets found on the site

Mitigation

VIBRATION MITIGATION

The JNHT will be invited to the clearing of the site and when the actual excavation begins the JNHT will again be invited to conduct a watching brief in case there are any archaeological assets that are being destroyed or disrupted

Solid Waste

Mitigation

SOLID WASTE MITIGATION

- i. A Solid Waste Management Plan will be done and is to be approved by the National Environment and Planning Agency (NEPA) and the National Solid Waste Management Authority (NSWMA).
- ii. Skips, bins and/or garbage chutes should be strategically placed within the construction site.
- iii. The skips and bins at the construction campsite should be adequately designed and covered to prevent access by vermin and minimize odour.
- iv. The skips and bins at both the construction campsite and construction site should be emptied regularly to prevent overfilling.
- v. Disposal of the contents of the skips and bins should be done at an approved disposal site – Riverton City Disposal Site.
- vi. All waste that leaves the sites must be accompanied by Waste Manifests/ticketing system (both at the construction site and at the disposal site).

Health and Safety

Potential for accidental injury of construction workers, hospital staff, patients and visitors

Risk assessment

Job Safety Analysis

Safety Procedures

Mitigation

Health and Safety Mitigation

- i. The provision of lifelines, personal safety nets or safety belts and scaffolding for the construction workers (if necessary). These should be used at minimum heights of 6 feet (1.83 metres).
- ii. Ensuring that workers wear personal protective equipment (hard hats, reflective vests, safety shoes, eye, and ear protection etc.)
- iii. Where unavoidable, construction workers working in dusty areas should be provided and fitted with N95 respirators.

Security

Increased security risk from increased number of persons on hospital grounds

Mitigation

Security Mitigation

- i. Liaise with the Jamaica Constabulary Force and the Jamaica Defence Force to provide support and security.
- ii. Increase private security on the general hospital grounds and on the construction site.
- iii. Both external and internal stakeholder sensitization of construction activities and the potential security risks
- iv. Ensure parking areas and walkways are well lit
- v. Ensure vulnerable access areas are secured, including sufficient locks and grills
- vi. Implement regular security patrols
- vii. Ensure construction workers are easily identified (IDs, Branded clothing)
- viii. Construction workers should remain in construction areas and not venture/loiter in other areas

Transportation and Traffic

Effect on traffic travelling on main road
Traffic Management Plan approved by NWA

Mitigation

Traffic Mitigation

- i. There are three distinct peak times, these are between 8:30 – 9:30 am, 12:30 – 1:30 pm and 3:30 – 4:30 pm. Construction traffic entering or leaving the site will be scheduled for off-peak hours to minimize additional congestion at the intersection and/or disruptions in the regular traffic flow.
- ii. Adequate covering up of the works to minimize danger to passing traffic.
- iii. Erection of signs ahead of the works warning motorists of the construction ahead.
- iv. Use of flagmen were necessary
- v. Designated parking areas for construction vehicles and equipment.
- vi. Ensure that access to the hospital, and in particular, emergency response vehicles and areas around A&E are unobstructed.

Aesthetics

Trucks leaving the construction site have the potential to deposit marl and mud onto the main road, making the main road aesthetically unappealing.



Mitigation

Aesthetics Mitigation

- i. Good housekeeping activities and adherence to other mitigative measures.
- ii. An area of gravel should be placed on site (just before exiting onto the main road) to help remove mud/marl from truck wheels.
- iii. A wheel wash area on site (just before exiting onto the main road) should be implemented to rid wheels of as much mud/marl as possible
- iv. Install hoarding around the site which can be painted so as to make it more attractive

ENVIRONMENTAL AND SOCIAL PERFORMANCE STANDARDS



Livelihood Restoration Plan (LRP)

Objective:

To provide livelihood support to street vendors impacted by the project, with the long-term goal of improving their economic conditions, enhancing their social inclusion, and promoting their formalization and growth.



Entrepreneurs Development:

- Consultations were held with the Vendors.
- Emphasis will be placed on regulating activities within the space.
- If persons need to get permits etc, they will be guided through the necessary stages.
- Persons wishing to pursue further business development programmes, will be guided to the respective agencies/entities.
- Follow-up sessions will be held with the Vendors.

ESPS-8. Cultural Heritage

The project will not affect cultural, critical cultural sites or heritage. The updated management programs pillar of the ESMS will include a chance findings procedure.

If any artefacts are found, construction will be stopped until the National Heritage Trust gives the clearance to restart.

Grievance Redress Mechanism Plan



The purpose of the Grievance Redress Mechanism (GRM) is to ensure that all requests and complaints from individuals, groups, and local communities are dealt with in a timely manner, with appropriate corrective actions implemented and the complainant informed of the outcome.

Grievance Redress Mechanism (GRM)



Project Level GRM with the aim of establishing and maintaining a harmonious relationship between the stakeholders (both internal and external) and the Project, a Claims and Complaints Absolution Program (CCAP) will be implemented as part of a Grievance Redress Mechanism (GRM) whose general objective is to create a system that allows stakeholders, who are perceived to be affected or harmed by any aspect of the Project, to document their complaints and in turn, receive a timely response.

Table 4-2 Grievance Procedure

Grievance Procedure	Timeline
Receiving and registering the complaint	1 day
Determine merit of the complaint and acknowledgement of complaint	2 days
Investigation of complaint by the CCAP	5 days
Determination (and approval) of appropriate solution/response	1 day
Communication on the resolution to the complainant	1 day
Receive and acknowledgement of appeals by complainant (where solutions are not satisfactory) and subsequent review by Supervisory Committee	2 days
Activate arbitration mechanisms if necessary	1 week
Resolution of Issue	1 week
Updating of Grievance Log	1 day

The Grievance Process



Table 4-1 Screening Table

Level	Description	Issue Type	Management Approach
1	Grievance for which there is already an MOHW approved response and an answer can be provided immediately. This level also includes grievances that are out of scope.	Routine	Through the Grievance Officer. Utilize approved answers to handle response.
2	Grievance characterized by being a onetime situation, local in nature, and that will not impact MOHW's reputation.	Routine	Define grievance response plan and draft a response and other management approval.
3	Repeated, widespread or high-profile grievances that may result in a negative impact on MOHW's activities and/or reputation. Level 3 grievances indicate a gap in a management plan or procedure, or that a serious breach in MOHW's policies or Jamaican law has occurred	Potentially Significant	Prioritize through PEU and define appropriate management strategy.

GRM
Cont' d

In addition to the project level and worker GRM, a GRM to investigate and address allegations of Gender Based Violence (GBV), Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) will be formulated.

The Sexual
Harassment
Act of 2021

Recourse to the Judicial System The Sexual Harassment Act of 2021 (Ministry of Entertainment, Culture Gender and Sport, 2021) is the bill passed to make provision for the prevention of sexual harassment and for connected matters.

The Sexual Harassment Act of 2021

Main features of the act include:

Workplace Protection : Prospective employers must not suggest to applicants that their ability to get the job is dependent on them engaging in or tolerating any form of sexual conduct.

The Sexual Harassment Act of 2021

Main features of the act include:

Employers must make every reasonable effort to ensure the safety of their employees by forming a policy statement and compiling a register in which events of reported sexual harassment are recorded

The Sexual Harassment Act of 2021

Main features of the act include:

Employees who have experienced any incidents of sexual harassment must be able to report them without being discriminated against by their employers

Table 4-2 Public Grievance Form

PUBLIC GRIEVANCE FORM	
Reference No:	
Full Name	
Contact Information	By Post: Please provide mailing address:
Please mark how you wish to be contacted (mail, telephone, e-mail).	_____

	By Telephone: By E-mail
Preferred Language for communication	English Filipino Other
Description of Incident or Grievance: What happened? Where did it happen? To whom did it happen? What is the result of the problem?	
Date of Incident / Grievance	One time incident/grievance (date) Happened more than once (how many times?) On-going (currently experiencing problem)
What would you like to see happen to resolve the problem?	

Stakeholder Engagement Plan

This Stakeholder Engagement Plan (SEP) is designed to ensure effective engagement with local communities and other key internal and external stakeholders during the pre-construction, construction and operation phases.

Stakeholder Engagement Plan

Strategy and Disclosure In order to establish and maintain equity and transparency for all stakeholder groups, it is essential to prepare information to be disclosed in advance, and in a format adapted and suitable to the different stakeholder groups.