

**CARIBBEAN DEVELOPMENT BANK**

**TWO HUNDRED AND NINETY-NINTH MEETING OF THE BOARD OF DIRECTORS**

**TO BE HELD VIRTUALLY**

**SEPTEMBER 22, 2022**

**PAPER BD 86/22**

**NOTIFICATION OF APPROVAL BY THE PRESIDENT OF A LOAN**  
**IMPROVING RESPONSE AND RESILIENCE OF THE HEALTH SECTOR TO COVID-19**  
**PROJECT - ST. VINCENT AND THE GRENADINES**  
**(President's Recommendation No. 1026)**

In accordance with the authority delegated by the Board of Directors at its Two Hundred and Ninety-Second Meeting (Minute 292.20), the President approved a loan to the Government of St. Vincent and the Grenadines (GOSVG) in an amount not exceeding the equivalent of four million, four hundred and four thousand United States Dollars (USD4,404,000) (the Loan) from the Special Funds Resources of the Caribbean Development Bank (CDB), allocated from funds provided by the Inter-American Development Bank to CDB under the Global Loan Programme to build health, social and economic resilience in the Member Countries of the Organisation of Eastern Caribbean States during the Coronavirus Disease 2019 (COVID-19) crisis, on the terms and conditions referred to in the attached Paper. The Loan will assist GOSVG in financing a project to improve its capacity to respond to the direct and indirect impacts of the COVID-19 pandemic on the population's health and improve resilience of the health sector to respond to health and other emergencies.

2. It is a condition of the aforementioned authority that each project approved by the President and the terms and conditions thereof be reported to the Board at its first convenient scheduled meeting after approval of the Project.

3. The Board is therefore asked to note the approval by the President of the abovementioned Project and the terms and conditions thereof.

**PUBLIC DISCLOSURE AUTHORISED**



**CARIBBEAN DEVELOPMENT BANK**

**APPRAISAL REPORT**

**ON**

**IMPROVING RESPONSE AND RESILIENCE OF  
THE HEALTH SECTOR TO COVID-19 PROJECT:  
ST. VINCENT AND THE GRENADINES**

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Notified at the Two Hundred and Ninety-Ninth Meeting of the Board of Directors on September 22, 2022

**(BD86/22)  
AR 22/12**

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## **CURRENCY EQUIVALENT**

*[Dollars (\$) throughout refer to United States Dollars (USD) unless otherwise stated.]*

## **ABBREVIATIONS**

|          |   |   |
|----------|---|---|
| APC      | - | Assistant Project Coordinator   |
| BMC      | - | Borrowing Member Countries  |
| CARPHA   | - | Caribbean Public Health Agency  |
| CC       | - | Communications Consultant   |
| CDB      | - | Caribbean Development Bank  |
| CMO      | - | Chief Medical Officer   |
| COVID-19 | - | Coronavirus Disease 2019  |
| DG       | - | Director General  |
| EAG      | - | Emergency Assistance Grant  |
| ECCB     | - | Eastern Caribbean Central Bank  |
| ERR      | - | Economic Rate of Return   |
| ESRP     | - | Environmental and Social Review Procedures  |
| FFF      | - | Flexible Financing Facility   |
| FSG      | - | Family Support Grant  |
| GBV      | - | Gender-Based Violence   |
| GDP      | - | Gross Domestic Product  |
| GESI     | - | Gender Equality and Social Inclusion  |
| HCW      | - | Health Care Workers   |
| HDI      | - | Human Development Index   |
| HIDP     | - | Highly Infectious Disease Plan  |
| HIS      | - | Health Information System   |
| HIV /    | - | Human Immunodeficiency Virus / Acquired Immune Deficiency   |
| SIDS     | - | Syndrome  |
| ICT      | - | Information and Communications Technology   |
| IDB-LOC  | - | Inter-American Development Bank - Letter of Credit  |
| IDC      | - | Interest During Construction  |
| IHR      | - | International Health Regulation   |
| IMF      | - | International Monetary Fund   |
| IPC      | - | Infection Prevention and Control  |
| IT       | - | Information Systems Technology  |
| M&E      | - | Monitoring and Evaluation   |
| MCMH     | - | Milton Cato Medical Hospital  |
| Mn       | - | Million   |
| MOE      | - | Ministry of Education   |
| MOF      | - | Ministry of Finance, Economic Planning and Information<br>Technology  |
| MOHWE    | - | Ministry of Health, Wellness and the Environment  |
| MONM     | - | Ministry of National Mobilisation, Social Development, Family,<br>Gender Affairs, Youth, Housing and Informal Human Settlements |
| NCDs     | - | Non-Communicable Diseases   |
| NIS      | - | National Insurance Services   |
| NSPWD    | - | National Society for Persons with Disabilities  |
| NVP      | - | Net Present Value   |
| OCR      | - | Ordinary Capital Resources  |
| OESC     | - | Organisation of Eastern Caribbean   |

|        |   |   |
|--------|---|---|
| OR     | - | Operating Regulations                       |
| ORM    | - | Office of Risk Management                   |
| OSF    | - | Other Special Funds                         |
| PA     | - | Project Accountant                          |
| PAHO   | - | Pan American Health Organization            |
| PAP    | - | Public Assistance Programme                 |
| PAS    | - | Performance Assessment System               |
| PC     | - | Project Coordinator                         |
| PCR    | - | Project Completion Report                   |
| PDNA   | - | Post Disaster Needs Assessment              |
| PIA    | - | Project Implementation Agency               |
| PO     | - | Procurement Officer                         |
| PPE    | - | Personal Protective Equipment               |
| PS     | - | Permanent Secretary                         |
| PSC    | - | Project Steering Committee                  |
| PSIPMU | - | Public Investment Programme Management Unit |
| PWD    | - | Persons with Disabilities                   |
| RF     | - | Results Framework                           |
| SGBV   | - | Sexual And Gender-Based Violence            |
| SVG    | - | St. Vincent and the Grenadines              |
| SVGHIS | - | SVG Health Information System               |
| UNDP   | - | United Nations Development Programme        |
| UNICEF | - | United Nations Children's Fund              |
| USD    | - | United States Dollar                        |
| VG     | - | Vulnerability Grant                         |
| WB     | - | World Bank                                  |
| WFP    | - | World Food Programme                        |
| WHO    | - | World Health Organization                   |

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**COUNTRY DATA: ST. VINCENT AND THE GRENADINES**

| <b>Item</b>   | <b>2017</b>    | <b>2018</b>    | <b>2019</b>    | <b>2020</b>    | <b>2021</b>    |
|---|----------------|----------------|----------------|----------------|----------------|
| <b>Real per capita income (Constant 2018 Prices, USD)</b> | <b>7,770.8</b> | <b>8,001.5</b> | <b>8,027.5</b> | <b>7,595.0</b> | <b>7,644.7</b> |
| GDP at current market prices (USD million)                | 847.6          | 884.3          | 910.1          | 872.1          | 889.8          |
| <b>Sectoral Distribution of Constant GDP (%)</b>          |                |                |                |                |                |
| Agriculture, forestry and fishing                         | 8.2            | 8.4            | 8.2            | 8.8            | 6.9            |
| Mining and quarrying                                      | 0.2            | 0.2            | 0.2            | 0.2            | 0.2            |
| Manufacturing   | 5.4            | 5.7            | 4.9            | 4.9            | 5.0            |
| Electricity, gas, steam and air conditioning supply       | 2.8            | 2.7            | 2.8            | 3.0            | 2.9            |
| Water supply, sewerage, and waste management              | 1.0            | 1.1            | 1.1            | 1.2            | 1.2            |
| Construction  | 7.5            | 7.4            | 7.2            | 6.6            | 7.2            |
| Wholesale and retail trade                                | 12.2           | 12.2           | 11.4           | 11.6           | 13.4           |
| Transportation and storage                                | 9.0            | 9.2            | 9.0            | 7.4            | 6.9            |
| Accommodation and food service activities                 | 4.1            | 4.6            | 5.5            | 3.2            | 2.1            |
| Information and communication                             | 3.8            | 3.8            | 4.0            | 4.1            | 4.1            |
| Financial and insurance activities                        | 7.7            | 7.3            | 7.5            | 8.6            | 8.8            |
| Real estate activities                                    | 11.8           | 11.6           | 11.6           | 12.5           | 12.7           |
| Professional, scientific and technical activities         | 1.1            | 1.2            | 1.2            | 1.2            | 1.2            |
| Administrative and support service activities             | 2.4            | 2.6            | 2.7            | 2.5            | 2.5            |
| Public administration and defence; compulsory             | 9.3            | 8.9            | 9.1            | 10.1           | 10.6           |
| Education   | 8.2            | 8.0            | 8.3            | 8.8            | 8.9            |
| Human health and social work activities                   | 3.0            | 3.0            | 3.0            | 3.2            | 3.3            |
| Arts, entertainment and recreation                        | 1.2            | 1.2            | 1.3            | 1.2            | 1.2            |
| Other service activities                                  | 0.7            | 0.7            | 0.7            | 0.6            | 0.6            |
| Activities of households as employers                     | 0.4            | 0.3            | 0.4            | 0.4            | 0.4            |
| GDP at constant 2006 prices (USD million)                 | 858.1          | 884.3          | 887.9          | 840.7          | 846.9          |
| GDP (annual % change)                                     | 1.7            | 3.1            | 0.4            | -5.3           | 0.7            |
| <b>MONEY AND PRICES</b>                                   |                |                |                |                |                |
| Money Supply (M2, annual % change)                        | 1.2            | 1.7            | 9.9            | -4.5           | 12.8           |
| Credit to the Private Sector (annual % change)            | 1.6            | 0.2            | -0.3           | 0.9            | 0.0            |
| Inflation (period average) (%)                            | 2.2            | 2.3            | 0.9            | -0.6           | 1.6            |
| <b>PUBLIC FINANCES (% of GDP)</b>                         |                |                |                |                |                |
| Overall Surplus (Deficit)                                 | -0.4           | -0.8           | -2.7           | -5.3           | -7.2           |
| Gross Public Debt   | 68.7           | 69.4           | 68.1           | 79.4           | 88.3           |
| <b>BALANCE OF PAYMENTS (% of GDP)</b>                     |                |                |                |                |                |
| Total Exports   | 34.6           | 36.4           | 36.0           | 21.7           | 14.1           |
| Total Imports   | 50.7           | 51.2           | 46.7           | 42.8           | 46.7           |
| Current Account Balance                                   | -11.7          | -10.2          | -3.1           | -15.1          | -23.8          |
| Capital and Financial Account                             | 15.8           | 2.7            | 3.4            | 6.8            | 14.3           |
| Overall Balance   | -2.0           | -1.4           | 2.6            | 1.4            | 9.4            |
| <b>AVERAGE EXCHANGE RATE</b>                              |                |                |                |                |                |
| <b>XCD to 1 USD</b>                                       | <b>2.7</b>     | <b>2.7</b>     | <b>2.7</b>     | <b>2.7</b>     | <b>2.7</b>     |

Sources: [Eastern Caribbean Central Bank (ECCB) & GOSVG]

**COUNTRY DATA: ST. VINCENT AND THE GRENADINES (Cont'd)**

| Item   | 2017        | 2018        | 2019        | 2020        | 2021        |
|--|-------------|-------------|-------------|-------------|-------------|
| <b>POPULATION</b>                              |             |             |             |             |             |
| Population ('000)                              | 109,803     | 109,926     | 110,049     | 110,172     | 110,295     |
| Population (annual % change)                   | <b>0.08</b> | <b>0.08</b> | <b>0.08</b> | <b>0.08</b> | <b>0.11</b> |
| <b>EDUCATION<sup>1</sup></b>                   |             |             |             |             |             |
| Net School Enrolment Ratio                     |             |             |             |             |             |
| Primary  | 95.36       | 94.54       | 94.01       | 92.32       |             |
| Secondary                                      | 85.36       | 82.66       | 81.31       | 82.32       |             |
| Pupil-Teacher Ratio                            |             |             |             |             |             |
| Primary  | 14.0        | 14.0        | 14.0        | 14.0        |             |
| Secondary                                      | 14.0        | 13.0        | 12.0        | 12.0        |             |
| <b>LABOUR FORCE</b>                            |             |             |             |             |             |
| Unemployment Rate (%)                          | 25.8        | -           | 20.0        | 20.27       |             |
| Male   | 21.5        | -           | 19.4        | -           |             |
| Female   | 30.6        | -           | 26.4        | -           |             |
| <b>HEALTH</b>                                  |             |             |             |             |             |
| Life Expectancy at Birth (years)               | 73.3        | 72.4        | 72.5        | 71.0        |             |
| Male   | 70.1        | 70.2        | 70.3        | 70.4        |             |
| Female   | 75.1        | 75          | 75.1        | 74.9        |             |
| Mortality Rate, Infant (per 1,000 live births) | 14.3        | 13.8        | 13.4        | 12.9        |             |
| Human Development Index                        | 0.734       | 0.736       | 0.738       | -           |             |

Sources: <http://education.gov.vc/education/images/Stories/pdf/Education-Statistical-Digest-of-SVG-2018-19.pdf>

hdr.undp.org/sites/default/files/Country-Profiles/VCT.pdf

National Statistics Office

**Notes:**



## PROJECT SUMMARY

| <b>Financial Terms and Conditions</b> |   |
|---------------------------------------|---|
| <b>Borrower:</b>                      | Government of St. Vincent and the Grenadines (GOSVG)                    |
| <b>Implementing Agency:</b>           | Ministry of Finance, Economic Planning and Information Technology (MOF) |
| <b>Disbursement Period:</b>           | September 30, 2022 – December 31, 2023                                  |
| <b>Sector Code:</b>                   |   |

| <b>Fund</b>                   | <b>Fund Source</b>   | <b>Amount ('000's)</b> | <b>Amortisation Period (years)</b> | <b>Grace Period (years)</b> | <b>Interest Rate (%)</b>            |
|-------------------------------|--|------------------------|------------------------------------|-----------------------------|-------------------------------------|
| Special Funds Resources (SFR) | Inter-American Development Bank (IDB) Coronavirus Disease 2019 (COVID-19) Organisation of Eastern Caribbean States Line of Credit (OECS-LOC) | 4,404                  | 20 years                           | 2 years                     | Currently at 2.89% per annum (p.a.) |
| Loan Total                    |  | 4,404                  | -                                  | -                           | -                                   |
| Counterpart Total             |  | 199                    | -                                  | -                           | -                                   |
| <b>Total Project Cost</b>     |  | <b>4,603</b>           | -                                  | -                           | -                                   |

### **Office of Risk Management (ORM) Commentary:**

As this project does not involve Ordinary Capital Resources (OCR), no Risk Commentary is provided.

## **Project Summary**

### **Project Outcome and Description:**

The overall objective of this project is enhanced public health capacity for care provisioning by directly and indirectly boosting response and resiliency to the impacts of Novel Coronavirus and other emergencies in SVG.

The proposed project consists of the following Components:

#### **Component 1: Goods:**

- (a) Enhancing Surveillance, Case Detection and Monitoring.
- (b) Improving the capacity to interrupt the chain of transmission.
- (c) Strengthening the capacity for the delivery of critical care services to COVID-19 and non-COVID-19 affected persons.

#### **Component 2: Minor Works:**

- (a) Improving the capacity to interrupt the chain of transmission.
- (b) Strengthening the capacity for the delivery of critical care services to COVID-19 and non-COVID-19 affected persons.

**Component 3: Other Services:**

- (a) Project Management and Auditing Services.

**Exceptions to Caribbean Development Bank (CDB) Policies:**

No exceptions to CDB policies are required for this Project.

The Project is classified as Category ‘C’ under CDB’s Environmental and Social Review Procedures (ESRP). There is little or no potential for adverse social and environmental impacts as no major infrastructure or civil works are planned and thus the project is not anticipated to have direct environmental impacts.

**GENDER MARKER SUMMARY**

| <b>Analysis</b> | <b>Design</b> | <b>Implementation</b> | <b>M&amp;E</b> | <b>Score</b> | <b>Code</b>     |
|-----------------|---------------|-----------------------|----------------|--------------|-----------------|
| 1.0             | 0.5           | 1.0                   | 0.5            | 3            | GM <sup>1</sup> |

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<sup>1</sup> Gender Mainstreamed (GM): The project has the capacity to contribute significantly to Gender Mainstreaming.

# 1. THE PROJECT

## INTRODUCTION

### **Request**

1.01 By letter dated March 5, 2021, GOSVG requested assistance from CDB for the financing of a project that would enhance its COVID-19 crisis response and promote resilience building and recovery in the Health Sector in SVG (the Project). The constant cycling in and out of the response and recovery modalities associated with the continued impact of COVID-19 and spikes in the disease significantly negatively impacted the ability to finalise the scope of the project in a timely and efficient manner. The demands of COVID-19 on the Ministry of Health severely stretched already limited human and other resource capacities. This request, however, remains one of the strategic responses of GOSVG to the COVID-19 pandemic.

### **Background**

1.02 The World Health Organization (WHO) declared the Novel Coronavirus outbreak an international public health emergency on January 30, 2020. The Emergency Committee on the Novel Coronavirus established through WHO urged countries to focus on enhancing capacity to: detect the virus; isolate and treat cases; contact trace; and promote social distancing. With the virus spreading rapidly across the globe since its emergence as a threat, by March 11, 2020, WHO declared it a global pandemic. As at June 3, 2022, a total of 534.3 million (mn) cases and 6.3 mn deaths were recorded across 228 countries, including 90,015 cases and 1,049 deaths confirmed across the OECS Member and Associated States. According to WHO, on a global scale the COVID-19 pandemic has resulted in significant loss of life, unprecedented challenges to the health sector, food security, social and human development, economic development, livelihoods and the world of work.

1.03 The persistent threat of COVID-19 has weighed on the Government and people of SVG since its first case was identified on March 11, 2020. As part of its response GOSVG has executed a number of measures to stem the tide and mitigate the impact of the pandemic on the country's population. Among these approaches were management of social gatherings, quarantine of suspected cases, isolation and management of confirmed cases, as well as the institution of a raft of protocols to prevent widespread transmission of the disease. By April 9, 2020, the first public Health Emergency was declared, introducing additional security measures aimed at ensuring adherence to the directives supporting the protocols outlined. Over the period September to October 2021, the rapid rise in infections from the Omicron Variant added a level of insecurity already promulgated through a new wave of the Gamma, Mu and Delta Variants. The detrimental effects of increased hospitalisation, isolation and deaths through community transmission have left an indelible mark on the society. Whereas, according the WHO data, by the end of 2020, only 122 infections had been recorded with no confirmed deaths, by June 3, 2022, a total of 6,896 cases had been identified with 108 deaths recorded. Although the vaccination rate has not kept pace with the spread of the disease, it has improved since the end of 2021, increasing to 34.04% of the population being fully vaccinated by the end of April 2022. This increase in the vaccination rate accounted for 21,717 males and 24,180 females and indicated that females have a slightly higher vaccination rate than males. By mid-May 2022 upwards of 3,400 first dose booster shots had been administered. Vaccine hesitancy and people opting out of taking the vaccine continue to contribute to the low uptake with hesitancy rates highest among the indigenous Garifuna community. Additionally, while still in the throes of the COVID-19 pandemic, SVG experienced the eruption of the La Soufrière Volcano on April 9, 2021, and shortly thereafter suffered through the impact of Hurricane Elsa. These elements all added an unwelcomed layer of complexity to already strained socioeconomic circumstances in the country calling on additional resources (human, financial, capital and physical) to support the response to the impact of the eruption. Moreover, the impact of the volcano also disrupted needed health resources in affected areas.

## Macroeconomic Context

1.04 Prior to the COVID-19 outbreak, SVG recorded modest real growth in its Gross Domestic Product (GDP) averaging 2.4% during 2015-2019. The closure of the island's largest hotel and adverse weather conditions hampered growth, although the opening of the Argyle International Airport in 2017 (an important pillar of GOSVG's growth and diversification strategy), buoyed tourism activity in 2018. Fiscal consolidation efforts had advanced during this period, with mostly primary surpluses (averaging 1.6% of GDP to 2018) registered, supporting debt reduction to 68.1% of GDP in 2019<sup>2</sup>. SVG was on course with the 2030 Debt/GDP target of 60%.

1.05 The COVID-19 pandemic has taken a heavy toll on economic activity, particularly within the tourism, transportation and wholesale and retail trade sectors. Economic growth contracted by 5.3% in 2020. Accommodation and food services activities value added plummeted by 44.8% because of a sharp decline in stay-over visitor arrivals in response to a massive fall of international demand amid global travel restrictions to contain the virus. This, coupled with delays in key public and private sector projects, contributed to a decline in the value added of the heavily weighted transportation and storage and wholesale and retail trade sectors of 22.9% and 4.1%, respectively.

1.06 The explosive eruption of the La Soufrière volcano compounded the already difficult socioeconomic and environmental challenges facing the country. A Post-disaster Needs Assessment<sup>3</sup> estimated damage and losses at XCD634.7 mn (around 26% of GDP) from severe damage to infrastructure, forestry, agriculture, and fisheries. Real GDP grew marginally by an estimated 0.7% in 2021, with further weak performances recorded in the tourism and related sectors.

1.07 Significant public resources have been spent to bolster healthcare and social protection amid these shocks, weakening fiscal and debt positions. Higher expenditure increased the overall and primary deficits to 5.3% and 3.1% of GDP in 2020, respectively. GOSVG's policy responses to address the realities of these shocks added to public sector debt as a portion of GDP, which grew to 79.4% in 2020, and further increased to 88.3% in 2021. The Government received financing support from its multilateral development partners, including CDB, the International Monetary Fund (IMF) and the World Bank (WB), as well as grants and in-kind resources from external partners to assist with the immediate crisis rescue response, recovery, and reconstruction efforts.

1.08 The COVID-19 pandemic continues to challenge public health systems, and has led to economic instability and social hardship, particularly amongst the most vulnerable. This, along with the volcano eruption, have undermined public finances with limited space to accommodate further emergency spending. Over the medium-term, the economy is likely to benefit from a gradual recovery in tourism, rising agriculture and fishery exports, and infrastructure development including hotel construction and port modernisation. However, downside risks are elevated. The continued increase in COVID-19 adds uncertainty and could result in a slower than anticipated pace of recovery, as vaccination rates remain low in the country. Inflationary pressures remain due to rising commodity prices and continued supply chain disruptions, which are exacerbated by the ongoing Russia-Ukraine war. Weather-related hazards, which have increased in frequency and intensity due to climate change, could further compromise recovery.

1.09 Additional funding support to help mitigate and manage the health crisis is required in vulnerable countries such as SVG. This Project will support the Government's ongoing healthcare management response to COVID-19 as outlined in the 2022 Budget and help minimise the adverse impacts posed by the pandemic on the population's health.

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<sup>2</sup> Debt forgiveness from Venezuela totalling XCD166.35 mn in 2017 also contributed to lower debt.

<sup>3</sup> Post-disaster Needs Assessment La Soufrière Volcanic Eruption Sector Reports – SVG (August 2021).

## Social Context

1.10 The population was estimated to be 110,696 (56,819 males and 53,877 females) at mid-year 2020, with males and females accounting for 51.3% and 48.7% of the population, respectively<sup>4</sup>. SVG's population is characterised as youthful: almost one quarter (24.9%) is below the age of 15 years and just 9.1% is above 65 years of age. About 90% of the population resides on mainland St. Vincent with the remainder distributed between the Northern and Southern Grenadines. Kingstown and its suburbs are the most densely populated parts of the country accounting for 25% of the total population.

1.11 According to the 2020 Human Development Report, SVG is represented in the High Human Development category and recorded a Human Development Index (HDI) value of 0.738 for 2019, up from 0.681 in 2000, an increase of 8.4%. The country has recorded progress in each of the HDI indicators over the period. Between 1990 and 2019, SVG's life expectancy at birth increased by 2.0 years, mean years of schooling increased by 1.2 years and expected years of schooling increased by 2.1 years. SVG's Gross National Income (GNI) per capita increased by about 96.2% between 1990 and 2019<sup>5</sup>. COVID-19 has disrupted all sectors, including health, tourism and education, with implications for short-term well-being and medium to long-term performance on human development indicators.

1.12 The COVID-19 restrictions, imposed to limit the spread of the virus, led to reduced economic activity through reduced working hours, and increased business closures. Prior to the pandemic, almost two-thirds (65.7%) of the population above 15 years of age participated in the labour market, indicating that they were either employed or actively seeking employment. Since 2015, the unemployment rate remained constant around 20%, with higher average rates among women (26.4%) than men (19.4%)<sup>6</sup>. At 39.76%, the unemployment rate among youth (ages 15-29) stood at twice the national rate. The country has experienced increased unemployment particularly among low-income workers in the formal and informal sectors. This is validated by the exponential increase in unemployment (income-support) claims filed with the National Insurance Services (NIS) and the horizontal expansion of the Public Assistance Programme (PAP) resulting from the increasing social assistance applications presented to the Ministry of National Mobilisation, Social Development, Family, Gender Affairs, Youth, Housing and Informal Human Settlements (MONM). The PAP comprises three grants: Family Support Grant (FSG) for families living in poverty; the Vulnerability Grant (VG) for the Elderly; Persons with Disabilities (PWD)/unfit to work; and the Emergency Assistance Grant (EAG) for one-off medical/funeral/disaster assistance. Data from MONM revealed a 33% increase in the number of beneficiaries from 11,930 in 2019 to 17,916 in 2020.

1.13 The La Soufrière volcano eruption in April 2021 – compounded vulnerability and exacerbated risks for many. According to data from *The Displaced Family Household Verification Assessment (2021)*, coordinated by MONM, in collaboration with the World Food Programme (WFP), 21% of the population or 23,032 persons were evacuated from the hardest hit areas (red and orange zones), as a result of the eruption. High rates of Non-Communicable Diseases (NCDs) and COVID-19 are being experienced as a syndemic<sup>7</sup> that is exacerbating socio-economic inequalities, since comorbidities intersect with determinants of health. The social fallout and gendered impacts from loss of livelihoods and incomes from these multiple crises are particularly severe. Vulnerable populations of male and female single heads of households, children, unemployed youth, older persons, and PWDs continue to bear the brunt of social and economic impacts.

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<sup>4</sup> GOSVG Statistical Office, Ministry of Finance and Economic Planning, available at <http://www.stats.gov.vc/ststs/>

<sup>5</sup> United Nations Development Programme (UNDP), 2020. [hdr.undp.org/sites/default/files/Country-Profiles/VCT.pdf](http://hdr.undp.org/sites/default/files/Country-Profiles/VCT.pdf).

<sup>6</sup> SVG's Statistical Office: Overview of the Labour Market: A Gender Perspective: 5-7, available at <http://stats.gov.vc/stats/wp-content/uploads/2018/09/Overview-of-the-labour-Market-of-SVG.pdf>

<sup>7</sup> A syndemic arises when there are two or more disease clusters or epidemics occurring concurrently or sequentially in a population. The synergistic relationship between/among the diseases “enhances and exacerbates the negative health effects of any or all of the diseases”. [www.biomedcentral.com/collections/CIS](http://www.biomedcentral.com/collections/CIS).

1.14 The prevalence of sexual and gender-based violence (SGBV) remains a major concern and is itself a shadow pandemic within the COVID-19 pandemic<sup>8</sup>. GOSVG recognises that the issue of GBV requires a holistic programmatic approach. CDB provided support to GOSVG in setting up the hotline and training advocates and response workers in 2020. The existing shelter for survivors of GBV - Marion House, supplies temporary accommodation but can only be accessed through court order (UNDP Heat Report, 2020). GOSVG's national social protection system has already established a clear, well-coordinated GBV referral pathway in partnership with Gender Affairs and Child Development. This mechanism will be used to provide additional support to survivors to address their needs especially in the context of the pandemic and aftermath of the eruption. There is, however, need to improve messaging and communication to combat SGBV in the wider community. Although health services can be accessed via several public health facilities there is need to build capacity among health care workers (HCWs) for the provision of gender-responsive and inclusive care as well as enhance coordination among various actors.

### **Problems to be Addressed**

1.15 SVG is faced with five main challenges in its response to the effects of COVID-19:

- (a) **Weak capacity of the Health System to respond to health threats and emergencies:** The country has faced a confluence of emergencies and disasters. In addition to the COVID-19 pandemic, SVG faced the daunting experience of coping simultaneously with three other disastrous events, which have all increased pressure on resources in the health sector. These included an outbreak of dengue in August 2020 with infections peaking at 1,790 confirmed cases by January 2021<sup>9</sup>, the volcanic eruption, and the onslaught of Hurricane Elsa on July 2, 2021. The La Soufrière Volcano's eruption initially displaced more than 22,000 persons from their homes and disrupted all major services, including health care. Approximately 100 persons, comprising chronically homeless persons, the elderly and persons who have been abandoned or whose homes have not been restored are still in shelters, just over one year after the eruption. In 2020, SVG suffered an unprecedented outbreak of dengue fever with a more than 600-fold increase in laboratory confirmed cases over the previous year and 8 deaths at the height of the outbreak. Hurricane Elsa, on the other hand, not only negatively impacted the agriculture sector but damaged over 250 homes along with several business structures creating even more unpleasant circumstances for residents in SVG. This convergence of emergencies has highlighted the vulnerability of the health care system and hastened the need to strengthen its capacity to respond to current, emerging and future threats which undermine overall human security, and the capacity to deliver quality health care services.
- (b) **Inundation of the Health care system during peaks in infections:** During peaks in COVID-19 infections, the Milton Cato Memorial Hospital (MCMH) continues to be inundated by the demands placed on the system. Laboratory networks, while upgraded in terms of the types of tests which can be executed, continue to rely on outmoded equipment, resulting in lagging times for results and a relatively centralised system at MCMH for testing. Apart from COVID-19, there is increasing need for improved surveillance of non-communicable and communicable illnesses especially post the volcanic eruption. At the

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<sup>8</sup> Findings from consultations undertaken during the appraisal process (for Health and Social Protection LOCs). See also The Shadow Pandemic: Violence Against Women During COVID-19. [www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-COVID-19-response/violence-against-women-during-covid-19?gclid=CjwKCAjw7SWBhAnEiwAx8ZLauajh-xPhyfCrCJH0I5P5iPrMf68ITBWtY2wd6p\\_mdmeFzXwDNrBoCbKUQAvD\\_BwE](http://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-COVID-19-response/violence-against-women-during-covid-19?gclid=CjwKCAjw7SWBhAnEiwAx8ZLauajh-xPhyfCrCJH0I5P5iPrMf68ITBWtY2wd6p_mdmeFzXwDNrBoCbKUQAvD_BwE)

<sup>9</sup> For additional details see information at the following document with Link accessed on June 15, 2022. [St. Vincent and the Grenadines: Dengue Outbreak - DREF Final Report \(MDRVC004\) - Saint Vincent and the Grenadines | ReliefWeb](#)

community level there is a lack of capacity to conduct enhanced surveillance at the point of care. Moreover, the need for point of care equipment and resources to enhance individual care and the diagnostic capacity across the health network is evident given that it is necessary to optimise opportunities where clients interface more regularly with the health system. As such, these facilities must be upgraded to enhance service provision along these lines as well as to ensure that key healthcare services are distributed to remote communities across the multi-island state. Additionally, SVG's recently upgraded health information system was also severely adversely impacted during the volcanic eruption with information systems technology (IT) equipment for up to 13 centres having been destroyed or damaged in the red and orange zones. This undermined SVG's ability to collect much needed community-level data.

- (c) **Difficulty experienced in maintaining essential and basic services for vulnerable cohorts of the population and caring for persons affected by COVID-19:** The human, social and economic consequences of the public health emergency caused by COVID-19 and compounded by the recent volcanic eruption have continued to impact the capacity for the delivery of health care services and the ability to fully manage the health needs of persons affected. The health system suffered shocks with the closure of key primary and secondary care facilities located in the “red zone” of the volcano as well as the need to ringfence certain centres for the delivery of COVID-19 related services. These actions displaced access to essential health services for vulnerable groups such as mothers and their children, and persons suffering from non-communicable diseases, respiratory conditions, and Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome (HIV/AIDS) infection and other sexually transmitted illnesses. Additionally, in some instances, the demands on MCMH forced the suspension of some elective surgeries and relocation of other services. This resulted in consultations at the main acute care referral hospital falling by 32% and length of hospital stay being reduced by 30%. While some health care facilities are reopening following the effects of the volcanic eruption, the economic costs are significant, compounded, and enduring. Moreover, there has been an emergence or re-emergence of certain communicable and noncommunicable illnesses over the last several years namely, HIV/AIDS, Syphilis and NCDs also require close monitoring and attention<sup>10</sup>. Moreover, with the return of the rainy season the possibility of new outbreaks in dengue is also likely. On the whole, GOSVG remains challenged with the task of maintaining adequate levels of quality of care, for persons affected by COVID-19, which has been compounded by other illnesses, while at the same time strengthening its capacity to continue to do so over the long term.
- (d) **High level of vaccine hesitancy or refusal:** SVG lags both in terms of the total number of vaccinations administered (25,509 doses) and the percentage of population fully vaccinated<sup>11</sup> (34%: 21,717 Males and 24,180 females), despite the availability of ample supplies of vaccines. This remains the case despite mandatory testing and vaccination policies of GOSVG for the public sector and essential services. An investigation undertaken by the United Nations Children's Fund (UNICEF) and the Pan American Health Organization (PAHO) around vaccine hesitancy ascertained that there was a general lack of trust in the efficacy of the vaccine, and this has markedly influenced people's willingness to be vaccinated. As such, a review and updating of the approach to risk communication, as well as ensuring that messaging includes gender differences in hesitancy, gendered impact of the pandemic, and consideration for the cultural and traditional beliefs and values has become critical to ensuring that a very strategic and targeted approach be employed to improve vaccination uptake and promote general health

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<sup>10</sup> Please see “Corporate Plan, Ministry of Health and Wellness, 2022-2024” for further details.

<sup>11</sup> This represents the population cohort 12 years and older.

and wellness across the populace. Additionally, re-orientation of healthcare workers as well as influencers among clients to support behaviour change risk communication efforts will also be important for success.

- (e) **COVID-19 surveillance at ports of entry has been an onerous and time-consuming occupation:** SVG has five airports and eight seaports that are designated official points of entry. COVID-19 surveillance, at these ports, to prevent cross-border spread, has been a very resource-intensive operation requiring dedicated space, technical and administrative staff, and other resources. For the Grenadines Islands of Canouan and Union Island, the process of screening and surveillance has been particularly problematic with inadequate fit for purpose facilities both at the sea and airports. Moreover, while there is need for improved facilities to encourage social distancing at the airports, the deficiencies are more pronounced at the points of entry at seaports on these two islands given that these facilities have not yet been upgraded to full port health facilities. The demand for port surveillance will intensify as air travel, cruise and yacht tourism return to some level of normalcy. As such the need for adequate facilities to support port health screening and surveillance is a key consideration.

### Challenges and Progress

1.16 The Ministry of Health, Wellness and the Environment (MOHWE), as mandated, has been at the forefront of the response to the pandemic and has exhibited a proactive and intersectoral approach from the onset. However, there is need to expand cooperation and collaboration across sectors in the response against COVID-19. The strategies outlined in the National Health Sector Strategic Plan, 2019-2025 and Biennial Health Sector Implementation Plan (2019-2020) created a sound launching point for the response to COVID-19. MOHWE's focus on ensuring the provision of quality health care to all citizens and residents of SVG and the emphasis on empowering individual responsibility helped to shape action aimed at maintaining health security. Several other plans were also developed or finalised to guide the response including the Highly Infectious Disease Plan (HIDP), (April 2020) as well as the SVG COVID-19 Vaccination Plan, (January 2021). Additionally, in 2021, long awaited amendments to the Public Health Act of 1977 were enacted addressing, among other things, the expanded role of the Chief Medical Officer (CMO), and the general approach to COVID-19. These actions have proven essential in strengthening and increasing the resilience of national health systems and intersectoral mechanisms necessary for fostering and sustaining a successful response. Despite this, there are enduring gaps in core capacities to prevent, prepare for and respond to health emergencies.

1.17 SVG attained an overall Global Health Security Index<sup>12</sup> of 49% in 2019. While this is consistent with the capacities of other Borrowing Member Countries (BMCs) and exceeds the global average of 40%, there is still a long way to go towards attaining the necessary attributes which will signal that core capacities are sufficiently built and maintained. In the interim, significant gaps were identified even prior to the onset of COVID-19 in 2020, across several core health capacity categories where a number of categories were scored way below the 100% targeted score. This is particularly noticeable in the areas of Legislation and Financial Resources (40%), National Health Emergency Framework (20%), Risk Communication (20%), Points of Entry (30%) and Health Services Provision (47%). International Health Regulation (IHR) core capacities scores going into the pandemic for 2019 are displayed in Table 1.2.

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<sup>12</sup> IHR Core Capacities are those required to detect, assess, notify, record events and respond to public health risks and emergencies of national and international concern (Article 5, 7, 13 and Annex 1 of the regulations. The Global Health Index is calculated by averaging across the 13 core capacities, the percentage of attributes of each capacity that has been attained. The scores are based on self-reporting by the country as no independent assessment of capacities have been conducted for SVG to date.



**TABLE 1.2: SELECTED IHR CORE CAPACITIES SCORES IN PERCENTAGES (2019)**

| <b>Core Capacities</b>              | <b>Scores</b> |
|-------------------------------------|---------------|
| Laboratory                          | 73            |
| Surveillance                        | 60            |
| Human Resource                      | 80            |
| National Health Emergency framework | 20            |
| Health Service Provision            | 47            |
| Risk Communication                  | 20            |
| Points of Entry                     | 30            |
| Legislation and Financing           | 40            |

*Source:* Report on the Implementation of the IHR, WHO, October 2019  
<https://iris.paho.org/bitstream/handle/10665.2/51629/CD57-INF-4-e.pdf?sequence=1&isAllowed=y>

1.18 At the operational level, the Health Services Sub-Committee performed well in coordinating the delivery of essential public health services. A specific role for the Health Security Unit has become more defined with the establishment of that Unit in 2021. Moreover, while there remains the need to strengthen the health disaster functionality within the Health Sector, the Health Disaster Coordinator, along with the office of the CMO, the Health Security Unit and the Epidemiology Unit have played pivotal roles in marshalling the planning outreach activities. The Health Services Sub-Committee spearheaded the development of the COVID-19 Response Plan, as a component of a broader Highly Infectious Diseases Preparedness and Response Plan. This document for instance, has been used as the main point of reference in developing COVID-19 protocols and guidelines. Moreover, from an infrastructural standpoint SVG also realised notable improvements to the stock of healthcare facilities with the completion of new facilities and refurbishment/retrofitting of some existing centres. Improvements in the SVG Health Information System (SVGHIS) have allowed for enhancements administratively and operationally but there is need to expand the reach of the SVGHIS and to replace any equipment destroyed or damaged by the volcanic eruption. Appendix 1.1 details other key areas where GOSVG, along with its main partners, have taken significant action.

### **Rationale**

1.19 The COVID-19 pandemic, exacerbated by the La Soufrière eruption of 2021 and their impacts on the health care system, continue to exert significant pressure on the health response and delivery systems. Health care systems have been overburdened particularly during spikes in the COVID-19 illness, with health care personnel at all levels, health equipment, other resources and facilities struggling to respond adequately to the ongoing demands. The unrelenting demands have unearthed and made more prominent and urgent critical frailties in the health sector around the areas of limited capacities, under-resourcing, under-funding and a general lack of flexibility in the sector, particularly in the face of COVID-19 and other recent emergencies including the volcanic eruption and the dengue outbreak. Additionally, the country faces the corollary effects of the pandemic on the overall operation of the health care system, general care of patients at all levels of the health sector and undesirable health seeking patterns among the population particularly as health services were interrupted, re-organised or differed in some instances. As GOSVG continues to respond to the threats posed by COVID-19, finding the right approach to re-organise, to ensure that routine care returns to some degree of normalcy and to establish capacities to respond now and into the future continue to present challenges for GOSVG. To successfully meet this essential re-balancing requirement, GOSVG must ensure the adequate functioning of the healthcare system, identify and respond

to drivers of transmission, prepare for and manage the post COVID-19 transition and ensure that the health sector is properly positioned to meet current needs and face future health and health sector impacting emergencies. As such, providing necessary medical resources and equipment, strengthening risk communication, replacing or upgrading key health facilities and other health equipment - especially at the MCMH and in the Grenadines Islands - remain as priorities.

1.20 The GOSVG's current Health and Wellness Plan (2022-2024) is in need of updating to address the COVID-19 situation as well as the post volcanic eruption health challenges. More specifically, the challenges presented or anticipated due to the impacts of long COVID-19 have signalled the need for attention to be paid to persons affected by NCDs given the penchant of long COVID to present in a manner similar to NCDs. There is also the need to strengthen GOSVG's capacity in keeping with pillars 1, 2, 3, 4, 5, 6, 8, 9 and 10 of the WHO/PAHO response Pillars<sup>13</sup>. The focus on addressing key challenges in the sector especially due to the onslaught of COVID-19 will support greater alignment between WHO/PAHO response Pillars and the response of GOSVG to COVID-19.

### **The Bank's Experience and Lessons Learned**

1.21 While the Bank does not normally directly intervene in the health sector, it has worked on sector-specific projects and appraisals with health sector experts and partners. It has also been reliant on this experience, as well as its understanding of country systems and the knowledge and experience of key in-country partners in MOHWE and the Ministry of Finance, Economic Planning and Information Technology (MOF), for example, which have overseen the implementation of other CDB-funded interventions. The close collaboration with other International Financial Institutions and international and regional health sector agencies has also allowed for a free flow of relevant information and knowledge about the health sector, COVID-19 response efforts and best practices which support the work of the Bank in that area. The CDB has already approved a similar intervention for Antigua and Barbuda and the same is now about to be rolled out. CDB has also built up some experience especially in procurement in the delivery of regional interventions to provide personal protective equipment (PPE) and is also working with PAHO to execute work around risk communication and vaccine hesitancy. This has helped to solidify partnerships and experience in certain areas of work in the health sector and COVID-19 response programming across the region.

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<sup>13</sup> The 10 pillars cover areas outlined by the WHO Strategic Preparedness and Response Plan, PAHO's response Strategy and Donor Appeal and PAHO's CD59.R9 approved by Member States. For details see WHO/PAHO COVID-19 Situation report, November 5, 2021.

| LESSONS LEARNED   | APPLICATION IN PROJECT DESIGN  |
|---|--|
| <p>Specialised resources skilled in procurement are in high demand in the region but are incredibly limited. It may be difficult for the country to engage individual consultants with international experience in health procurement and networks to support the procurement function under the Project.</p> | <p>To facilitate the procurement process, resources are allocated for a Procurement Officer and this engagement process will be frontloaded to ensure that the services of same are available in a timely manner. This Procurement Officer will have notable experience in health procurement given that health procurement is a specialised area in its own right.</p>  |
| <p>Where there is limited experience working in particular areas on the development horizon such as in Health, the value of key collaborators and actively capitalise on the expertise of key partners who are currently working in the sector to ensure that the expertise is available and shared.</p>      | <p>Collaboration with the relevant parties will allow for the leveraging of a work programme, experience and expertise of key stakeholders to ensure proper considerations of approaches under the project and to ensure added value of project interventions. The preparation and appraisal process included discussions with agencies working in the Health Sector such as, IDB, WB and PAHO. Special guidance was received in areas such as policies and procedures, procurement as well as the supply and installation of the specialised equipment. Special attention was also paid to risk communication in these discussions. There is also the assurance of the continued support of relevant agencies throughout the project management life cycle.</p> |

### Coordination with Other Multilaterals and/or Donor Agencies

1.22 This project takes into consideration the wide cross-section of actors who have provided technical and financial support to SVG’s COVID-19 response, inclusive of IDB, CDB, WB, WHO, PAHO, the Caribbean Public Health Agency (CARPHA) and the Organisation of Eastern Caribbean States (OECS) Commission along with other private sector and individual donors. CDB will continue to foster strategic alliances with donor agencies to avoid duplication of efforts, facilitate the mobilisation of additional resources, promote sustainability and ensure coordination of health interventions in BMCs. Collaboration around procurement will be important as the strengths of agencies involved in procurement in response to the COVID-19 pandemic can be leveraged. At the sub-regional level, the OECS Commission and PAHO present opportunities for “pooled procurement” services. The experience and work programmes of agencies like PAHO and CARPHA will also be leveraged especially in the area of risk communication.

### Strategic Alignment

1.23 The Project is aligned with CDB’s strategic frameworks, including:

- (a) Strategic Plan Update 2022-2024.
- (b) Gender Equality Policy and Operational Strategy (2019).
- (c) Youth Policy and Operational Strategy (2020).
- (d) Disaster Management Strategy and Operational Guidelines (2021).
- (e) Other sectoral policies and procedures, for example, the Bank’s Environmental and Social Review Procedures.

1.24 The project also dovetails into the National Economic and Social Development Plan 2013-2025 which among other things is aimed at ensuring that the population maintains overall good health and well-being. The National Health Sector Strategic Plan (2019-2025) and Health Implementation Plan (2019-2020) build on this antecedent and outline a strategic and targeted approach to treating with urgent health priorities. The intervention is also aligned with SVG's Highly Infectious Disease Plan drafted in April 2020 with its emphasis on enhancing coordination and on reducing health risks. There is also convergence with the Corporate Strategy (2022-2024) of the MOHWE which focuses on outlining "strategic priorities, timeline and the required resources to address current health challenges, within the context of limited resources, including those posed by the COVID-19 pandemic, dengue fever outbreak and the explosive eruption of the La Soufrière volcano".

## **IMPACT, OUTCOMES AND COMPONENTS**

### **Impact and Outcomes**

1.25 The overall impact of this project is enhanced public health capacity for care provisioning by directly and indirectly boosting response and resiliency to the impacts of the Novel Coronavirus and other emergencies in St. Vincent and the Grenadines. There are three specific outcomes sought: (a) improved capacity for surveillance, case detection and monitoring; (b) initiatives supported to break the chain of transmission of the illness; and (c) improved service delivery capacity. The Results Framework for the project can be viewed in Appendix 1.2.

#### **1. Component 1: (3,578,500)**

(a) **Component 1A: Improving Surveillance, Case detection and Monitoring (\$860,000):** This component will support actions to enhance surveillance especially during peaks in the disease, facilitate case detection and monitoring and to improve data collection and recording. This includes the supply and installation of laboratory equipment, expansion of the COVID-19 response Unit, procurement of testing supplies, information and communications technology (ICT) equipment and other resources, as well as furniture, personnel and transportation for the COVID-19 Task Force.

##### **(i) Support For COVID-19 Task Force:**

(aa) **Establish Multi-functional Response Team:** Will support the setting up three-person multi-functional teams across the nine health districts to conduct contact tracing, testing, real time data entry, and vaccination.

(bb) **Transportation:** Supply two (2) minivans retrofitted to support the transport of both COVID affected patients and members of multi-functional Teams once established and engagement of two drivers for these vehicles.

(ii) **Improving the Laboratory Network:** This sub-component includes building diagnostic capacity by procuring medical equipment and supplies:

- (aa) **Laboratory Equipment:** supply of diagnostic equipment and resources inclusive of a back-up Genexpert<sup>14</sup> machine for the Milton Cato Memorial Hospital to ensure continuity of care.
- (bb) **COVID-19, HIV/AIDS and Syphilis Testing Supplies:** Supply point of care equipment and resource which will enhance diagnostic capacity at district hospitals and polyclinics to manage COVID-19, post COVID and manage COVID-19 emerging and re-emerging non-communicable and communicable illnesses including HIV/AIDS and Syphilis.
- (iii) **Augmenting the Health Information System (SVGHIS):** This element of the project supports the enhancement of the SVGHIS to improve surveillance and monitoring of new and existing health diseases throughout the health care system. This is expected to be done through:
  - (aa) The procurement of computer hardware and software and other office equipment for the Central Medical Stores and administrative records at the main hospital as well as for the 13 health facilities where equipment was destroyed in the volcanic eruption.
  - (bb) Supplying a vehicle to support the implementation and maintenance of the SVGHIS by the SVGHIS Team across all health districts on the island.
- (b) **Component 1B: Interrupting the Chain of transmission (\$2,166,500):** This component supports the provision of resources to halt or reverse the spread of COVID-19 and other emerging and re-emerging illness. This includes:
  - (i) **Strengthening Risk Communication:** This sub-component includes a consultancy to update the Ministry of Health's Health and Wellness Promotion Policy, develop a related Risk Communications Strategy/Plan and support capacity building for implementation.
    - (aa) The Risk Communications Strategy will include a community engagement component and sensitisation campaign to reach, inform and engage the target audiences.
    - (bb) The revised Promotion Policy and the Risk Communication Plan will focus on vaccine hesitancy related to COVID-19; the uptake of other vaccinations; other post volcanic eruption health considerations; and general health and wellness.

The Consultancy includes targeted training to re-orient HCWs; community leaders and, other influencers in areas including risk and behaviour change communication, community mobilisation and advocating for vaccination. The terms of reference (TOR) for this consultancy is at Appendix 1.3. These activities will align with, and utilise

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<sup>14</sup> Genexpert machine: The GeneXpert machine is a 'reference lab quality' test that can be run at the point of care to rapidly detect SARS-CoV-2, the virus that causes COVID-19 as well as detect other types of viruses.

communication resources developed under, the CDB-funded intervention on Risk Communication and Community engagement currently being implemented by PAHO.

- (ii) **Improving Health Transportation:** Under this sub-component three ambulances will be procured and insured to carry out services for the Grenadine Islands in order to facilitate the transport of persons affected by COVID-19 or other illnesses.
  - (iii) **Quarantine and Isolation Goods and Services:**<sup>15</sup> This sub-component covers the costs associated with accommodation, food and other expenses incurred by persons placed in quarantine or isolation in government-approved facilities as well as other resources and services needed to support that process. All costs have already been expended.
- (c) **Component 1C: Strengthening service delivery for critical care of COVID-19 and non-COVID-19 affected people (\$552,000):** This component will support capacity-building for COVID-19 case management and ensuring the continuity of essential care for people during this emergency and beyond.
- (i) **Delivery of Health Care for COVID-19 Patients:** This Sub-component focuses on a consultancy to enhance the care of COVID-19 patients, seniors, persons with NCDs in their homes and care facilities as well as identification and documentation of COVID-19 affected clients and will support the following areas:
    - (aa) The compilation and distribution of management protocols for the care of COVID-19 patients.
    - (bb) Training to improve data entry of rapid assessments of clients accessing care at the community level.
  - (ii) **Continuity of Critical Care:**
    - (aa) Procurement of PPE to allow for efficient infection prevention and control (IPC) practices in homes and health care facilities including private nursing homes.
    - (bb) Procurement of PPE's, nutritional support, glucose meters with supplies, automatic blood pressure machines, and pulse oximeters to support and empower persons affected by communicable and non-communicable diseases, seniors and PWDs.
  - (iii) **Potable/Temporary Water Supply, Waste Management and Basic Sanitation Services:**
    - (aa) Supply of waste disposal equipment comprising of autoclaves (2).
    - (bb) Supply of small garbage truck to support biomedical waste disposal at the community health level.

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<sup>15</sup> This sub-component of the project represents the retroactive element of the project.

- (cc) Procurement of sanitisation equipment and supplies for the Environmental Services Department.

2. **Component 2: Works (Minor) (\$215,000)**

- (a) **Component 2A: Interrupting the Chain of Transmission (\$175,000):** This component supports the provision of resources to halt or reverse the spread of COVID-19 across borders:

- (i) **Ports of Entry:** Improve the capability of Port Health Units to conduct safe and private processing of travellers including interviewing, testing and temporary quarantine/isolation:

- (aa) Supply and installation of moveable barriers at the airports in Canouan and Union Island to channel the flow of passengers and facilitate social distancing.

- (bb) Upgrading and retrofitting of containers housing Port Health Units at the Seaports in Canouan and Union Island.

- (b) **Component 2B: Strengthening service delivery for critical care of COVID-19 and non-COVID-19 affected people (\$40,000):** This component will support building capacity for COVID-19 case management:

- (i) **Potable/Temporary Water Supply, Waste Management and Basic Sanitation Services:**

- (aa) Supply and installation of hand washing stations at 15 health facilities.

3. **Component 3: Project Management, Auditing Services Costs (\$241,000):** This segment of the project comprises of several consultancies that will assist in the execution of key activities of the Project, and which are aimed at enhancing efficiency in the procurement process, ensuring the conduct of the end-of-project audit and covering other project management resources:

- (a) **Consultancy Services: Supporting the establishment of a Project Coordinating Unit and Conduct of the Audits.** Additional Project staff will be engaged to support the management and implementation of the project.

- (i) **Services: Consultant (Project Coordinator):** This comprises the engagement of a Project Coordinator to oversee project management. The Draft TOR is at Appendix 1.4.

- (ii) **Services: Consultant (Assistant Project Coordinator):** This element of the project covers the engagement of an Assistant Project Coordinator for the provision of assistance in coordination, and management of the Project and to support liaison with all stakeholders. The Draft TOR is located at Appendix 1.5.

- (iii) **Services: Consultant (Procurement Officer):** The consultancy consists of support for the engagement of a Procurement Officer who will be responsible primarily for the procurement and contract management of

goods, consulting services and works and other related services under the COVID-19 Response Programme. The Draft TOR is at Appendix 1.6.

- (iv) **Services: Consultant (Communications Specialist):** This component supports the engagement of a consultant who will be responsible for developing a sensitisation campaign to reach, inform and engage the diverse women, men, girls and boys and their organisations to create necessary awareness about the projects. The Draft TOR is at Appendix 1.7.
  - (v) **Services: Consultant (Accountant):** This component supports the engagement of the Project Accountant who will be responsible for maintaining financial records, providing timely financial information to the Project Coordinator and to ensure compliance with GOSVG's Financial Rules and CDB's Financial Guidelines. The Draft TOR is at Appendix 1.8.
  - (vi) **Services: Consultant (Design and Supervision)** Supported under this sub-component is the consultancy to oversee the design and implementation of the minor works activities under the project. The Draft TOR is at Appendix 1.9.
- (b) **Project Auditing Costs and Other Project Management Costs (\$40,000):** This sub-component covers the required auditing activities as well as supports resources for project management.
- (i) **Other Services: Financial Audit:** This comprises the conduct of an annual financial audit by the Audit Division of the MOF and an independent end-of-project financial audit by an independent auditing entity. The Draft TOR is at Appendix 1.10.
  - (ii) **Other Project Management Costs:** The costs associated with project coordination, office space, furniture and equipment, personnel assigned to the Project Coordinating Unit (PCU) and the work of the Project Steering Committee are covered under this element of the project.

## **KEY RESULTS INDICATORS**

### **Expected Impact and Outcomes**

1.26 The impact of this project is to contribute to the country's preparedness to mitigate the direct and indirect impact of the epidemic on the population's health. The main outcomes will be enhanced capacity of the COVID-19 Response Team to collect data on COVID-affected persons, extended diagnostic capacity at the community level and increased testing capacity, expanded SVGHIS to unserved health facilities particularly those in the red and orange zones, improved execution of IPC protocols in home care for COVID-19 affected patients, seniors, PWD and those with communicable and non-communicable diseases and increased percentage of points of entry with epidemiological surveillance based on national and IHR standards.



## **Economic Analysis**

1.27 This analysis compares the “with the project” and “without the project” scenarios quantifying the difference between the project’s benefits and its costs. The project will enhance the country’s capacity to reduce the negative impacts of the pandemic to the population through support to existing SVG’s COVID-19 vaccination and case management activities, reducing the incidences of community transmission, and minimising of prolonged illness and fatalities with their related consequences.

1.28 Project benefits are evaluated by quantifying the incremental mortality (deaths) and morbidity (illness) in SVG that are likely to occur without this intervention, specifically the avoided loss of human capital and labour force absenteeism and their economic impacts on productivity.

1.29 The project’s scope includes enhanced surveillance and monitoring of positive COVID-19 cases, implementation of a risk communication plan, along with upgraded isolation and quarantine services and delivery of health care services to infected people. These measures will complement SVG’s existing efforts to combat propagation of the virus.

## **Results**

1.30 Consideration of the project’s benefits and costs yields a Net Present Value (NPV) of \$302K using a discount rate of 12% and an Economic Rate of Return (ERR) of 16% indicating that the project will yield positive economic benefits. A summary of the Key Assumptions and Calculations can be found in Appendix 1.11.

## **Qualitative Benefit**

1.31 In addition to the benefits that have been quantified above, this project delivers the following qualitative advantages:

- (a) **Employer costs:** When positive cases are identified in a workplace, that establishment may need to operate with a reduced workforce or hire temporary labour while contact tracing, testing and sanitising protocols are conducted. This imposes additional costs to affected businesses resulting in reduced earnings.
- (b) **Education:** As a precaution to address the impact of the pandemic, SVG had adopted a hybrid remote learning approach for primary and secondary school students. However, this alternative has been found to provide less effective education than in-person attendance. This project will contribute to continuance of the in-person learning modality.

## **2. FINANCING STRUCTURE AND MAIN RISKS**

### **FINANCING INSTRUMENTS**

2.01 The Project will be financed by:

- (a) A loan from CDB to GOSVG (the Loan) of an amount not exceeding \$4,404,000 from CDB’s Other Special Funds (OSF) allocated from the IDB-LOC representing 96% of project costs to finance the public health response to contain and control the Coronavirus and mitigate its impacts and an external project audit.
- (b) Counterpart funding of XCD538,100 from GOSVG for project management services.

## Financing Structure and Cost

2.02 The Loan will be repayable over a period of 20 years, following a grace period of 2 years. The Loan carries variable interest rate which will be based on IDB's Flexible Financing Facility (FFF) as published on a quarterly basis (currently 2.12%) plus a funding spread (currently 77 basis points). Therefore, the indicative variable interest rate is currently 2.89%. A Project Cost, and Financing Plan is shown in Appendix 2.1.

**TABLE 2.1: SUMMARY OF PROJECT COSTS AND FINANCING COSTS**  
(USD '000 thousands or millions)

| Item*   | SFR-IDB<br>LOC    | CDB   |       | Counterpart    | Total             |
|---|-------------------|-------|-------|----------------|-------------------|
|   |                   | Other | Total |                |                   |
| <b>Component 1A:</b> Surveillance, case detection and monitoring      | 860,000           | -     | -     | -              | 860,000           |
| <b>Component 1B:</b> Interruption of the chain of transmission        | 2,166,500         | -     | -     | -              | 2,166,500         |
| <b>Component 1C:</b> Improve the capacity for COVID affected patients | 552,000           | -     | -     | -              | 552,000           |
| <b>Component 2:</b> Minor Works                                       | 215,000           | -     | -     | -              | 215,000           |
| <b>Component 3A:</b> Project Management Services                      | 241,000           | -     | -     | 189,100        | 430,100           |
| <b>Component 3B:</b> External audit and other project management      | 40,000            | -     | -     | -              | 40,000            |
| <b>Total Base Cost</b>  | <b>4,074,500</b>  | -     | -     | <b>189,100</b> | <b>4,263,600</b>  |
| Physical Contingencies <sup>16</sup>                                  | 110,900           | -     | -     | 9,400          | 120,300           |
| <b>Sub-Total</b>  | <b>4,185,400</b>  | -     | -     | <b>198,500</b> | <b>4,383,900</b>  |
| Price Contingencies <sup>17</sup>                                     | 34,300            | -     | -     | 800            | 35,100            |
| <b>Sub-Total</b>  | <b>4,219,700</b>  | -     | -     | <b>199,300</b> | <b>4,419,000</b>  |
| IDC (if applicable)   | 184,300           | -     | -     | -              | 184,300           |
| <b>Total Project Cost</b>   | <b>4,404,000</b>  | -     | -     | <b>199,300</b> | <b>4,603,300</b>  |
| <b>Local Dollar Equivalent</b>  | <b>11,890,800</b> | -     | -     | <b>538,100</b> | <b>12,428,900</b> |
| <b>Percentage Allocation</b>  | <b>96</b>         | -     | -     | <b>4</b>       |                   |

\* Components included in individual operation depend on the nature of the intervention based on discussions with country.

## ENVIRONMENTAL AND SOCIAL SAFEGUARD RISKS

### Social and Gender Impact Assessment

2.03 The Project will contribute to the enhanced provision of public health care of the residents of SVG by boosting response and resiliency to the Novel Coronavirus. The improvements in areas include, *inter alia*, access to PPEs; bolstering COVID-19 screening capacity at ports of entry; as well as the delivery of testing equipment to allow for state of the art and accurate testing for COVID-19 and sexually-transmitted diseases that could deepen vulnerability. The Project will also build awareness of the benefits of uptake, of COVID-19 and other vaccines, as well as update protocols for managing NCDs and other pressing concerns in the health sector. The risk communications and community engagement component will be tailored to address: (a) ethnicity, age, cultural and gender differences in vaccine uptake; and (b) the gendered impacts of ill health, including increased burden in vulnerable households and GBV. The expansion of members in the response team should aid mitigation of COVID-19. Critically, these responses should reduce disruption in the provision of essential health services.

<sup>16</sup> Physical Contingencies: 5% of base costs except reimbursable cost for quarantine and isolation services (\$1.81 mn).

<sup>17</sup> Price Contingencies: 4% as per International Monetary Fund forecasts.

2.04 In addition, training on Gender Equality and Social Inclusion (GESI), for Health Care Workers (including capacity building for GBV screening) is expected to enhance the quality of health services for all, support health systems reform; and proactively, address the social determinants of health. There will be continuity of care for vulnerable populations through the provision of critical sexual health services to include HIV and Syphilis testing kits. The Spotlight Initiative has been providing this ongoing training support for key health service providers working with vulnerable groups about GBV, the clinical management of rape, how to prevent, respond and report on GBV, including the referral pathways.

2.05 Vulnerable groups have borne the brunt of the impact of the pandemic, it is expected that the most vulnerable will benefit from downstream impacts associated with enhanced care as the disease burden they disproportionately bear will be reduced.

### **Environmental Assessment**

2.06 The projects pose limited or no potential for adverse environmental impacts, and will result in positive environmental impacts. This including improved collection and disposal of the COVID-19 related waste from health facilities via the purchase of a garbage truck, and improved basic sanitation services via the installation of hand washing stations at 15 health facilities.

2.07 The project also seeks to improve the capability of Port Health Units to conduct safe and private processing of travellers and will require minor construction works of onsite retrofitting of shipping containers housing Port Health units at the air and seaports and the installation of moveable barriers at the airports in Canouan and Union Islands. These works will cause only temporary and site-specific impacts, such as dust and noise impact from drilling and use of heavy machinery. The works will be undertaken utilising appropriate health and safety measures which will be put in place by the contractor to ensure safety of the site and workers and members of the public and overseen by the Ministry of Public Works.

2.08 The Project is gender mainstreamed and the assessment is shown in the Gender Marker Score in Table 2.2 below. The Gender Marker Analysis and Gender Action Plan are shown in Appendices 2.2 and 2.3, respectively.

**TABLE 2.2: GENDER MARKER SCORE**

| <b>Analysis</b> | <b>Design</b> | <b>Implementation</b> | <b>M&amp;E</b> | <b>Score</b> | <b>Code</b> |
|-----------------|---------------|-----------------------|----------------|--------------|-------------|
| 1               | 0.5           | 1                     | 0.5            | 3            | GM          |

### **FIDUCIARY RISKS**

2.09 General responsibility for financial management of this Project falls to the Public Sector Investment Programme Management Unit (PSIPMU) within the Economic Planning Division of the MOF. There are adequate processes and systems (i.e., SMARTSTREAM) for financial management of this project and therefore the overall fiduciary risks can be considered low. The main fiduciary risk associated with this project and the corresponding safeguard is discussed in Table 2.3 below.

**TABLE 2.3: RISK**

| <b>Fiduciary Risk</b>   | <b>Mitigation Action</b>   |
|---|--|
| <p><b>Human resource availability:</b> Personnel resources available within PSIPMU to conduct financial management of this Project are limited, given its expected demands and existing workloads.</p>  | <p>An accountant will be engaged as part of the PSIPMU to undertake financial management responsibilities of this Project. An accounting assistant from the Ministry of Health will also be assigned to support the work of the Accountant. The qualifications and experience of the nominees for the role of accountant and assistant accountant must be acceptable to the Bank.</p>    |
| <p><b>Procurement capacity:</b> Although there is some resident capacity within the Ministry of Finance to conduct procurement activities there is limited capacity in general and overall limitations with respect to expertise in Health procurement given the core activities under the Project.</p> | <p>The engagement of a Procurement Officer will expand the overall capacity of the PSIPMU to undertake procurement activities ensuring adequate procurement supervision and procedural oversight. The Procurement Officer engaged will have experience in health procurement. These considerations will enhance overall oversight of timelines and accountability under the Project.</p> |

**OTHER KEY RISKS AND ISSUES**

**Summary of Risks**

2.10 A summary of the above-mentioned risks can be viewed in Appendix 2.4 in the Summary of Risk Assessment and Mitigation Measures.

**SUSTAINABILITY**

2.11 GOSVG is committed to responding to and mitigating current and future risks associated with the COVID-19 pandemic and ensuring greater resilience in the health sector. Its continued engagement around IHR core capacities underscores this commitment and helps to fabricate a resilient platform for continuous evaluation, improvement, and sustainability of these attributes over time. With respect to the equipment, targeted capacity-building, improved skills for maintenance, and refined and up to date specifications will ensure operational longevity and compliance with industry standards. The selection of the best suited technologically advanced equipment and resources reflects considerations for an adaptable and modern system. The updating of the Risk Communication Plan with support from PAHO will cement partnerships as well as support adaptability and relevance of approaches, and embed best practices throughout the system as HCWs and clients are trained. GOSVG also promotes strategic alignment, complementarity of actions and harmonisation across the work of ministries and development partners to leverage investments for optimal impact. CDB will continue to support meaningful engagement with GOSVG to avoid duplication of efforts, mobilise additional resources, promote sustainability and ensure coordination of multi-sectoral and intersectoral response.

### **3. IMPLEMENTATION AND MANAGEMENT**

#### **IMPLEMENTATION ARRANGEMENTS**

##### **Borrower and Implementing Agency**

3.01 The Borrower, GOSVG, may pursuant to Section 3(1) of the Loans (CDB) Act 1973 of SVG (the Loans (CDB) Act), in such manner and on such terms and subject to such conditions as may be agreed between GOSVG and CDB, borrow from CDB from time to time such sums as may be required by GOSVG. Any agreement between GOSVG and CDB in respect of sums borrowed under this power must be made in the name of GOSVG and may be signed on behalf of GOSVG by the Minister responsible for Finance or by any person authorised thereto in writing by that Minister. A copy of such agreement must be laid before the House of Representatives as soon as possible after it is concluded.

3.02 Pursuant to Sections 3(6) and 10(4) of the Loans (CDB) Act, all amounts required for the repayment of any sums borrowed by GOSVG from CDB under Section 3(1) of the Loans (CDB) Act, or guaranteed under Section 7 of the Loans (CDB) Act, and all interest and other charges on such sums are charged upon, and payable out of, the Consolidated Fund of SVG. Where any sum becomes payable by GOSVG pursuant to a guarantee or undertaking given under Section 5, that sum shall be charged on the Consolidated Fund and the Minister shall direct payment to come out of that Fund accordingly.

##### **Project Management**

3.03 The MOF shall implement the Project through the existing PSIPMU located within the Economic Planning Division. It has been augmented with a dedicated Project Coordinator (PC), and an Assistant Project Coordinator (APC). A Project Accountant (PA), a Procurement Officer (PO) and a Communications Consultant (CC) will be engaged. Existing staff within the PSIPMU shall oversee the environment and social safeguards and Monitoring and Evaluation (M&E) and provide administrative and any additional accounting support. The PC shall report to the Director General (DG), MOF and shall be responsible for the day-to-day management and technical oversight of all project-related activities. The DG, of MOF will have responsibilities for the overall execution of the Project and will be supported by the Permanent Secretary (PS) in the co-implementing Ministry - MOHWE. A three-person technical team will be established within the MOHWE to support the APC. The APC shall report to the PC. The PC shall be accountable for ensuring that a gender lens is applied to all interventions and gender differentials are included in project reports. It shall be a condition precedent to first disbursement of the Loan that the PC is engaged by GOSVG. It shall be a condition of the loan that the APC, PO, PA and CC will be engaged by October 31Sep, 2022, or such later date as CDB may agree, to complement the team within the PSIPMU. The PC, APC, PO, PA and CC shall be funded under the Project. The qualifications and experience of any person subsequently assigned to the position of APC, CC, PO, PA and PC shall also be acceptable to CDB. The Project Management Organisational Chart is at Appendix 3.1.

3.04 A multi-sectoral Project Steering Committee (PSC) shall be established to provide oversight of the Project and shall, *inter alia*, have responsibility for resolving inter-agency coordination issues arising from implementation. The PSC will be chaired by the Director General, MOF. The PSC will comprise a representative from each of the following: MOF, MONM, the Ministry of Education (MOE), NIS, National Society for Persons with Disabilities (NSPWD) and a minimum of two representatives from the MOHWE. It shall be a condition precedent to first disbursement of the Loan that a PSC be established. The duties and responsibilities of the PSC are at Appendix 3.2.

### **Interagency Coordination**

3.05 As needed, MOHWE, through the PS or PSC, will seek guidance and support from other government ministries or agencies, including the Department of Environment, National Emergency Organisation, Directorate of Gender Affairs, non-governmental organisations and private sector entities that can provide resources and assistance in an emergency setting. Implementation risks will also be partly mitigated through continuous stakeholder and interagency consultation as well as creating a framework for raising and addressing issues and grievances.

### **Implementation**

3.06 The Project will be implemented over a period of 12 months. Relevant milestone dates are noted in the Provisional Implementation Schedule as provided at Appendix 3.3. Project start-up activities will include a Project Launch Workshop planned for Q3 2022. An Exit Workshop is tentatively scheduled for Q3 2023, following practical completion of all project activities. CDB will provide implementation support over the life of the Project. Support will include: (a) reviewing implementation progress and the achievement of Project outcomes; (b) procurement advice; and (c) monitoring changes in risks and compliance with legal agreements, as needed. The implementation support will be reviewed to ensure that it continues to meet the specific needs of the Project.

### **PARTICIPATION OF BENEFICIARIES AND STAKEHOLDERS**

3.07 The preparation of this Project involved virtual and in-country consultations with a range of stakeholders from SVG. Key informant interviews and focus group discussions were held with representatives from Ministries, Departments and Agencies including representatives of the Ministries of Finance; Health and National Mobilization. Stakeholder groups consulted included medical health administrators and nurses.

### **Retroactive Financing**

3.08 CDB Board Paper BD 121/20 for the IDB OECS LOC permits up to 50% retroactive financing for expenses incurred from January 30, 2020 and within the time limits permitted under prevailing lending policies of CDB. GOSVG has requested \$1.86 mn (amounting to 42% of the total Loan amount) of the approved financing to be applied retroactively to Component 2 and this is reflected in the disbursement schedule.

### **Disbursement**

3.09 Disbursement of the Loan will be made in accordance with CDB's Disbursement Guidelines for CDB-Financed Projects (January 2019). It is expected that the first disbursement of the Loan will be made by October 31, 2022. The Loan is expected to be fully disbursed by December 31, 2023. An Estimated Quarterly Loan and Disbursement Schedule is presented in Appendix 3.4. The Disbursement Letter is at Appendix 3.5.

3.10 The Loan resources may only be used to finance expenditures that are incurred in accordance with the provisions of the Operating Regulations established under the IDB Loan Contract and cannot be used to finance sub-projects or sub-companies involved in the production, trade, or use of the products, substances or activities on the Exclusion List set out at Appendix 3.6. To this end, expenditures being financed by the proceeds of the Loan shall be certified by the PC for this purpose.

## **Procurement**

3.11 Procurement shall be undertaken in accordance with the Procurement Policy for Projects Financed by CDB (November 2019) and the Procurement Procedures for Projects Financed by CDB (January 2021), except that, in accordance with the IDB-CDB agreement for the IDB COVID-19 Loan Facility, procurement eligibility shall be extended to all countries that are not CDB Member Countries. Further details of the procurement arrangements are provided in the Procurement Plan at Appendix 3.7.

## **SUMMARY OF ARRANGEMENTS FOR MONITORING AND REPORTING**

### **Monitoring**

3.12 Project M&E will be guided by the detailed Results Framework (RF) at Appendix 1.2. This framework specifies the indicators that will be monitored, their baseline and target values, frequency of monitoring, sources of data, and instruments through which data will be collected. The PC and APC will have overall responsibility for the monitoring of project outputs and will be required to prepare and submit project monitoring reports as specified in Appendix 3.8. The Project Launch Workshop will be executed to provide an orientation for the Project Team and to ensure that all entities participating in the Project will be able to carry out their designated tasks inclusive of M&E functionality.

### **Reports**

3.13 It will be a condition of the Loan that GOSVG shall furnish, or cause to be furnished, to CDB the reports listed in Appendix 3.8 to this Report, in such form or forms as CDB may require, not later than the times specified therein for so doing.

## **4. PERFORMANCE ASSESSMENT OF PROJECT**

4.01 The composite performance rating based on CDB's Performance Assessment System (PAS) has been estimated as very satisfactory which indicates that the Project is likely to achieve its outcomes and that project performance is expected to be of an acceptable standard. The details of the PAS are presented in Table 4.1 below.

**TABLE 4.1: PERFORMANCE ASSESSMENT SYSTEM**

| <b>Criteria</b> | <b>Score</b> | <b>Justification</b>  |
|-----------------|--------------|---|
| Relevance       | 4            | The Project is considered a high priority of GOSVG, and it is in accordance with National Economic and Social Development Plan 2019-2025 and the National Health Implementation Plan (2019-2020). It also dovetails into the Corporate Plan for MOHWE, (2022–2024). Additionally, it is in alignment with the work being conducted with partners such as the WB, OECS, WHO, and PAHO to support Developing states such as SVG to fill gaps and strengthen their capacity to prevent and control the spread and impact of COVID-19 and sustain the delivery of health care at all levels. The Project is in accordance with GOSVG efforts to enhance health security as exhibited by its commitment to the IHR (2005) and the plans to have an independent capacity assessment done. The Project is also in alignment with CDB’s strategic approach to foster inclusive and sustainable growth and development and other policy frameworks, including: (a) Strategic Plan Update 2022-2024; (b) Gender Equality Policy and Operational Strategy (2019); (c) Youth Policy and Operational Strategy (2020); and other sectoral policies and procedures such as the ESRP. |
| Effectiveness   | 3            | The Project is designed to help strengthen the capacity of the health sector to respond to the challenges posed by COVID-19 and to help mitigate the risks to the population especially the most vulnerable. In this regard, the capacity to deliver the highest level of care on a consistent basis both in terms of regular and specialised health care services across all levels of the healthcare system and the delivery of critical care for COVID-19 affected persons, will be bolstered. The Project will augment the government’s ability to respond to, recover from, and continue its journey in building resilience to similar emergencies in the future.  |
| Efficiency      | 3            | Through the implementation of the measures contained in this project, GOSVG will be better positioned to deliver timely and targeted services where most needed. The economic analysis determined a NPV of \$317K and an ERR of 17%. This ERR is sufficient to attest to the economic viability of the Project and is above CDB’s hurdle rate of 12%.   |



| <b>Criteria</b>      | <b>Score</b> | <b>Justification</b>   |
|----------------------|--------------|--|
| Sustainability       | 3            | GOSVG's investment in the pursuit of health and wellness for its populace and to positively influence the determinants of health clearly signals its well rooted commitment to improving health systems. Ensuring the proper installation and a suitable regime of maintenance of equipment and other resources will lay a good foundation for the sustained operation of key services in the health system. Sustainability will similarly be boosted through improving the capacity of health care professional in terms of awareness and consideration of environmental, social and gender essentials critical to the response. This will help facilitate greater ownership as well as integration of these issues into the operations within the health system. While the Project is designed to rapidly mobilise resources that enhances the health response to COVID-19 during the pandemic, the outputs and outcomes are complementary to other development partner-funded initiatives and will be integrated into the routine operations of the sector. |
| <b>Overall Score</b> | <b>3.25</b>  | <b>Very Satisfactory</b>   |

## **5. TERMS AND CONDITIONS**

5.01 It is proposed that the Loan be made on CDB's standard terms and conditions and on the following terms and conditions:

| <b>No.</b> | <b>Subject</b>        | <b>Terms and Conditions of the Loan</b>  |
|------------|-----------------------|--|
| 1.         | <b>Parties</b>        | <p><u>Bank</u>: Caribbean Development Bank (CDB)</p> <p><u>Borrower</u>: Government of St. Vincent and the Grenadines (GOSVG)</p> <p><u>Implementing Agency</u>: Ministry of Finance, Economic Planning and Information Technology (MOF)</p>   |
| 2.         | <b>Amount of Loan</b> | The Bank agrees to lend to the Borrower an amount not exceeding the equivalent of four million four hundred and four thousand United States dollars (\$4,404,000) from the SFR of the Bank allocated from the IDB COVID-19 Relief Resources (the Loan).  |
| 3.         | <b>Purpose</b>        | The purpose for which the Loan is being made is to support the Borrower in improving its capacity to respond to the direct and indirect impacts of the COVID-19 pandemic on the population's health and improve resilience of the health sector to respond to health and other emergencies in St. Vincent and the Grenadines, more particularly described in the <b>Project Description</b> (the Project). |
| 4.         | <b>Repayment</b>      | The Borrower shall repay the Loan in eighty (80) equal or approximately equal and consecutive quarterly instalments, commencing two (2) years after the date of the Loan Agreement.  |
| 5.         | <b>Interest</b>       | The Borrower shall pay to the Bank interest at the variable rate of two decimal eight nine percent (2.89%) per annum on the amount of the Loan disbursed and outstanding from time to time. Such interest shall be set quarterly and will be effective from January 1, April 1, July 1 and October 1 of each year.   |

| No. | Subject                         | Terms and Conditions of the Loan   |
|-----|---------------------------------|--|
| 6.  | <b>Interest Rate Conversion</b> | <p>(a) The Borrower may request from the Bank that the interest rate payable in respect of the Loan be converted from a variable to a fixed interest rate (an Interest Rate Conversion), subject to the following requirements:</p> <ul style="list-style-type: none"><li>(i) The feasibility of the Bank to execute any Interest Rate Conversion will depend on the ability of the Bank to affect the Interest Rate Conversion on terms and conditions acceptable to the Bank in its sole discretion, in accordance with its policies, and will be subject to legal, operational, and risk management considerations and prevailing market conditions.</li><li>(ii) The Borrower may only request an Interest Rate Conversion after the Terminal Disbursement Date of the Loan and any amount of the Loan remaining undisbursed has been cancelled.</li><li>(iii) An Interest Rate Conversion may only be made with respect to all (not part) of the Loan resources disbursed and outstanding.</li><li>(iv) The Bank shall not be obliged to execute an Interest Rate Conversion on amounts that are less than the equivalent of three million United States dollars (\$3,000,000), which may be comprised of the aggregate of the resources of the Loan disbursed and outstanding and any other loan between the Bank and the Borrower utilising the resources provided to the Bank under the IDB COVID-19 Loan Agreement.</li></ul> <p>(b) The Borrower may request an Interest Rate Conversion by delivering to the Bank an irrevocable communication in writing signed by a duly authorized representative of the Borrower, in form and substance satisfactory to the Bank (a Conversion Request).</p> <p>(c) Once the Bank has received a satisfactory Conversion Request, it shall proceed to review the same and determine in its absolute discretion whether to deny or approve the request.</p> <p>(d) If the Bank denies the Conversion Request, the Bank shall notify the Borrower of such denial and such Conversion Request shall be considered null and void, without prejudice to the Borrower's right to deliver a new Conversion Request.</p> <p>(e) If the Bank approves the Conversion Request, the Bank shall notify the Borrower of such approval and indicate: (i) the date on which the Interest Rate Conversion shall become effective (a Conversion Date); and (ii) the interest rate applicable from the Conversion Date to the date of maturity of the Loan.</p> |

| No. | Subject                       | Terms and Conditions of the Loan   |
|-----|-------------------------------|--|
| 7.  | <b>Commitment Fee</b>         | The Borrower shall not be charged a commitment fee on the amount of the Loan undisbursed from time to time. Section 3.04 of the General Provisions shall not apply to this Loan.   |
| 8.  | <b>Disbursement of Loan</b>   | <p>Except as the Bank may otherwise agree:</p> <ul style="list-style-type: none"> <li>(a) the amounts disbursed from the Loan Account shall not exceed in the aggregate ninety-six percent (96%) of the cost of the Project;</li> <li>(b) amounts disbursed from the Loan Account shall be used to finance the components of the Project allocated for financing by the Bank as shown in the <b>Financing Plan</b> up to the respective limits specified therein; and</li> <li>(c) up to fifty percent (50%) of the amount of the Loan may be used to finance eligible expenditures incurred by the Borrower between January 30, 2020, and the date of the Loan Agreement.</li> </ul> <p>The Borrower shall comply with the Bank’s “Disbursement Guidelines for CDB-Financed Projects” published in January 2019 (the Guidelines), which publication is in effect at the date hereof and which may be amended from time to time by the Bank.</p> |
| 9.  | <b>Period of Disbursement</b> | <p>The Bank shall have received an application for first disbursement of the Loan by October 31, 2022, or such later date as may be specified in writing by the Bank.</p> <p>The Loan shall be fully committed by December 31, 2023, or such later date as may be specified in writing by the Bank.</p> <p>The Loan shall be disbursed up to December 31, 2023, or such later date as may be specified in writing by the Bank.</p>   |
| 10. | <b>Procurement</b>            | <p>Except as provided below, procurement of goods and/or services to be financed from the Loan resources shall be in accordance with the following policy and procedures or such other policy or procedures as the Bank may from time to time specify in writing:</p> <ul style="list-style-type: none"> <li>(a) Procurement Policy for Projects Financed by CDB (November 2019); and</li> <li>(b) Procurement Procedures for Projects Financed by CDB (January 2021)</li> </ul> <p>Eligibility for procurement shall be extended to all countries that are not CDB Member Countries.</p> <p>The Borrower shall comply with the procurement requirements set out in the <b>Procurement Plan</b>. Any revisions to the <b>Procurement Plan</b> shall require the Bank’s prior approval in writing.</p>  |

| No. | Subject  | Terms and Conditions of the Loan   |
|-----|--|--|
| 11. | <b>Additional Conditions Precedent to First Disbursement</b> | <p>The Bank shall not be obliged to make the first disbursement of the Loan until the Borrower has furnished or caused to be furnished to the Bank, evidence acceptable to the Bank, that the following conditions have been satisfied:</p> <p>(a) PC has been engaged.<br/>                     (b) PSC has been established.</p>   |
| 12. | <b>Project Implementation</b>                                | <p>Except as the Bank may otherwise agree, the Borrower shall:</p> <p>(a) implement the Project through the Implementing Agency; and<br/>                     (b) carry out the Project at all times in accordance with IDB's operating regulations for the Project (the Operating Regulations (OR)).</p>  |
| 13. | <b>Project Management</b>                                    | <p>The Borrower shall:</p> <p>(a) by September 30, 2022, or such later date as the Bank may agree, engage the APC, PO, PA and CC to complement the team within the PSIPMU to implement and manage the Project. The APC, PO, PA and CC shall carry out the respective duties and responsibilities described in the following TORs:</p> <p style="padding-left: 40px;">(i) <b>Draft Terms of Reference – Assistant Project Coordinator</b><br/>                     (ii) <b>Draft Terms of Reference – Procurement Officer</b><br/>                     (iii) <b>Draft Terms of Reference – Project Accountant</b><br/>                     (iv) <b>Draft Terms of Reference – Health Communications Consultant</b></p> <p>The qualifications and experience of any person subsequently engaged/assigned as APC, PO, PA and/or CC shall be acceptable to the Bank; and</p> <p>(b) establish and, for the duration of the Project, maintain the PSC with the composition and functions set out in the <b>Duties and Responsibilities of Project Steering Committee</b>.</p> |
| 14. | <b>Engagement of Consultants</b>                             | <p>(a) The Borrower shall, in accordance with the procurement policy and procedures applicable to the Loan, select and engage consultant(s) to provide the consulting services set out in the following Terms of Reference (the Consulting Services):</p> <p style="padding-left: 40px;">(i) Draft Terms of Reference: Consultant Project Coordinator<br/>                     (ii) Draft Terms of Reference: Assistant Project Coordinator<br/>                     (iii) Draft Terms of Reference: Procurement Officer<br/>                     (iv) Draft Terms of Reference: Communications Consultant<br/>                     (v) Draft Terms of Reference: Project Accountant<br/>                     (vi) Draft Terms of Reference: Health Communications Consultant;<br/>                     (vii) Draft Terms of Reference: Financial Audit</p>  |

| No. | Subject  | Terms and Conditions of the Loan   |
|-----|--|--|
|     |  | <p>(viii) Draft Terms of Reference: Consultancy Services for the Design and Supervision of the Upgrading of Four Port Health Facilities and Twenty Wash Stations</p> <p>(b) The Borrower shall, within a timeframe acceptable to the Bank, implement such recommendations arising from the aforementioned Consultancy Services, as may be acceptable to the Bank.</p>  |
| 15. | <b>IDB Loan Conditions</b>                                     | <p>The Borrower shall:</p> <p>(a) permit CDB and IDB to inspect the goods, sites, works and structures of the Project and proceeds of the Loan;</p> <p>(b) furnish all information that CDB and IDB may reasonably request with respect to the use of the proceeds of the Loan and the financial situation of the Borrower;</p> <p>(c) comply and ensure that the proceeds of the Loan are used in accordance with CDB's ESRP and the environmental and social requirements outlined in IDB's OR; and</p> <p>(d) commit to incorporate all the integrity provisions set forth in the policies and procedures of CDB and IDB through an integrity covenant or similar covenant as detailed in IDB's OR.</p> |
| 16. | <b>Additional Funds</b>  | <p>The Borrower shall be responsible for meeting any amount by which the total cost of the Project exceeds four million six hundred and three thousand three hundred United States dollars (\$ 4,603,300).</p>   |
| 17. | <b>Borrower's Contribution to the Project</b>                  | <p>The Borrower shall contribute to the Project an amount of not less than five hundred and thirty-eight thousand one hundred Eastern Caribbean dollars (XCD538,100).</p> <p>Except as the Bank may otherwise agree, the contribution which the Borrower is required to make to the Project shall be expended by the Borrower in a timely manner on the components of the Project designated for financing by the Borrower as shown in the <b>Financing Plan</b>, up to the respective limits specified therein.</p>   |
| 18. | <b>Reports and Information</b>                                 | <p>Except as the Bank may otherwise agree, the Borrower shall furnish or cause to be furnished to the Bank the reports and information set out in the <b>Reporting Requirements</b> in the form specified therein, or in such form or forms as the Bank may require, not later than the times specified therein for so doing.</p>  |
| 19. | <b>Additional event of suspension, cancelation and default</b> | <p>The IDB Loan resources or any part thereof is suspended, cancelled or required to be refunded.</p>  |

**6. LOANS COMMITTEE RECOMMENDATION**

6.01 The Loans Committee considered this proposal on September 2, 2022 and agreed to recommend it for approval of the President.

Signed: Isaac Solomon  
Isaac Solomon  
Vice-President (Operations)

September 7, 2022  
Date

**7. APPROVAL**

7.01 The above-mentioned Appraisal Report is approved.

Signed: Hyginus 'Gene' Leon  
Hyginus 'Gene' Leon  
President

September 7, 2022  
Date

OTHER SIGNIFICANT ACTIONS TAKEN BY GOSVG AND KEY PARTNERS

1. The following details other key areas where the GOSVG, along with its main partners, have taken significant action:
  - (a) GOSVG, acting on the advice of the National Emergency Council, **enacted four separate but inter-related Statutory Rules and Orders** to bolster the COVID-19 response. These regulations covered specific COVID-19 rules, emergency authorisation of vaccines, fixed penalties for non-compliance, and restriction of gatherings in a variety of settings. Meanwhile, an array of COVID-19 protocols covering conduct of mass gatherings and sporting events, safe re-opening of schools, airport operations, integration of post-isolation quarantine in the workplace, ride sharing services, and operation of residential facilities were published for public guidance. Protocols to govern care in the home for persons affected by COVID-19, HIV/AIDS, persons with disabilities or seniors as well as to support self-care particularly for persons suffering from communicable and non-communicable diseases are still required.
  - (b) **SVG has markedly enhanced its testing capacity for the coronavirus since the emergence of the pandemic.** As of July 15, 2021, there were 57,474 COVID-19 tests administered representing a more than three-fold increase since the beginning of the year. This progress has been accomplished through strategic interventions such as recruitment of additional medical, nursing and laboratory staff, competency training for relevant frontline health workers in molecular laboratory diagnosis and field epidemiology, acquisition of state-of-the-art coronavirus testing equipment, expanded and improved storage facilities, and increasing and decentralising testing sites.
  - (c) **Testing for the coronavirus is done in conformity with WHO Guidelines and there is now widespread accessibility to the service.** All functioning district clinics and polyclinics now have the capacity to undertake rapid antigen and antibody testing and to collect PCR samples for onward transmission to the molecular laboratory for testing. A case surveillance and contact tracing programme for persons testing positive is well established. This programme is coordinated by the COVID-19 Surveillance Task Force within the Health Services Sub-committee and is undertaken by a multidisciplinary team of health care workers including public health nurses, environmental health officers, and laboratory technologists.
  - (d) **A highly efficient and versatile Service DX software application has been used to support COVID-19 surveillance at designated ports of entry.** The software enhanced automated data collection, consolidation, intelligent messaging, and analytics in undertaking cross-border surveillance at 13 points of entry. It is now widely used by port health staff, clinicians, laboratory technologists, administrative staff, environmental health officers, and the Health Services Sub-Committee to process coronavirus testing data, contact tracing, and monitoring the health status of quarantined persons.

**INDICATIVE RESULTS FRAMEWORK<sup>1</sup>**

**Project Impact:** Enhanced public health capacity for care provisioning by directly and indirectly boosting response and resiliency to the impacts of Novel Coronavirus and other emergencies in St. Vincent and the Grenadines.

| <b>Outcome</b>   | <b>Indicator</b>   | <b>Baseline</b>              | <b>Target</b>    | <b>Data Sources, Reporting Mechanisms and Report Frequency</b>  |
|--|--|------------------------------|------------------|---|
| <b>Improved detection and monitoring of cases</b>                              | Number of daily tests the country has the capacity to perform (PCR and Antigen) <sup>13</sup>  | 800 <sup>2</sup><br>01/06/22 | 855<br>31/03/23  | Management Reports from Public health laboratory, Final Report. |
| <b>Supported initiatives to break the chain of transmission of the illness</b> | Percentage of ports of entry with upgraded or full port health posts for Epidemiological surveillance as required by IHR and country standards               | 60%<br>30/04/22              | 100%<br>31/03/23 | Reports, Observation.   |
|  | Number of updated risk communication plans under implementation  | 0<br>30/04/22                | 1<br>31/06/2023  | Health Sector Reports, Final Report.                            |
| <b>Improved service delivery capacity</b>                                      | Percentage of COVID-19 centres with adequate PPE and protocols for infection prevention and control, protecting home care and general health care personnel. | 95<br>30/04/22               | 100<br>31/1/23   | Health Sector Reports, Final Report.                            |
|  | Updated protocols for infection Control for home care observed.  | No<br>30/04/22               | Yes<br>30/06/23  | Health Sector Reports, Final Report.                            |

**Assumptions for Achieving Outcomes:**

- (a) Trained persons are retained in the health institutions/attrition rate of trained persons is minimal
- (b) Protocols are implemented as planned
- (c) Stakeholder engagement is sustained, and risk communication strategy is effective

<sup>1</sup> The content of individual results matrix will depend on the menu of interventions that countries will select.

<sup>2</sup> Current daily capacity – 500 (PCR) and 300 (Antigen) tests.



| <b>Output</b>   | <b>Indicator</b>  | <b>Baseline</b> | <b>Target</b>                   | <b>Data Sources, Reporting Mechanisms and Report Frequency</b>   |
|---|---|-----------------|---------------------------------|--|
| <b>Component 1 – Goods</b>                                |   |                 |                                 |  |
| <b>Case Detection and Monitoring</b>                      |   |                 |                                 |  |
| Timely case detection and monitoring actions implemented. | Number of vehicles to transport Multi-Functional Team and COVID-19 patients purchased.  | 0<br>30/04/22   | 2<br>30/03/23                   | Observation, Health sector Report, Procurement Documentation and Report, Progress Report.                |
|   | Number of temporary staff members (27 multifunctional team members and 2 drivers) contracted to augment Rapid Response Team and Support Vaccine Uptake Drive).                                      | 0<br>30/04/22   | 29<br>30/10/22                  | Report from the COVID Response Task Force, Progress Report.  |
|   | Number of Rapid HIV, Syphilis and COVID-19 Diagnostic tests and HIV viral load tests procured and distributed to 8 healthcare facilities.   | 0<br>30/04/22   | 10,050 <sup>3</sup><br>31/03/23 | Management Report from the laboratory network system, Procurement Documentation and Report.              |
|   | Number of four module GeneXpert machines procured.  | 1<br>30/04/22   | 2<br>31/12/22                   | Management Report from the laboratory network system, observation, Procurement documentation and Report. |
|   | Number of medical facilities (Central Medical Stores and MCMH) with computer hardware, software and accessories (photocopiers and other IT equipment) procured to upgrade data collection capacity. | 0<br>30/04/22   | 2<br>31/05/23                   | Observation, Management Reports, procurement documentation and Report.                                   |

<sup>3</sup> 6,250 –(COVID-19 Rapid tests); 3,200 (Dual HIV/Syphilis); 500 (HIV viral load tests – adults); 100 (HIV viral load tests – neonatal)

| <b>Output</b>   | <b>Indicator</b>  | <b>Baseline</b> | <b>Target</b>   | <b>Data Sources, Reporting Mechanisms and Report Frequency</b>            |
|---|---|-----------------|-----------------|---|
|   | Number of health facilities in the red and orange volcanic zones with IT Capacity upgraded with Computers, printers, switchboards and modems.   | 0<br>30/04/22   | 13<br>31/05/23  | Health sector Reports, Observation, Procurement documentation and Report. |
|   | No of vehicles for use by SVGHIS officers procured.   | 0<br>30/04/22   | 1<br>31/03/23   | Health Sector Reports, Observation, Procurement documentation.            |
| <b>Interruption of the Disease Transmission Chain</b>         |   |                 |                 |   |
| Gender responsive and inclusive Communication with the Public | Gender-responsive and socio-culturally responsive Health and Wellness Promotion Policy and Updated.<br><br>Updated Health and Wellness Promotion Policy and Risk Communication Strategy/Plan completed. | No<br>30/04/22  | Yes<br>31/03/23 | Report from Health Communication Department, Consultant Report.           |
|   | No. of Primary Healthcare Workers, health promotions officers and key clients trained in RCCE.  | 0<br>30/04/22   | 40<br>31/05/23  | Report from health Communication Department, Training Report.             |
| <b>Component 2 - Works</b>                                    |   |                 |                 |   |
| Control of the country's point of entry improved              | Number of airports retrofitted as per IHR requirements.   | 3<br>30/04/22   | 5<br>30/12/22   | Observation, Health Sector Report, Progress Report and Final Report.      |
|   | Number of seaports upgraded to Full Port Health Posts.  | 3<br>30/04/22   | 5<br>31/03/23   | Observation, Health Sector Report, Progress Report and Final Report.      |
|   | Number of ambulances procured (one each for Bequia, Union Island and Canouan).  | 0<br>30/04/22   | 3<br>31/05/23   | Observation, procurement Documentation and Report Health Sector Report.   |

| <b>Output</b>  | <b>Indicator</b>   | <b>Baseline</b> | <b>Target</b>   | <b>Data Sources, Reporting Mechanisms and Report Frequency</b>                     |
|--|--|-----------------|-----------------|--|
| <b>Component 4 - Improvement of the capacity for service delivery</b>  |  |                 |                 |  |
| Enhance capacity for the provision of services for COVID-19 patients and the continuity of essential care for people during the emergency implemented. | Updated protocols for health security and disseminated (facilities and homes).   | No<br>30/04/22  | Yes<br>31/03/23 | Health Sector Reports, Training Reports.   |
|  | PPEs for efficient infection prevention and control (IPC) practice in homes and health care facilities procured.   | No<br>30/04/22  | Yes<br>30/01/23 | Health Sector Reports, Testimonials of clients, Project Report and Final Report.   |
|  | PPEs, nutritional support, personal health equipment and cell phone reporting programmes implemented to allow home management of NCDs by seniors and persons with disabilities procured. | No<br>30/04/22  | Yes<br>30/12/22 | Health Sector Reports, Testimonials of clients, Progress Reports and Final Report. |
|  | Number of health care facilities with improved handwashing stations.   | 0<br>30/04/22   | 15<br>31/03/23  | Observation, Health Sector Reports, Progress and Final Report.                     |
|  | Number of Autoclaves procured.   | 0<br>30/04/22   | 2<br>31/03/23   | Observation, Health Sector reports, Procurement documentation and Reports.         |
|  | Number of biomedical waste transport vehicles procured.  | 0<br>30/04/22   | 1<br>30/06/23   | Observation, Health Sector Reports, Procurement Documentation and Reports.         |
|  | Sanitisation equipment and supplies for use within Environmental Services Department procured.   | No<br>30/04/22  | Yes<br>30/12/22 | Report from Environmental Services Department.                                     |

| <b>Output</b>   | <b>Indicator</b>  | <b>Baseline</b> | <b>Target</b>  | <b>Data Sources, Reporting Mechanisms and Report Frequency</b> |
|---|---|-----------------|----------------|--|
|   | Number of project stakeholders from MOHWE/Health Care facilities//Coordination Committee/Sub Committee members trained in Gender Responsive and Socially Inclusive and to COVID-19. | 0<br>30/04/22   | 30<br>31/03/23 | Training Report.   |
| <b>Assumptions for achieving outputs</b>  |   |                 |                |  |
| (a) Procurement activities are carried out in a timely and efficient manner.<br>(b) Supply chain challenges are minimal<br>(c) Capacity building activities completed in a timely manner with expected level of participation by targeted beneficiaries |   |                 |                |  |

**DRAFT TERMS OF REFERENCE: HEALTH COMMUNICATIONS CONSULTANT**

**1. BACKGROUND**

1.01 The Project Communications Consultant will be responsible for updating the Health and Wellness Promotion Policy as well as developing and supporting the implementation of a Risk Communications Strategy including a community engagement component and sensitisation campaign to reach, inform and engage the target audiences. The activities associated with this include:

- (a) Identify key stakeholders/audiences (taking the multi-island context into account) as well as appropriate communication channels, dissemination methods and media to effectively communicate key messages to specific stakeholders.
- (b) Conduct consultations/focus group discussions with various stakeholders/audiences to discuss their information needs and preferred channels of communication. Groups of men, women, persons with disabilities (PWDs), Persons with Non-Communicable Diseases (PNCs), youth and indigenous people are among those that should be consulted.
- (c) Conduct a review of relevant policy and communication materials including those prepared by Pan American Health Organization-Subregional Program Coordination under the Caribbean Development Bank-funded Risk Communication and Community Engagement for COVID-19 Vaccine Uptake Project.
- (d) Update the Ministry of Health, Wellness and the Environment's (MOHWE) Health and Wellness Promotion Policy to reflect the new challenges of the COVID-19 and post-volcanic eruption environment.
- (e) Develop culturally appropriate and gender-responsive, inclusive and culturally sensitive Risk Communication strategy inclusive of a community engagement component and communications campaign.
- (f) Develop a costed implementation plan with timelines.
- (g) Conceptualise, design and develop Risk Communication materials with appropriate and relevant messages tailored for different audiences using various formats as appropriate such as text, graphics, imageries, infographics, videos, printed materials, etc. The messages should include information on the gender differentials and risks in the COVID-19 impacts.
- (h) Design and Deliver a Risk Communication Trainer of Trainers Component - Health Promotion Unit Team will support the various departments and programmes of the MOHWE and our stakeholders in the implementation of the risk communication plan.
- (i) Deliver training in Risk Communication and Community Engagement – this will involve capacity building for key stakeholders, including Health Care Workers, community leaders and influencers, to ensure they have the capacity to communicate consistent and accurate information to target groups such as Persons with Non-communicable Diseases and those identified as being among the most hesitant.
- (j) Ensure that all products carried out in the execution of the project comply with the established institutional policies and do not violate any intellectual property of third parties.

1.02 The Consultant will work closely with the MOHWE and report to the Chief Medical Officer or her designate, in delivering the consultancy. They will also ensure engagement with groups of vulnerable people in the multi-island state.

**2. DURATION**

2.01 The Consultancy will run for a period of 12 months.

**3. MINIMUM QUALIFICATIONS**

3.01 The contracted party should have:

- (a) At least five years of proven proficiency and experience in crafting and executing national or regional risk communication strategies and leading campaigns.
- (b) Demonstrated experience in graphic design, videography and video editing.
- (c) A proven track record of successful social marketing, risk communication, branding and marketing experience.
- (d) Evidence of creative and innovative communication strategies and out-of-box campaign ideas.
- (f) Understanding of industry trends in marketing and consumer psychology as well as demonstrated knowledge of the latest industry news and information.
- (g) Capacity for creation of communications materials that are gender-responsive and inclusive.
- (h) At least three years' experience in crafting and delivering community engagement training.

**4. DELIVERABLES**

- (a) Inception Report including Workplan presented by Week 2 of the signing of the contract.
- (b) Draft Updated National Health and Wellness Promotion Plan by end of Month 3.
- (c) Draft Risk Communications Plan by end of Month 5.
- (d) Training resources developed and Training of Trainers and Training in Risk Communication and Community Engagement completed Month 7.
- (e) Finalised Health and Wellness Promotion Plan completed by Month 8.
- (f) Finalised Risk Communication Plan completed by Month 8.
- (g) Final Training Report completed by Month 10.
- (h) Support/Coaching provided to MOHWE to develop and implement short term innovative communications Strategies by Month 12.

**BUDGET**  
**(USD)**

| <b>Description</b>                    | <b>Total</b>   |
|---------------------------------------|----------------|
| Professional Fees                     | 57,400         |
| Office and Administrative Expenses    | 12,600         |
| Communications Channels and Materials | 25,000         |
| Contingency                           | 5,000          |
| <b>Total</b>                          | <b>100,000</b> |

**DRAFT TERMS OF REFERENCE: CONSULTANT PROJECT COORDINATOR**

**1. BACKGROUND**

1.01 The Project Coordinator (PC) will support the Public Sector Investment Programme Management Unit (PSIPMU) in Economic Planning Division, Ministry of Finance, Economic Planning and Information Technology in the implementation of the Health Sector COVID-19 Response Project and the Safety Net for Vulnerable Populations Affected by Coronavirus Project, herein after referred to as the COVID-19 Response Programme. The PC will be responsible for the day-to-day management, coordination and implementation of the COVID-19 Response Programme.

1.02 The PC will work closely with the participating ministries and agencies within the Government of St. Vincent and the Grenadines (GOSVG), and with the Caribbean Development Bank's (CDB) project team. The PC will organise and plan project implementation activities and will manage project staff efforts with respect to contracting, financial management, safeguards, contract supervision, reporting and all other aspects of the COVID-19 Response Programme. He/She will also be responsible for ensuring project activities are conducted in accordance with GOSVG and CDB requirements.

**2. DUTIES AND RESPONSIBILITIES**

2.01 The PC will be supported by the COVID-19 Response Programme staff and will be required to coordinate and monitor all aspects of the implementation of the programme. Specifically, the PC will be required to:

- (a) Focal point for the project, monitoring the implementation of all components and informing the Project Steering Committee (PSC) and CDB of any events likely to impact negatively on implementation.
- (b) Facilitate project coordination, collaboration and processing all activities under the projects, monitoring the progress of components, and ensuring that end-of-activity reports are submitted and commented on in a timely manner.
- (c) Liaise with the Ministry of Finance, Economic Planning and Information Technology (MOF), the National Insurance Service, the Ministry of Education (MOE), the Ministry of National Mobilisation, Social Development, Local Government, Gender Affairs, Family Affairs, Housing and Informal Settlements (MONM), the Ministry of Health and the National Society for Persons with Disabilities on fiduciary aspects overseeing the work of all project components' partners.
- (d) Monthly and bi-monthly reporting to MOF.
- (e) Preparing and submitting to CDB claims for disbursement or reimbursement.
- (f) Manage project implementation as per schedule and liaising with CDB on all technical and administrative aspects of the programme.
- (g) Develop Master Project Plan for all project activities, serving as secretary to the PSC and attending meetings on at least a quarterly basis.
- (h) Monitor, evaluate, and schedule project workplan activities and supervising the staff.
- (i) Consolidate technical progress reports and Monitoring and Evaluation, ensuring the incorporation of social and gender analysis and responsiveness at appropriate stages of the project's output including, *inter alia*, attention to the needs of males and females, and vulnerable groups including persons with disabilities.
- (j) Coordinate engagement with key stakeholders, developing, implementing, and monitoring of the Communication Strategy.

- (k) Ensure gender considerations are mainstreamed appropriately during project implementation.
- (l) Responsible for ensuring that activities the Gender Action Plan are given attention and are implemented in a timely fashion.
- (m) Undertake any other duties that may be required.

**3. QUALIFICATION AND EXPERIENCE**

3.01 Competencies:

- (a) Professionalism.
- (b) Ability to work independently and to maintain flexibility in working hours.
- (c) Demonstrated effective planning and organisational skills and ability to handle work in an efficient and timely manner.
- (d) Proven experience and technical ability to manage social protection projects.
- (e) Demonstrated ability to develop and maintain effective work relationships with counterparts. Communication – Ability to write in a clear and concise manner and to communicate effectively orally.
- (f) Ability to work effectively with stakeholders.
- (g) Strong spoken and written communication skills and fluency in the English language.
- (h) Proven influencing and collaboration skill.
- (i) The Consultant must be a citizen of a CDB Member Country or a permanent resident of a member country.
- (j) Education: Master’s Degree in the any of the following: Project Management, Business Management, Strategic Management or a relevant field.

3.02 Experience:

- (a) A minimum of five years’ experience in leading a similar initiative.
- (b) Experienced in managing projects.
- (c) Wide range of experience in building good working relationships with a variety of stakeholder groups.
- (d) Project delivery in partnership with multiple suppliers.
- (e) Experience of Procurement concepts and principles – Preferred.
- (f) Language proficiency: Fluency in written and spoken English.

**BUDGET**  
**(USD)**

| <b>Description</b>                | <b>Total</b>  |
|-----------------------------------|---------------|
| Professional Fees over 11 months* | 55,000        |
| <b>Total</b>                      | <b>55,000</b> |

\*Engagement is for a 15-month period and remaining amount to be covered under the Social Protection Project also under the Inter-Development Bank’s Facility



**DRAFT TERMS OF REFERENCE: ASSISTANT PROJECT COORDINATOR**

**1. BACKGROUND**

1.01 The Assistant Project Coordinator (APC) will be responsible for providing assistance in general project implementation and management and day-to-day liaison with counterparts. The Project Administrator carries out his/her functions under the direct supervision of the PC. Specifically, the incumbent will:

- (a) Oversee the day-to-day activities of the Project Management Unit (PMU) related to the management and implementation of the Social Protection, and Health projects, including project monitoring and evaluation, financial management, progress and financial reporting, leading staff of the PMU.
- (b) Monitor project budget and financial expenditures and their conformity to the work-plan; process direct payments and advance requests and prepare project budget revisions.
- (c) Liaise with internal and external clients to ensure that all administrative and financial transactions are properly carried out according to the requirements of the Government of St. Vincent and the Grenadines and the Caribbean Development Bank.
- (d) Support the PC in ensuring implementation of project activities with particular attention on the health project.
- (e) Monitor progress on deliverables under the contracts and provide feedback as necessary, and coordination of the work of the consultants consistent with the overall project implementation plan.
- (f) Prepare, or as appropriate supervise the preparation of, progress reports, project completion report and other reports that may be required by the Project.
- (g) Be responsible for day-to-day project correspondence, information sharing and filing ensuring that appropriate follow-up actions are taken.
- (h) Assist in preparing evaluation reports, annual project reports, and update projects files, prepare minutes of project meetings and all documentation for contract issuance.
- (i) Collect and analyses data, prepare and update briefs, records and other documents on project implementation and execution.
- (j) Liaise with project counterparts on day-to-day implementation of project activities
- (k) Support the Communications Consult in implementing the communication/public awareness component of the social protection and health projects.
- (l) Perform other duties as determined by the PC.

**2. QUALIFICATION AND EXPERIENCE**

2.01 Education: Either at an advanced stage or have recently completed a University Degree in Business Administration, Public Administrative or other related area.

2.02 Experience: At least two years' administrative assistance experience in managing a similar or large/complex project.

2.03 Language proficiency: Fluency in written and spoken English.

2.04 Other skills:

- (a) Computer.
- (b) Familiarity digital technologies and digitalisation.
- (c) Certification in Project Management.

**BUDGET**  
**(USD)**

| <b>Description</b>               | <b>Total</b>  |
|----------------------------------|---------------|
| Professional fees over 9 months* | 27,000        |
| <b>Total</b>                     | <b>27,000</b> |

\*Engagement is for a 15-month period and remaining amount to be covered under the Social Protection Project also under the Inter-Development Bank's Facility

**DRAFT TERMS OF REFERENCE: PROCUREMENT OFFICER**

**1. BACKGROUND**

1.01 The Procurement Officer (PO) will support the Public Sector Investment Programme Management Unit (PSIPMU) in Economic Planning Division, Ministry of Finance, Economic Planning and Information Technology in the implementation of the Health Sector COVID-19 Response Project and the Safety Net for Vulnerable Populations Affected by Coronavirus Project, herein after referred to as the COVID-19 Response Programme. Specifically, the Procurement Officer will be responsible primarily for the procurement and contract management of goods, consulting services and works and other related services under the COVID-19 Response Programme. In the execution of the tasks, the Procurement Officer would be required to work closely with Line Ministries, Departments /Agencies and other project stakeholders.

**2. DUTIES AND RESPONSIBILITIES**

2.01 The position of PO is a contracted fulltime position. He/She will work in the PSIPMU under the direct supervision of the Project Coordinator. The PO will undertake the following tasks:

- (a) Prepare and update the project procurement plan and corresponding budget.
- (b) Assist in the preparation of terms of references and technical specifications.
- (c) Liaising with relevant stakeholders for input and feedback in the preparation of documents.
- (d) Preparation and reviewing of bidding documents, Request for Proposals, Requests for Bids, Expressions of Interest or other documents required to invite bidders and consultants to submit proposals/bids.
- (e) Advertising specific procurement notices on websites, newspapers and/or other suitable mediums as necessary.
- (f) Facilitation of pre-bid meetings, bid openings and preparation of minutes to be circulated to relevant persons and bidders/consultants.
- (g) The evaluation of bids/proposals.
- (h) Preparation of contract documents.
- (i) Preparation of relevant information to communicate with consultants and bidders regarding procurement processes including bid validities, clarifications, amendments, award of contract, bid and performance securities, unsuccessful bids.
- (j) Facilitating the review and acceptance of contract deliverables.
- (k) Issuance of acceptance certificates, where relevant, after the confirmation of contractual requirements.
- (l) Monitor the issuance of final acceptance certificates by the Project in respect to delivery of goods, handing over of works and completion of services.
- (m) Maintain and update a database of qualified suppliers/consultants relevant to the programme of activities.
- (n) Provide assistance to project monitoring for report reviews, assessments, summaries, etc.
- (o) Provide relevant input to financial management.

**3. MINIMUM QUALIFICATIONS/ EXPERIENCE**

- (a) A Bachelor's Degree in management, business administration, accounting or economics or other related fields.
- (b) Experience in supply chain management or procurement.
- (c) Experience in public procurement will be an asset.
- (d) Notable experience in health procurement is desirable

- (e) Experience with donor programmes and knowledge of procurement procedures used by multilateral or bilateral donors (e.g. the World Bank, the Caribbean Development Bank, and the European Union) will be an asset.

**BUDGET**  
**(USD)**

| <b>Description</b>               | <b>Total</b>  |
|----------------------------------|---------------|
| Professional fees over 13 months | 45,000        |
| <b>Total</b>                     | <b>45,000</b> |

**DRAFT TERMS OF REFERENCE: COMMUNICATIONS CONSULTANT**

**1. BACKGROUND**

1.01 The Project Communications Consultant will be responsible for developing a communications strategy/sensitisation campaign to reach, inform and engage the diverse women, men, girls and boys and their organisations to create necessary awareness about the project.

1.02 For the Social Protection Line of Credit, the activities associated with this include:

- (a) Develop culturally appropriate and gender-sensitive communication campaigns to reach beneficiary households and inform about the purpose and scope of the intervention.
- (b) Identify key stakeholders/audiences as well as appropriate communication channels, dissemination methods and media (including kweyol) to effectively communicate key messages to specific stakeholders.
- (c) Conduct gender-equitable consultations/focus group discussions with various stakeholders/audiences to discuss their information needs.
- (d) Develop a costed implementation plan with timelines for the advocacy and communication strategy.
- (e) Conceptualise, design and develop Information, Education and Communication materials on social protection with appropriate and relevant messages tailored for different audiences using various formats as appropriate such as text, graphics, imageries, infographics, videos, printed materials, etc.
- (f) Design a standard publication layout for dissemination of information on Social Protection for use in future publications.
- (g) Develop a guide for all communication on Social Protection issues to ensure consistent formats for publications and communication products.
- (h) Identify opportunities to strengthen partnership and cross-sectoral linkages in implementing the Communication Strategy.
- (i) Set out an implementation framework for rolling out the Communication Strategy.
- (j) Support the Ministry of National Mobilisation with the implementation of the Communication Strategy.

1.03 For the Health Line of Credit, the Consultant shall provide support to the Ministry of Health, under the supervision of the Chief Medical Officer or her designate, in areas including:

- (a) Support the procurement of the Health Communications Consultant.
- (b) Review of all deliverables under the Health Communication Consultant.

1.04 The Consultant will work closely with the Ministries of National Mobilisation, Health, Finance, Education, National Insurance Services and National Association for Persons with Disabilities in delivering the consultancy.

**BUDGET**  
**(USD)**

| <b>Description</b>              | <b>Total</b> |
|---------------------------------|--------------|
| Professional fees over 1 month* | 3,000        |
| <b>Total</b>                    | <b>3,000</b> |

\*Engagement is for a 13-month period and remaining amount to be covered under the Social Protection Project also under the Inter-Development Bank's Facility

**DRAFT TERMS OF REFERENCE: THE PROJECT ACCOUNTANT**

**1. BACKGROUND**

1.01 The Project Accountant will support the Public Sector Investment Programme Management Unit (PSIPMU) in Economic Planning Division, Ministry of Finance, Economic Planning and Information Technology in the implementation of the Health Sector COVID-19 Response Project and the Safety Net for Vulnerable Populations Affected by Coronavirus Project, herein after referred to as the COVID-19 Response Programme. Specifically, the Project Accountant (PA) will be responsible for maintaining financial records, providing timely financial information to the Project Coordinator and to ensure compliance with the Government of St. Vincent and the Grenadines' (GOSVG) Financial Rules and the Caribbean Development Bank's (CDB) Financial Guidelines.

**2. DUTIES AND RESPONSIBILITIES**

2.02 The PA will be responsible for:

- (a) Preparing timely quarterly and annual financial statements, as well as reporting on material variances.
- (b) Recommending remedial action, as appropriate.
- (c) Ensuring that all accounting records are up to date.
- (d) Preparing monthly bank reconciliation and reconcile the expenditure with the Accountant General's Department
- (e) Establishing and maintaining suitable systems of internal control (including procurement – goods, works and services, fixed assets, civil works, inventories management and distribution).
- (f) Preparing the project's Budgets/Cash Flow Projections.
- (g) Ensuring compliance with operating procedures of donors (e.g. Procurement, Disbursements, Special Commitments, etc.); also, meeting with all stakeholders on relevant financial matters and ensuring that the accounting reporting system is responsive to their expectations.
- (h) Assessing reports received from internal/external auditors and following up any audit queries/management letters.
- (i) Monitoring, in conjunction with the Procurement Officer, the management aspects of all project activities, as well as evaluating any difficulties being experienced (e.g. comparing actual results with agreed performance indicators, physical existence, etc.).

**3. MINIMUM QUALIFICATIONS/ EXPERIENCE**

- (a) A degree in accounting from a nationally/internationally recognised institution.
- (b) Experience after acquiring stipulated qualification in financial management or accounting.
- (c) Excellent writing and communication skills

**BUDGET**  
**(USD)**

| <b>Description</b>               | <b>Total</b>    |
|----------------------------------|-----------------|
| Professional fees over 15 months | \$45,000        |
| <b>Total</b>                     | <b>\$45,000</b> |



**DRAFT TERMS OF REFERENCE**

**CONSULTANCY SERVICES FOR THE DESIGN AND SUPERVISION OF  
THE UPGRADING OF FOUR PORT HEALTH FACILITIES  
AND TWENTY WASH STATIONS**

**1. BACKGROUND**

1.01 The Government of St. Vincent and the Grenadines (GOSVG) has received financing from the Caribbean Development Bank (CDB) towards the cost of financing the Immediate Public Health Response to contain and control the Coronavirus and mitigate its impact on service delivery. GOSVG intends to apply a portion of the proceeds of this financing to eligible payments under contracts for Consultancy Services for the Design and Supervision of the Upgrading of the Port Health facilities at the Canouan and Union Island airport and seaport and the installation of 20 Wash stations.

**2. OBJECTIVE**

2.01 The objective of the consultancy is to provide Design and Supervision Construction Services to the upgrading of four Port Health facilities at the Canouan and Union Island airports and seaports. The scope of the works and tender document was prepared by GOSVG and includes the improvement of the containerised Port Health Facilities for the seaports of Canouan and Union Island, inclusive of roofing improvements, inclusion of a shaded waiting area, and other goods and works improvements to make the facilities operational in accordance with International Health Regulations. Additionally, the Consultant will review the design and supervise the installation of 15 hand washing stations. The Consultant will be required to review and improve existing designs and estimates, conduct the procurement for the works and to supervise the works.

**3. SCOPE OF SERVICES AND REPORTING REQUIREMENTS**

**Design Services**

3.01 The Consultant, in consultation with the Project Coordinator, shall provide the architectural and engineering services necessary for the preparation/review/improvement of the tender document for the Works and estimates of cost thereof in sufficient detail to allow GOSVG to consider and approve the suitability of such designs for the purposes for which the Works are intended, complying with the following requirements:

- (a) Review/preparation/improvement of the Tender document and engineer's estimate.
- (b) Prepare the Invitation to Bid (ITB) for the works contract after consultations with the Project Coordinator.
- (c) Modify the construction works if the engineering estimates of the construction cost, inclusive of an allowance for the contingencies (10%), value added tax, price increases and ancillaries, where applicable, exceed the sub-project allocated cost, so as to bring the estimated cost of construction works within, or as near as possible to, the allocated cost. Any such modification shall be included in the final design.
- (d) Attend **ALL** Pre-bid Meetings, Bid Openings, Contract Signings, and Contractor Introduction Meetings.

**Pre-Construction Services**

3.02 The pre-construction services shall be guided by the Procurement Policy for Projects financed by CDB (November 2019) and Procurement Policy for Projects Financed by CDB (January 2021). The Consultant shall in consultation with the Project Coordinator, furnish a Bid Evaluation Report in accordance with the CDB's Guidance note: Bid Evaluation for Goods, Works and Non-consulting Services (June 2021), within two weeks of tender opening.

**4. SUPERVISION SERVICES (TECHNICAL INSPECTION OF CONSTRUCTION)**

4.01 The Consultant shall provide the following professional services for the technical inspection/supervision of construction Works:

- (a) Conduct technical inspection of the works to oversee the performance of the Works and inspection of all critical elements during the construction works and require that such performance be in accordance with the plans and specifications prepared by the Consultant. The Consultant shall investigate, report and advise on unusual circumstances which may arise during construction.
- (b) Revise designs to suit unforeseen conditions which may arise during construction.
- (c) Consult with and advise the GOSVG during the construction period.
- (d) Conduct progress meetings between the Consultant, Contractor and GOSVG, and prepare and issue minutes of said meetings.
- (e) Review and approve estimates and invoices submitted by the Construction Contractor for payment of work completed and prepare payment certificates; and ensure that advanced payments to the Construction Contractor are utilised for the intended purpose.
- (f) Where the Contractor has ceased to perform works as required by the terms of the Construction agreement, the Consultant must advise the Client/Employer and make relevant recommendations (including termination).
- (g) Review and approve request for extension of time. The Consultant/Supervisor must present to the Client/Employer, the details of an extension of time request within two weeks of receiving a request for extension of time.
- (h) Liaise with the Project Coordinator and relevant authorities and offer assistance so as to expedite the acceptance and takeover of the Works.
- (i) Ensure good occupational health and safety practices (including the wearing of personal protective equipment) are followed on-site during construction.
- (j) Make a final inspection of the completed Works, recommend the issuing or non-issuing of the completion certificate within 14 days of the Works Contractor request for issuance, and prepare a Completion Report, electronic copy in PDF format, to GOSVG and CDB, within 14 days of the end of work by the Construction Contractor.

**5. QUALIFICATIONS AND EXPERIENCE**

5.01 The Consultant shall have the appropriate professional and academic qualifications and have five years relevant experience in the areas of architecture, civil engineering and construction supervision.

**6. DURATION OF THE CONSULTING ASSIGNMENT**

6.01 The assignment is expected to be carried out over a period of six (6) months.

**7. DELIVERABLES**

- (a) The design deliverables to be submitted shall include:
  - (i) The Consultant shall revise the Designs and Estimates for the works.
  - (ii) The Consultant shall prepare the Bid Evaluation Reports for the works.
  
- (b) Supervision Services Deliverables:
  - (i) The Consultant shall prepare payment certificates and certify the works
  - (ii) The Consultant shall prepare an interim progress report if required.
  - (iii) The Consultant shall prepare a Completion Report for the works.

**8. TERMS OF PAYMENT**

8.01 The payment schedule is as specified and summarised in the Table below:

| <b>Deliverable</b>                               | <b>Percentage</b> |
|--|-------------------|
| Finalisation / Revision to the Tender Document/s | \$13,000          |
| Submission of Bid Evaluation Report              | \$6,500           |
| Submission of the Interim Reports                | \$19,500          |
| Submission of the Completion Report              | \$26,000          |

**DRAFT TERMS OF REFERENCE: FINANCIAL AUDIT**

**1. BACKGROUND**

1.01 The Government of St. Vincent and the Grenadines (GOSVG) has received financing from the Caribbean Development Bank (CDB), in an amount equivalent four million, four hundred and four thousand United States dollars (USD4,404,000) (the Loan), from the Special Funds Resources. The financing was allocated from funds provided by the Inter-American Development Bank to CDB under the Global Loan Programme to build health, social and economic resilience in CDB Member Countries of the Organisation of Eastern Caribbean States, during the Coronavirus Disease 2019 (COVID-19) crisis.

**2. OBJECTIVE**

2.01 The objective of the audit engagement is for the Auditor to express an opinion (or disclaim an opinion, if applicable) on the project's Statement of Cash Flow and the Statement of Cumulative Investments for the accounting period ending on that date. The Project's books of account provide the basis for preparation of the financial statement and are established to reflect the financial transactions in the Project.

2.02 The specific objectives are to obtain an opinion from the independent auditor regarding:

1. Whether the financial statements of the Project and/or entity including the Designated Account (if applicable) reasonably present the financial situation of the Project and/or entity.
2. The reasonableness of the supplementary financial information.
3. Compliance of the executing agency and/or borrower with the Terms and Conditions of the Loan Agreement # xxx (the Agreement) and applicable laws and regulations. The Auditor must evaluate the following:
  - (a) Compliance - by means of an integrated audit of the procurement and disbursement process with the norms and procedures established in the Loan Agreement, for the selection, award, contracting, receipt, and payment of goods and services and consulting procured and financed with the Loan proceedings and local counterpart funds, as such the validity of the supporting documentation and eligibility of the expenditures presented in the disbursement request.
  - (b) In order to verify the proper application of procurement and disbursement procedures established in the Loan Agreement and the eligibility of the expenditures, the auditor should verify that the supporting documentation:
    - (i) is adequately supported by reliable invoices and maintained in the records of the executing agency;
    - (ii) was duly authorised;
    - (iii) corresponds to eligible expenditures in accordance with the Terms and Conditions of the Loan; and
    - (iv) was properly recorded.

- (c) A sample of inspection visits to works financed with project resources in order to verify that they are being executed in accordance with the approved plans and specification in the respective contracts. Visits to project beneficiaries to verify the eligibility of the beneficiary and/or the expenditure
- (d) A review of the procedures to record, control and maintain goods acquired with the project funds; and
- (e) The auditor should evaluate and Report on:
  - (i) the misuse or misappropriation of funds (intentional or not intentional) identified during the audit, segregating the amounts paid for ineligible expenditures to the Project, indicating the number of the invoices, items, and description; and
  - (ii) the status implementation of any prior recommendations.

**3. SCOPE AND STANDARDS TO APPLY**

3.01 The Audit will be conducted in accordance with International Standards on Auditing. Those standards require that the auditor plans and performs the Audit to obtain reasonable assurance about whether the financial statements are free of material misstatements. The Audit should include examining, on a test basis, evidence supporting the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

3.02 In evidencing compliance Agreement, the auditor is expected to carry out tests to confirm that:

- (a) All external funds have been used in accordance with the conditions of the relevant financing agreements.
- (b) Counterpart funds have been provided and used in accordance with the relevant financing agreements.
- (c) Goods, works and services financed have been procured in accordance with the relevant financing arrangement.
- (d) All necessary supporting documents, records and accounts have been maintained in respect of all project activities.

3.03 The Financial Statements should include statement of cash receipts and payment notes, comprising a summary of significant accounting policies and other explanatory notes.

3.04 The internal control evaluation should include testing the effectiveness of control in the procurement process and payment for goods, works and services for the period reviewed, based on a representative sample for the purpose of reducing audit risks.

**4. AUDIT REPORTS**

4.01 The Auditor will issue an audit opinion on the Financial Statement. In addition to the audit opinion, the Auditor will Report on, but not limited to, the following, either in the Audit Report on in the report to the management:

- (a) Provide comments and observations on the accounting records, systems and controls that were examined during the course of the audit. Identify specific deficiencies and areas of weaknesses in systems controls and make recommendation for their improvement.
- (b) Report on instances of noncompliance with the terms of the Agreement.
- (c) Quantify and report expenditures that are considered to be ineligible, paid out of the Designated Account (if applicable) or which have been claimed from CDB.
- (d) Communicate matters that have come to the Auditor's attention during the Audit which might have a significant impact on the implementation of the Project.
- (e) Call the borrower's attention to any other matter that the Auditor considers pertinent.

**5. INTENDED USERS OF THE REPORT, LIMITATION OF USE, AND DISTRIBUTION**

5.01 The Auditor's Report is intended for the Recipient/Executing Agency and CDB.

5.02 Three (3) hard copies of the Auditor's Report, as well as the version, in electronic format, must be submitted by the Auditor to CDB and to the Recipient/Executing Agency.

**6. DEADLINE FOR SUBMISSION OF THE AUDIT REPORT**

6.01 It is anticipated that the external audit engagement will require a maximum of 20 person-days.

**7. QUALIFICATIONS AND EXPERIENCE**

7.01 The Auditor should be a qualified chartered accountant with membership in one or more professional accountancy bodies (e.g. Association of Chartered Certified Accountants) and hold a relevant external audit practice certificate. The Auditor should have at least 10 years of relevant external auditing experience.

**8. GENERAL**

8.01 The Auditor is entitled to unlimited access to all information and explanations considered necessary to facilitate the Audit including legal documents, project preparation and supervision reports, report of review and investigation, correspondence and credit account information. The Auditor may also seek written confirmation of amounts disbursed and outstanding.

**9. BUDGET**

9.01 The total budget is USD20,000. Reflecting professional fees of USD1,000.00 per day over 20 person days.

ASSUMPTIONS TO THE ECONOMIC ANALYSIS

OBJECTIVES

1. This analysis assesses the net economic costs and benefits of the measures proposed in this Project, which will enhance SVG's ability to combat the spread and impact of the COVID-19 pandemic. It will do so by supporting the increase in vaccination rates which are currently around 35% to 70% minimizing the spread of the COVID-19 pandemic through the population, providing greater protection to both vaccinated and unvaccinated individuals.
2. SVG's vaccination and case management programme will be complemented by the enhancement of leadership capacity for the delivery of health services, case detection and monitoring, public communication, and improved capacity for the delivery of healthcare services to further reduce the negative impacts of the virus.

METHODOLOGY

3. This analysis quantifies the Project's impact on morbidity and mortality levels caused by COVID-19. Through increased levels of public immunization aligned with effective case detection and monitoring, there will be reduced absenteeism from work and lost human capital caused by illness and death, respectively. The analysis therefore compares the scenario where the Project is implemented "with the project" to the scenario where the Project is not implemented "without the project". To estimate the levels of morbidity and mortality, a simplified "Susceptible - Infectious – Recovered" (SIR) model was used to forecast and compare the number of people in these categories under both the "with the project" and "without the project" scenarios. The SIR model is commonly used to predict the spread of infectious diseases and considers the number of people in each of these categories over time.
4. **Morbidity:** In the context of this analysis, morbidity refers to a state of illness because of contracting the COVID-19 virus. As at May 7, 2022, 8,315 people have recovered from the virus in SVG, while 30,447 individuals (27% of the population) have received the required doses of the respective vaccine to effect full vaccination status. Individuals in both categories can be considered, for the most part, immune as the likelihood of becoming ill with the virus is relatively low. The remaining population (87,140) can therefore be considered "susceptible" to falling ill with the virus. Even so, recent data indicates typical vaccine efficacy rates of 95%<sup>1</sup> and therefore the remaining 5% of vaccinated people may still become ill. This Project assumes that 70% of the population will be fully vaccinated by the end of 2023, at which point community spread is minimized. Beside this Project, SVG is already implementing initiatives to combat the virus, including acquisition of an inventory of vaccine doses, so it is conservatively assumed that without this Project 50% of the population would still receive immunization. It is also expected that 25% of the susceptible population will not become ill from the virus even though not immunised. The analysis indicates that 15,533 infectious cases will be avoided as a result of this Project.
5. **Mortality:** For this Project, mortality refers to deaths that may occur as result of the COVID-19 pandemic. Based on experience in SVG, of the 8,460 cases detected to-date there have been 106 deaths suggesting a mortality rate of 1.25%. Therefore, with this Project it is forecast that at least 195 deaths will be avoided.
6. A summary of the key assumptions and results relating to morbidity and mortality are found below in Table 1 below.

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<sup>1</sup> Oxford AstraZeneca vaccine demonstrates efficacy rate of 95% [UPDATED Comparing COVID-19 Vaccines: Timelines, Types and Prices | BioSpace](#)

**TABLE 1: KEY MORBIDITY AND MORTALITY ASSUMPTIONS AND RESULTS**

|   | Without Project<br>(Counterfactual) | With Project  |
|---|-------------------------------------|---------------|
| Total population  | 110,947                             | 110,947       |
| Recovered (i.e. recovered and vaccinated people, less breakthrough cases) (t=0) | 8,315                               | 8,315         |
| Fully vaccinated population (t=0)   | 30,447                              | 30,447        |
| Immune from further infection (t=0)   | 37,240                              | 37,240        |
| Susceptible population (t=0)  | 73,707                              | 73,707        |
| Recovered (t=1)   | 12,473                              | 12,473        |
| Fully vaccinated population (t=1)   | 50%                                 | 70%           |
| Fully vaccinated population (t=1)   | 55,474                              | 77,663        |
| Susceptible population (t=1)  | 43,001                              | 20,812        |
| Infectious cases from susceptible group (t=1)                                   | 32,251                              | 15,609        |
| Infection cases from vaccinated population (t=1)                                | 2,774                               | 3,883         |
| Total infectious cases (t=1)  | 35,024                              | 19,492        |
| Deaths (t=1)  | 439                                 | 244           |
| <b>Avoided infectious cases (t=1)</b>   |                                     | <b>15,533</b> |
| <b>Avoided deaths (t=1)</b>   |                                     | <b>195</b>    |

**Note:**

T=0: Beginning of project implementation period (January 01, 2023)

T= 1: End of project implementation period (December 31, 2023)

**EMPLOYMENT IMPACTS**

7. **Morbidity:** Each person who becomes ill from COVID-19 will be isolated until they have recovered from the pandemic and are no longer considered infectious (estimated at 14 days). During this time, working-aged people between 20 – 65 years old will be unable to work, representing an economic opportunity cost. SVG’s GDP per capita<sup>2</sup> (\$7,279) has been used to estimate the opportunity cost of lost employment time for the previously mentioned infectious cases avoided because of this Project.

8. **Mortality:** Working-aged people who pass away from the COVID-19 pandemic represent an economic loss from the time of their death to their expected retirement age (assumed to be 65 years old), as they will no longer make an economic contribution through employment. A Study of Chinese citizens published in May 2021<sup>3</sup> provided a proxy estimate of the age distribution of people who pass away due to the virus. This data enabled an estimate of the years of employment lost in SVG to be made. SVG’s GDP per capita was used to quantify the economic cost of these fatalities. Table 2 below provides an analysis of the mortality rates by age categories.

<sup>2</sup> [GDP per capita \(current US\\$\) - St. Vincent and the Grenadines | Data \(worldbank.org\)](https://data.worldbank.org/ny/gdp/cd?locations=SV)

<sup>3</sup> [Risk Factors for Death Among the First 80 543 Coronavirus Disease 2019 \(COVID-19\) Cases in China: Relationships Between Age, Underlying Disease, Case Severity, and Region | Clinical Infectious Diseases | Oxford Academic \(oup.com\)](https://academic.oup.com/cid/advance-article-abstract/doi/10.1093/cid/ciaa1000/5811111)



**TABLE 2: MORTALITY RATES BY AGE CATEGORIES**

| Age categories |                  |                        | China         |             |              |             |                           | SVG                             |                   |                          |  |
|----------------|------------------|------------------------|---------------|-------------|--------------|-------------|---------------------------|---------------------------------|-------------------|--------------------------|--|
| Age            | Mid-point of age | Remaining working life | Cases (#)     | Cases (%)   | Deaths (#)   | Deaths (%)  | case-fatality ratio (CFR) | case-fatality ratio - SVG (CFR) | Avoided cases (#) | Avoided deaths SVG's (#) |  |
| <10            | 5                | 40                     | 936           | 1.2%        | 2            | 0.0%        | 0.21%                     | 0.05%                           | 181               | 0                        |  |
| 10-19          | 15               | 40                     | 1,035         | 1.3%        | 3            | 0.1%        | 0.29%                     | 0.06%                           | 200               | 0                        |  |
| 20-29          | 25               | 40                     | 6,101         | 7.6%        | 19           | 0.4%        | 0.31%                     | 0.07%                           | 1,177             | 1                        |  |
| 30-39          | 35               | 30.5                   | 12,928        | 16.1%       | 70           | 1.5%        | 0.54%                     | 0.12%                           | 2,493             | 3                        |  |
| 40-49          | 45               | 20.5                   | 14,796        | 18.4%       | 166          | 3.7%        | 1.12%                     | 0.25%                           | 2,853             | 7                        |  |
| 50-59          | 55               | 11                     | 17,925        | 22.3%       | 556          | 12.2%       | 3.10%                     | 0.69%                           | 3,457             | 24                       |  |
| 60-69          | 65               | 0.5                    | 16,156        | 20.1%       | 1,325        | 29.2%       | 8.20%                     | 1.82%                           | 3,116             | 57                       |  |
| 70-79          | 75               | 0                      | 7,499         | 9.3%        | 1,388        | 30.5%       | 18.51%                    | 4.11%                           | 1,446             | 59                       |  |
| >=80           | N/A              |                        | 3,167         | 3.9%        | 1,016        | 22.4%       | 32.08%                    | 7.12%                           | 611               | 44                       |  |
| <b>Total</b>   |                  |                        | <b>80,543</b> | <b>100%</b> | <b>4,545</b> | <b>100%</b> | <b>5.64%</b>              | <b>1.25%</b>                    | <b>15,533</b>     | <b>195</b>               |  |

9. **Unemployment:** Of those who become sick or succumb to the virus, some of these individuals are likely to be unemployed and would therefore not directly impact economic productivity during their recovery period. The unemployment rate in SVG was estimated at 20.27% in 2020 and the morbidity and mortality economic impacts have been adjusted for this factor. Table 3 below quantifies the productivity lost due to fatalities over the analysis period of 10 years.

**TABLE 3: PRODUCTIVITY LOST DUE TO MORTALITY (YEARS)**

| Age   | Mid-point of age | Quantification of human capital lost (person years) |            |            |            |            |            |            |            |            |            |
|---|------------------|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|
|   |                  | 2023  | 2024       | 2025       | 2026       | 2027       | 2028       | 2029       | 2030       | 2031       | 2032       |
| <10   | 5.0              |   |            |            |            |            |            |            |            |            |            |
| 10-19   | 14.5             |   |            |            |            |            |            |            |            |            |            |
| 20-29   | 24.5             | 1   | 1          | 1          | 1          | 1          | 1          | 1          | 1          | 1          | 1          |
| 30-39   | 34.5             | 3   | 3          | 3          | 3          | 3          | 3          | 3          | 3          | 3          | 3          |
| 40-49   | 44.5             | 7   | 7          | 7          | 7          | 7          | 7          | 7          | 7          | 7          | 7          |
| 50-59   | 54.5             | 24  | 24         | 24         | 24         | 24         | 24         | 24         | 24         | 24         | 24         |
| 60-69   | 64.5             | 28  |            |            |            |            |            |            |            |            |            |
| 70-79   | 74.5             |   |            |            |            |            |            |            |            |            |            |
| >=80  | N/A              |   |            |            |            |            |            |            |            |            |            |
| <b>t (person years) Lost (USD equivalent)</b> |                  | <b>63</b>   | <b>35</b>  | <b>35</b>  | <b>35</b>  | <b>35</b>  | <b>35</b>  | <b>35</b>  | <b>35</b>  | <b>35</b>  | <b>35</b>  |
|   |                  | <b>366</b>  | <b>202</b> | <b>202</b> | <b>202</b> | <b>202</b> | <b>202</b> | <b>202</b> | <b>202</b> | <b>202</b> | <b>202</b> |

**Other Assumptions**

- (a) The analysis includes the costs for all components of the Project as they complement each other and are necessary to achieve the project’s objectives.
- (b) Benefits and costs are stated in constant 2022 prices.
- (c) The analysis has been conducted over a 10-year period.
- (d) The financial project costs have been converted to their economic costs by applying a conversion factor of 0.88 to adjust for price distortions.
- (e) Base conversion factors for the cost components of the Project were calculated as shown below in table 4.

**TABLE 4: CONVERSION FACTORS FOR ADJUSTMENT OF FINANCIAL COSTS TO ECONOMIC COSTS**

| <b>Items</b>       | <b>Shadow Rate</b> | <b>Standard Conversion Factor</b> | <b>Base Factor</b> |
|--------------------|--------------------|-----------------------------------|--------------------|
| Skilled Labour     | 0.96               | 1.00                              | 0.96               |
| Unskilled Labour   | 0.57               | 1.00                              | 0.57               |
| Local Materials    | 1.00               | 1.00                              | 1.00               |
| Imported Materials | 0.82               | 1.00                              | 0.82               |
| Equipment          | 0.82               | 1.00                              | 0.82               |

10. The base conversion factors for each cost component were used to calculate the specific conversion factors (SpCFs) for each project component shown in Table 5 below.

**TABLE 5: DERIVATION OF SPECIFIC CONVERSION FACTORS**

|  | <b>% Split</b>        |                         |                        |                           |                  | <b>SpCF</b> |
|--|-----------------------|-------------------------|------------------------|---------------------------|------------------|-------------|
|  | <b>Skilled Labour</b> | <b>Unskilled Labour</b> | <b>Local Materials</b> | <b>Imported Materials</b> | <b>Equipment</b> |             |
| <b>Base Factor</b>                                   | <b>0.96</b>           | <b>0.57</b>             | <b>1.00</b>            | <b>0.82</b>               | <b>0.82</b>      |             |
| 1A: Surveillance, case detection and monitoring      | 100%                  | 0%                      | 0%                     | 0%                        | 0%               | 0.96        |
| 1B: Interruption of the Chain of Transmission        | 40%                   | 10%                     | 0%                     | 0%                        | 50%              | 0.85        |
| 1C: Improve the Capacity for COVID affected patients | 5%                    | 0%                      | 0%                     | 65%                       | 30%              | 0.83        |
| 2: Minor Works                                       | 10%                   | 50%                     | 30%                    | 10%                       | 0%               | 0.76        |
| 3A: Project Management services                      | 100%                  | 0%                      | 0%                     | 0%                        | 0%               | 0.96        |
| 3B: External Audit and other Project Management      | 100%                  | 0%                      | 0%                     | 0%                        | 0%               | 0.96        |

11. The SpCFs were used to convert financial costs for each Project component to economic costs, resulting in the overall conversion factor of 0.88 as outlined below in Table 6 below.

**TABLE 6: OVERALL CONVERSION FACTOR FOR THE PROJECT**

| <b>Item</b>  | <b>SpCF</b> | <b>Financial Costs</b> | <b>Economic Costs</b> |
|--|-------------|------------------------|-----------------------|
| 1A: Surveillance, case detection and monitoring      | 0.96        | 903,000                | 866,880               |
| 1B: Interruption of the Chain of Transmission        | 0.85        | 2,182,000              | 1,856,882             |
| 1C: Improve the Capacity for COVID affected patients | 0.83        | 579,600                | 479,329               |
| 2: Minor Works                                       | 0.76        | 225,800                | 172,285               |
| 3A: Project Management services                      | 0.96        | 451,600                | 433,536               |
| 3B: External Audit and other Project Management      | 0.96        | 42,000                 | 40,320                |
| <b>Total Base Cost and Physical Contingency</b>      |             | <b>4,384,000</b>       | <b>3,849,233</b>      |
| <b>Overall Conversion Factor</b>                     |             |                        | <b>0.88</b>           |

12. The ERR and NPV shows details of the calculation in Table 7 below.

**TABLE 7: CALCULATION OF ECONOMIC RATE OF RETURN AND NET PRESENT VALUE**

| USD ('000s)             | YEAR    |       |       |      |      |      |      |      |      |      |      |
|-------------------------|---------|-------|-------|------|------|------|------|------|------|------|------|
|                         | 2022    | 2023  | 2024  | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 | 2031 | 2032 |
| Mortality impacts       | -       | 366   | 202   | 202  | 202  | 202  | 202  | 202  | 202  | 202  | 202  |
| Morbidity Impacts       | -       | 1,734 | 1,734 | -    | -    | -    | -    | -    | -    | -    | -    |
| Total Economic Benefits | -       | 2,100 | 1,935 | 202  | 202  | 202  | 202  | 202  | 202  | 202  | 202  |
| Economic costs          | 3,880   |       |       |      |      |      |      |      |      |      |      |
| Net Economic Benefits   | (3,880) | 2,100 | 1,935 | 202  | 202  | 202  | 202  | 202  | 202  | 202  | 202  |

|                               |     |
|-------------------------------|-----|
| Net Present Value (USD '000s) | 300 |
| Economic Rate of Return (%)   | 16% |

**PROJECT COST, PHASING AND FINANCING PLAN**

| <b>Component</b>   | <b>Cost/USD</b>  |                    |                  |
|--|------------------|--------------------|------------------|
|  | <b>Loan</b>      | <b>Counterpart</b> | <b>Total</b>     |
| <b>Component 1: Goods</b>  |                  |                    |                  |
| <b>1A. Surveillance, Case Detection and Monitoring</b>   | <b>860,000</b>   | <b>0</b>           | <b>860,000</b>   |
| (i) Support for COVID-19 Task Force<br>(aa) Establish Multi-functional Response Team (230K)<br>(bb) Transport vehicle for Response Team (140K)   | 370,000          |                    | 370,000          |
| (ii) Improving Laboratory Network and Information Technology Capacity:<br>(aa) Laboratory Equipment (Procurement of Genexpert Systems) (45K) and Supplementary Diagnostic equipment (100K).<br>(bb) Procurement of test kits (130K). | 490,000          |                    | 490,000          |
| (iii) Augment the SVGHIS<br>(aa) Health information computer hardware (185K).<br>(bb) Procurement of IT support Deployment vehicle (30K)   |                  |                    |                  |
| <b>1B. Interruption of the Chain of Transmission</b>   | <b>2,166,500</b> | <b>0</b>           | <b>2,166,500</b> |
| (i) Strengthening Risk Communication. Development and implementation of risk communication plan (100K).  | 2,166,500        |                    | 2,166,500        |
| (ii) Supply of emergency vehicles (210K).  |                  |                    |                  |
| (iii) Quarantine and Isolation services (1,844K).  |                  |                    |                  |
| <b>1C. Improve the Capacity for COVID Affected Patients</b>  | <b>552,000</b>   | <b>0</b>           | <b>552,000</b>   |
| (i) Delivery of Health Care for COVID-19 patients<br>(aa) Compilation and distribution of management protocols.<br>(bb) Training.  | 100,000          |                    | 100,000          |
| (ii) Continuity of Essential Care<br>(aa) Procurement of PPE and IPC in homes and health care facilities (150K).<br>(bb) Supply of nutritional support and personal health equipment (150K).   | 300,000          |                    | 300,000          |

| <b>Component</b>   | <b>Cost/USD</b>   |                    |                   |
|--|-------------------|--------------------|-------------------|
|  | <b>Loan</b>       | <b>Counterpart</b> | <b>Total</b>      |
| (iii) Operation of Basic Sanitation Services:<br>(aa) Supply of autoclaves (40K).<br>(bb) Supply of garbage trucks (90K).<br>(aa) Sanitization equipment and supplies (22K). | 152,000           |                    | 152,000           |
| <b>Component 2: Minor Works</b>  | <b>215,000</b>    |                    | <b>215,000</b>    |
| <b>2A. Interruption of the Chain of Transmission</b>   |                   |                    |                   |
| Retrofitting of Ports of Entry (175K)  |                   |                    |                   |
| <b>2B. Improve the Capacity for COVID Affected Patients</b>  |                   |                    |                   |
| Supply and installation of handwashing stations (40k)  |                   |                    |                   |
| <b>Component 3: Project Management Services</b>  | <b>241,000</b>    | <b>189,100</b>     | <b>430,100</b>    |
| <b>3A. Project Management</b>  |                   |                    |                   |
| (i) Project Coordinator (55K).   |                   |                    |                   |
| (ii) Assistant Project Coordinator 1 (28K).  | 131,000           | 189,100            | 320,100           |
| (iii) Accountant (45K).  |                   |                    |                   |
| (iv) Communication Specialist (3K).  |                   |                    |                   |
| (v) Procurement Officer (45K)  | 45,000            |                    | 45,000            |
| (vi) Design and Supervisory Consultancy (65K)  | 65,000            |                    | 65,000            |
| <b>3B. External Audit and other Project Management</b>   | <b>40,000</b>     |                    | <b>40,000</b>     |
| (i) External Audit   | 20,000            |                    | 20,000            |
| (ii) Other project Management costs  | 20,000            |                    | 20,000            |
| <b>Subtotal</b>  | <b>4,074,500</b>  | <b>189,100</b>     | <b>4,263,600</b>  |
| <b>Physical Contingency</b>  | 110,900           | 9,400              | 120,300           |
| <b>Price Contingency</b>   | 34,300            | 800                | 35,100            |
| <b>Interest During Implementation</b>  | 184,300           | 0                  | 184,300           |
| <b>Total</b>   | <b>4,404,000</b>  | <b>199,300</b>     | <b>4,603,300</b>  |
| <b>% Counterpart</b>   | 96                | 4                  | -                 |
| <b>XCD</b>   | <b>11,890,800</b> | <b>538,110</b>     | <b>12,428,910</b> |

**GENDER MARKER ANALYSIS**

| <b>Project Stage</b>   | <b>Cycle</b> | <b>Criteria</b>  | <b>Score</b> |
|------------------------|--------------|--|--------------|
| <b>Analysis:</b>       |              | Consultations with relevant categories of males and females and relevant gender-related public/private sector organisations have taken place.  | 0.5          |
|                        |              | Institutional analysis considers:<br>Gender gaps in capacities and operational systems of the implementing and executing agency – such as data, planning, implementation and monitoring systems as well as gender awareness. | 0.5          |
| <b>Design:</b>         |              | Interventions are designed that lead to a reduction in gender disparities.   | 0.5          |
| <b>Implementation:</b> |              | Implementation arrangements include either:<br><br>Capacity building initiatives to enhance gender mainstreaming of the executing and/or implementing agency.  | 0.5          |
|                        |              | Terms of Reference of Project Coordinator include responsibility for ensuring that gender components are given attention e.g., ensuring that gender components are implemented in a timely fashion.                          | 0.5          |
| <b>M&amp;E</b>         |              | Collection of sex-disaggregated data is part of the project.   | 0.5          |
| <b>Maximum Score</b>   |              |  | <b>3.0</b>   |

**GENDER ACTION PLAN**

| <b>Output</b>   | <b>Activity</b>   | <b>Responsibility</b> |
|---|---|-----------------------|
| <b>Output 1:</b> Increased participation and equitable access to project benefits for vulnerable groups | <p>(a) Health measures are targeted and consider how the pandemic affects vulnerable groups.</p> <p>(b) Design and delivery of gender-responsive and socially- inclusive communications strategy to target men and women, boys and girls and other vulnerable groups differently in the formal and informal sectors to increase access to project benefits.</p> <p>(c) Continue to inform key health service providers working with vulnerable groups about sexual and reproductive health, GBV, how to prevent, respond and report on and the GBV referral pathways with training support from Spotlight Initiative.</p> | GOSVG                 |

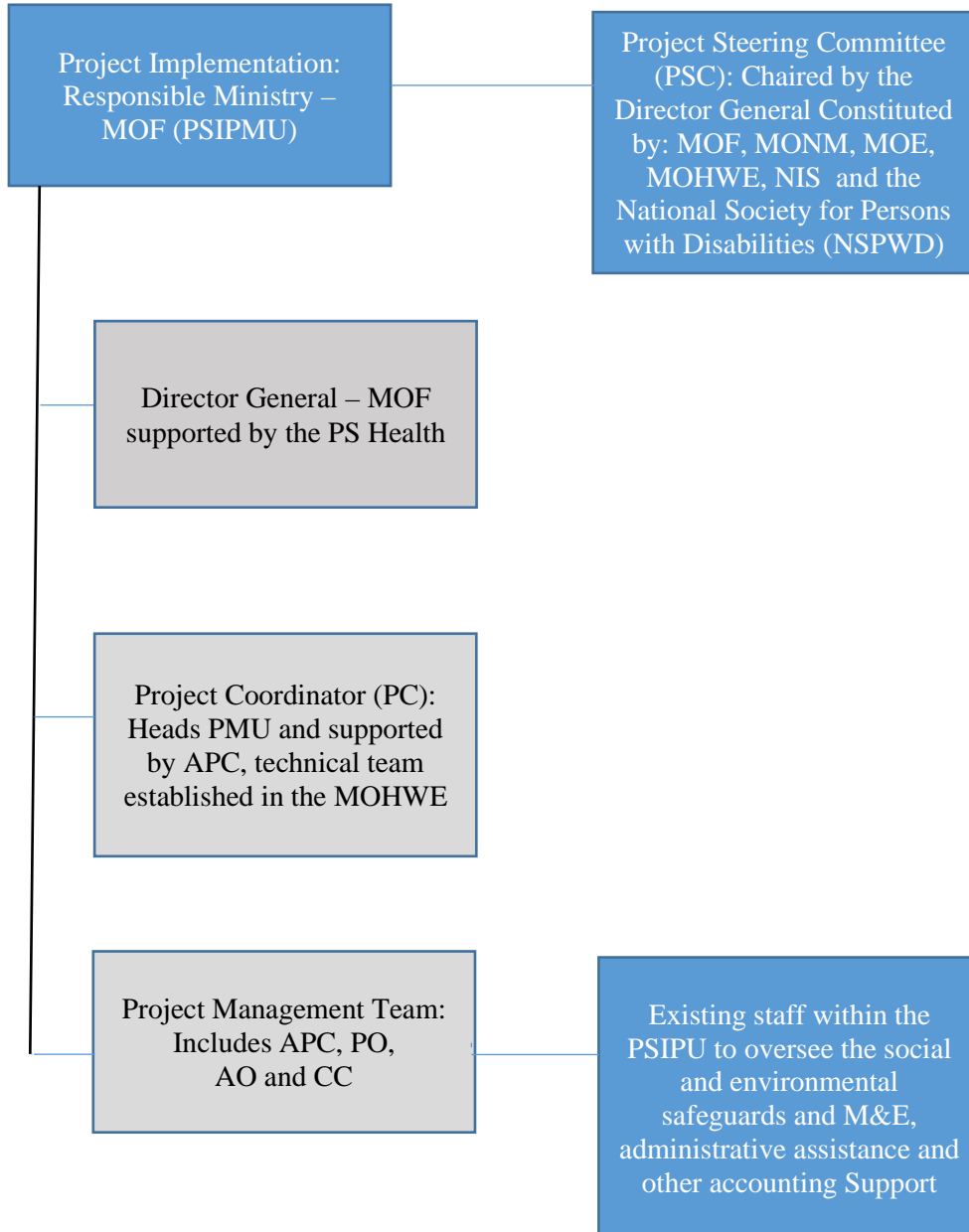
**SUMMARY OF RISKS, ASSESSMENTS AND MITIGATION MEASURES**

| <b>Risk Category</b> | <b>Risk Type</b>        | <b>Description of Risk</b>   | <b>Mitigation Measures</b>  |
|----------------------|-------------------------|--|---|
| Operational          | People/ Human Resources | The risk of delays to implementation due to weak project management/ procurement skills/contract management. | <p>A Project Launch Workshop will serve as a vehicle to ensure that project team understands the Bank’s requirements for activities across the project management life cycle. the engagement of a procurement agent will lend support to the procurement function and support efficiency in the process.</p> <p>CDB’s monthly supervision will assist PC and PSC to identify challenges and develop timely mitigation measures. The Project Team will also have access to the e-training course on Procurement offered through CDB’s Procurement Unit. Collaboration between PAHO and the MOH will allow for outputs from PAHO-funded activities under implementation to feed into activities under this Project allowing for reduction in effort and for quick learning and adjustment to take place along with the use of resources produced under the PAHO project to support training activities under this Project. This is particular to the risk communication component and enhancement of IPC for home care of vulnerable populations.</p> |
| Operational          | Maintenance             | The risk of inadequate maintenance that could lead to equipment malfunction.                                 | Training in operating and maintenance of all equipment purchased has been included in the project design, along with increased awareness of the need for and its importance, and allocation of funds for maintenance will help to reduce this risk.   |



| <b>Risk Category</b> | <b>Risk Type</b> | <b>Description of Risk</b>  | <b>Mitigation Measures</b>  |
|----------------------|------------------|---|---|
| Financial            | Cost             | The risk of cost escalation given the current climate of increasing transport costs and cost of products. | The Project made an allocation for physical contingency. A Procurement Officer and Procurement Agent are being engaged to ensure that procurement activities can be fast tracked and completed in a reasonable time frame which limits the opportunity for repeated price fluctuations. |

**PROJECT MANAGEMENT ORGANISATIONAL CHART**



**DUTIES AND RESPONSIBILITIES OF THE PROJECT STEERING COMMITTEE**

1. The duties and responsibilities of the PSC is as follows:
2. A PSC comprising key stakeholder ministries and agencies will also be established and will report to the Director General, MOF, on strategic matters in relation to the Project. The PSC will comprise representatives of MOF, MONM, MOE, NIS, and NSPWD.
3. The PSC shall, *inter alia*:
  - (a) provide overall operational guidance for programme implementation to ensure that the programme meets its objectives, in line with GOSVG policy;
  - (b) approve the Annual Work Programme and Budget submitted by the PC;
  - (c) provide assistance and guidance to the PSC in handling implementation and coordination problems brought to its attention; and
  - (d) monitor the efficiency and effectiveness of the resource allocation requirements for the Project.
4. The PSC will meet at least quarterly, and more often if required. The PC may request additional meetings when faced with extraordinary situations. The Chairperson shall convene PSC meetings.

## PROJECT IMPLEMENTATION SCHEDULE

| Improving Response and Resilience of the Health Sector to COVID-19 (Health) Project Project - St. Vincent and the Grenadines |  |          |              |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|--|--|----------|--------------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ID   | Task Name  | Duration | Start        | 2023 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|  |  |          |              | Sep  | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
| 1  | <b>Financing Effectiveness</b>                                       | 31 days  | Fri 9/9/22   |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 2  | CDB President's Approval   | 0 days   | Fri 9/9/22   |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 3  | CDB Dispatch of Financing Agreement                                  | 0 days   | Thu 9/22/22  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 4  | GOSVG signing of Finance Agreement                                   | 17 days  | Fri 9/23/22  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 5  | Conditions Precedent met   | 4 days   | Tue 10/18/22 |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 6  | <b>Improving Surveillance, Case Detection and Monitoring</b>         | 175 days | Fri 9/30/22  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 7  | Procurement of 2 vehicles (modified vans)                            | 60 days  | Mon 10/3/22  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 8  | Establishment of Multi-Functional Team                               | 30 days  | Mon 10/3/22  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 9  | Procurement of GeneXpert machine                                     | 150 days | Fri 9/30/22  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 10   | Procurement of Rapid tests kits                                      | 150 days | Fri 9/30/22  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 11   | Procurement of Computer Hardware for Central Medical Stores and MCMH | 88 days  | Mon 1/30/23  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 12   | Procure and Install ICT Equipment for 13 health facilities           | 66 days  | Mon 1/30/23  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 13   | Procurement of Vehicle for use by HIS officers                       | 60 days  | Tue 11/22/22 |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 14   | Procure Supplementary Diagnostic Equipment                           | 57 days  | Thu 10/13/22 |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 15   | <b>Interrupting the Chain of transmission</b>                        | 268 days | Mon 9/12/22  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 16   | Update COVID-19 Risk Communication Plan                              | 90 days  | Tue 11/29/22 |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 17   | Procurement of Supervision Consultant                                | 45 days  | Mon 9/12/22  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 18   | Upgrading of the four Grenadines Port Health Facilities              | 150 days | Mon 12/5/22  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 19   | Procurement of 3 Ambulances  | 120 days | Mon 1/23/23  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 20   | Disseminate Updated protocols for health security                    | 122 days | Mon 4/3/23   |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 21   | <b>Improve the Capacity for COVID affected patients</b>              | 186 days | Mon 10/31/22 |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 22   | Procurement of PPEs and IPC  | 65 days  | Wed 11/2/22  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 23   | Installation of handwashing stations for Health facilities           | 110 days | Mon 11/28/22 |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 24   | Procurement of Autoclaves  | 132 days | Mon 10/31/22 |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 25   | Procurement of Waste transport vehicle                               | 154 days | Wed 12/14/22 |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 26   | Sanitisation equipment and supplies                                  | 14 days  | Tue 12/13/22 |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 27   | <b>Project Management</b>  | 337 days | Mon 10/3/22  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 28   | Project Operations   | 262 days | Mon 10/3/22  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 29   | Media Campaign   | 206 days | Mon 4/3/23   |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 30   | Terminal Disbursement Date   | 0 days   | Sun 12/31/23 |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 31   | <b>Project Completion Report</b>                                     | 66 days  | Sun 12/31/23 |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |



**ESTIMATED DISBURSEMENT SCHEDULE**

| <b>Year</b>      | <b>Quarter</b> | <b>IDB SFR</b>   | <b>Finance Charge</b> | <b>Total</b>     | <b>Cumulative</b> |
|------------------|----------------|------------------|-----------------------|------------------|-------------------|
| <b>2021</b>      | <b>Q4</b>      | <b>0</b>         |                       | <b>0</b>         | <b>0</b>          |
| <b>Sub-total</b> |                | <b>0</b>         | <b>0</b>              | <b>0</b>         | <b>0</b>          |
| 2022             | Q1             | 0                |                       |                  | 0                 |
|                  | Q2             | 0                |                       |                  | 0                 |
|                  | Q3             | 0                | 0                     | 0                | 0                 |
|                  | Q4             | 3,804,500        | 13,600                | 3,818,100        | 3,818,100         |
| <b>Sub-total</b> |                | <b>3,804,500</b> | <b>13,600</b>         | <b>3,818,100</b> | <b>3,818,100</b>  |
| 2023             | Q1             | 106,300          | 27,400                | 133,700          | 3,951,800         |
|                  | Q2             | 146,300          | 28,000                | 174,300          | 4,126,100         |
|                  | Q3             | 81,300           | 28,500                | 109,800          | 4,235,900         |
|                  | Q4             | 81,300           | 28,700                | 110,000          | 4,345,900         |
| <b>Sub-total</b> |                | <b>415,200</b>   | <b>112,600</b>        | <b>527,800</b>   | <b>4,345,900</b>  |
| 2024             | Q1             |                  | 29,000                | 29,000           | 4,374,900         |
|                  | Q2             |                  | 29,100                | 29,100           | 4,404,000         |
|                  | Q3             |                  | 0                     | 0                | 4,404,000         |
|                  | Q4             |                  | 0                     | 0                | 4,404,000         |
| <b>Sub-total</b> |                | <b>0</b>         | <b>58,100</b>         | <b>58,100</b>    | <b>4,404,000</b>  |
| 2025             | Q1             |                  | 0                     | 0                | 4,404,000         |
|                  | Q2             |                  | 0                     | 0                | 4,404,000         |
|                  | Q3             |                  | 0                     | 0                | 4,404,000         |
|                  | Q4             |                  | 0                     | 0                | 4,404,000         |
| <b>Sub-total</b> |                | <b>0</b>         | <b>0</b>              | <b>0</b>         | <b>4,404,000</b>  |
| <b>Total</b>     |                | <b>4,219,700</b> | <b>184,300</b>        | <b>4,404,000</b> | <b>4,404,000</b>  |

**EXCLUSION LIST OF PROHIBITED EXPENDITURES**

1. The Programme will not provide financing to sub-projects or sub-companies involved in the production, trade, or use of the products, substances or activities listed below:
  - (a) Those that are illegal under host country laws, regulations or ratified international conventions and agreements.
  - (b) Weapons and ammunitions.
  - (c) Tobacco.
  - (d) Gambling, casinos and equivalent enterprises.
  - (e) Wildlife or wildlife products regulated under Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES).
  - (f) Radioactive materials.
  - (g) Unbonded asbestos fibres.
  - (h) Forestry projects or operations that are not consistent with the IDB's Environment and Safeguards Compliance Policy (GN-2208-20).
  - (i) Polychlorinated biphenyl compounds (PCBs).
  - (j) Pharmaceuticals subject to international phase outs or bans.
  - (k) Pesticides/herbicides subject to international phase outs or bans.
  - (l) Ozone depleting substances subject to international phase out.
  - (m) Drift net fishing in the marine environment using nets in excess of 2.5 km. in length.
  - (n) Transboundary trade in waste or waste products, except for non-hazardous waste destined for recycling.
  - (o) Persistent Organic Pollutants (POPs).
  - (p) Non-compliance with workers' fundamental principles and rights at work.
  
2. The Programme will exclude financing of projects:
  - (a) having a potential negative impact on established protected areas and cultural sites;
  - (b) involving the introduction of invasive species;
  - (c) involving involuntary resettlement of population;
  - (d) involving economic displacement of population; and
  - (e) involving the following activities: extractive industries, large scale farming and agriculture (more than 3,000 has), and extensive livestock farming on surfaces larger than 12,000Has and feedlots of more than 2,500 animals.

**PROCUREMENT PLAN**

**I. General**

**1. Project Information:**

Country: St. Vincent and the Grenadines

Borrower: Government of Saint Vincent and the Grenadines

Project Name: Improving Response and Resilience of the Health Sector to COVID-19 Project

Project Implementing Agency (PIA): Ministry of Finance

**2. Bank's Approval Date of the Procurement Plan:** September 15, 2022

**3. Period Covered by This Procurement Plan:** September 30, 2022 – December 31, 2023.

**II. Goods and Works and Non-Consulting Services**

**1. Prior Review Threshold:** Procurement decision subject to Prior Review by the Bank as stated in the Procurement Procedures:

|    | <b>Selection Method</b>    | <b>Prior Review Threshold</b> | <b>Comments</b> |
|----|----------------------------|-------------------------------|-----------------|
| 1. | ICB (Goods)                | >US\$100,000                  |                 |
| 2. | RCB/NCB (Goods)            | >US\$25,000                   |                 |
| 3. | LB (national) (Goods)      | >US\$10,000                   |                 |
| 4. | LB (international) (Goods) | >US\$25,000                   |                 |
| 5. | LB (national) (Works)      | >US\$25,000                   |                 |
| 6. | NCB (Works)                | >US\$25,000                   |                 |
| 7. | DS (Goods)                 | All Contracts                 |                 |

**2. Prequalification:** Not applicable

**3. Reference to (if any) Project Operational/Procurement Manual:** Procurement Policy for Projects Financed by CDB (November 2019) and Procurement Procedures for Projects Financed by CDB (January 2021).

For Goods, Works and Non-consulting Services to be procured under the Project, eligibility for procurement shall be extended to all firms and individuals from countries that are not CDB Member Countries.

**4. Any Other Special Procurement Arrangements:** Retroactive financing of the eligible expenses incurred for an immediate emergency response to the consequences of the COVID-19 pandemic in the amount and within the period of time specified in the Financing Agreement. The expenses shall be for approved items procured in accordance with procedures acceptable to the CDB and supported with relevant documentation.



**5. Procurement Packages with Methods and Time Schedule:**

| <b>1</b>       | <b>2</b>   | <b>3</b>                    | <b>4</b>                | <b>5</b>                          | <b>6</b>                            | <b>7</b>                           | <b>8</b>                         | <b>9</b>                         |
|----------------|--|-----------------------------|-------------------------|-----------------------------------|-------------------------------------|------------------------------------|----------------------------------|----------------------------------|
| <b>Ref No.</b> | <b>Contract (Description)</b>  | <b>Estimated Cost (USD)</b> | <b>Selection Method</b> | <b>Pre-qualification (Yes/No)</b> | <b>Regional Preference (Yes/No)</b> | <b>Review by Bank (Prior/Post)</b> | <b>Expected Bid-Opening Date</b> | <b>Comments</b>                  |
| 1.             | Procurement of GeneXpert system and accessories.   | ██████                      | DS                      | No                                | No                                  | Prior                              | February 2, 2023                 | Standardisation of equipment     |
| 2.             | Procurement of test kit for GeneXpert system   | ██████                      | DS                      | No                                | No                                  | Prior                              | February 2, 2023                 | Standardisation of equipment     |
| 3.             | Procurement of Supplementary Diagnostic equipment  | ██████                      | LB (International)      | No                                | No                                  | Prior                              | December 1, 2022                 |                                  |
| 4.             | Procurement of Computers, Servers accessories for HMIS.  | ██████                      | ICB                     | No                                | No                                  | Prior                              | February 10, 2023                |                                  |
| 5.             | Upgrading and refurbishment of Port Health Facilities Lots 1 to 4  | ██████                      | LB (national)           | No                                | No                                  | Prior                              | December 30, 2022                | Evaluation on a lot-by-lot basis |
| 6.             | Procurement of three ambulances.   | ██████                      | LB (national)           | No                                | No                                  | Prior                              | March 1, 2023                    |                                  |
| 7.             | Procurement of Two (2) modified quarantine vehicles.   | ██████                      | LB (national)           | No                                | No                                  | Prior                              | December 15, 2022                |                                  |
| 8.             | Procurement of Four-Door Pickup Truck  | ██████                      | LB (national)           | No                                | No                                  | Prior                              | December 15, 2022                |                                  |
| 9.             | Procurement of waste disposal truck  | ██████                      | LB (national)           | No                                | No                                  | Prior                              | January 30, 2023                 |                                  |
| 10.            | Procurement of Autoclaves and accessories  | ██████                      | DS                      | No                                | No                                  | Prior                              | December 9, 2022                 | Standardisation of equipment     |
| 11.            | Construction of wash stations at 20 Health facilities  | ██████                      | LB (national)           | No                                | No                                  | Prior                              | December 9, 2022                 |                                  |
| 12.            | Procurement of PPE and Infection prevention and control equipment  | ██████                      | ICB                     | No                                | No                                  | Prior                              | December 8, 2022                 |                                  |
| 13.            | Supply of nutritional support and personal health equipment:<br>Lot 1: Supply of nutritional support equipment<br>Lot 2: Supply of Personal health equipment | ██████                      | ICB                     | No                                | No                                  | Prior                              | January 27, 2023                 | Evaluation on a lot-by-lot basis |
| 14.            | Supply of Health Education   | ██████                      | NCB                     | No                                | No                                  | Prior                              | March 1, 2023                    | Items and arrangements           |

| 1       | 2   | 3                    | 4                | 5                          | 6                            | 7                           | 8   | 9   |
|---------|---|----------------------|------------------|----------------------------|------------------------------|-----------------------------|---|---|
| Ref No. | Contract (Description)                                    | Estimated Cost (USD) | Selection Method | Pre-qualification (Yes/No) | Regional Preference (Yes/No) | Review by Bank (Prior/Post) | Expected Bid-Opening Date                                     | Comments  |
|         | materials   |                      |                  |                            |                              |                             |   | may be adjusted based on the designed education materials   |
| 15.     | Procurement of Sanitation equipment and supplies          |                      | LB (national)    | No                         | No                           | Post                        | January 3, 2023   |   |
| 16.     | Media buys for implementation of risk communication plan  |                      | NCB              | No                         | No                           | Prior                       | March 1, 2023.  |   |
| 17.     | Equipment, furniture and supplies for the project office  |                      | LB               | No                         | No                           | Post                        | October 3, 2022   | Multiple Procurements   |
| 18.     | Retroactive Financing - Quarantine and Isolation services |                      | DS               | No                         | No                           | Post                        | Expenses incurred between January 30, 2020 to August 31, 2022 | Facilities were selected as an emergency response for the immediate need for quarantine facilities in response to COVID 19.<br><br>Pending, submission and Approval \$1,869,000 |

**III. Consulting Services**

- (I) **Prior Review Threshold:** Procurement decision subject to Prior Review by the Bank as stated in the Procurement Procedures:

|    | Selection Method                      | Prior Review Threshold | Comments |
|----|---------------------------------------|------------------------|----------|
| 1. | Least Cost Selection                  | All Contracts          |          |
| 2. | Consultants' Qualifications Selection | All Contracts          |          |
| 3. | Direct Selection                      | All Contracts          |          |
| 4. | Individual Consultant Selection       | All Contracts          |          |

- (a) **Short list comprising entirely of national consultants:** Not applicable

1. **Reference to (if any) Project Operational/Procurement Manual:** Procurement Policy for Projects Financed by CDB (November 2019) and Procurement Procedures for Projects Financed by CDB (January 2021).

For Consulting Services to be procured under the Project, eligibility for procurement shall be extended to all firms and individuals from countries that are not CDB Member Countries.

2. **Any Other Special Procurement Arrangements:** not applicable.

(b) **Procurement Packages with Selection Methods and Time Schedule:**

| 1       | 2  | 3                    | 4                | 5                           | 6                                 | 7   |
|---------|--|----------------------|------------------|-----------------------------|-----------------------------------|---|
| Ref No. | Assignment (Description)   | Estimated Cost (USD) | Selection Method | Review by Bank (Prior/Post) | Expected Proposal Submission Date | Comments  |
| 1.      | Consultancies Services for Project Coordinator   |                      | ICS              | Prior                       | N.A.                              | PC has been procured.   |
| 2.      | Consultancies Services for Assistant Project Coordinator   |                      | ICS              | Prior                       | July 1, 2022                      | APC has been procured.  |
| 3.      | Procurement Officer  |                      | ICS              | Prior                       | October 30, 2022                  |   |
| 4.      | Consultancy Services for Accountant  |                      | ICS              | Prior                       | October 14, 2022                  |   |
| 5.      | Consultancy Services for Communication Consultant  |                      | ICS              | Prior                       | October 28, 2022                  |   |
| 6.      | Health Communications Consultancy  |                      | CQS              | Prior                       | October 28, 2022                  |   |
| 7.      | Consultancy Services for Project Audit   |                      | CQS              | Prior                       | November 14, 2022                 |   |
| 8.      | Consultancy Services for the Design and Supervision of the Upgrading of Four Port Health Facilities and Twenty Wash Stations |                      | CQS              | Prior                       | October 14, 2022                  |   |
| 9.      | Multi-functional response team   |                      | ICS              | Prior                       | October 1, 2022                   | Non-permanent staff – 9 districts – 3 nurses per district and 2 temporary drivers |
| 10.     | Consultancy Services to enhance Delivery of Care to COVID-19 patients  |                      | CQS              | Prior                       | October 15, 2022                  |   |

This information is withheld in accordance with one or more of the exceptions to disclosure under the Bank's Information Disclosure Policy.

**IV. Implementing Agency Procurement Capacity Building Activities with Time Schedule**

**In this section the agreed procurement capacity building activities are listed with time schedule.**

| <b>No.</b> | <b>Expected Outcome/<br/>Activity Description</b> | <b>Estimated Cost</b> | <b>Estimated<br/>Duration</b> | <b>Start Date</b>     | <b>Comments</b>                |
|------------|---|-----------------------|-------------------------------|-----------------------|--------------------------------|
| 1.         | Project Launch<br>Workshop (PLW)                  | N.A.                  | 1.5 hrs                       | October 17 1,<br>2022 | Procurement<br>training at PLW |

**REPORTING REQUIREMENTS**

|    | <b>Report Implementation</b>  | <b>Frequency</b>               | <b>Deadline for Submission</b>   | <b>Responsibility</b>               |
|----|---|--------------------------------|--|-------------------------------------|
| 1. | Report on Implementation Status of the project (including the progress status of each project component).   | Quarterly                      | Within six weeks of the end of each quarter; commencing the end of the 1st full quarter following the PLW. | PC                                  |
| 2. | Annual and Semi-annual Progress Reports detailing achievements in relation to planned activities, budget analysis, disbursement, work plan for the following year, and financial plan. Briefs from the PO to be submitted to PC will contribute to the completion of this Report. | Semi -Annual                   | Not later than June 30 and December 31 of each year respectively after the commencement of the project.    | PC                                  |
| 3. | Report on Investment Costs of the project.  | Quarterly                      | Within six weeks of the end of each quarter; commencing the end of the 1st full quarter following the PLW. | PC                                  |
| 4. | Report on outcome and output indicators being monitored   | Annual                         | Not later than December 31 of each year after the commencement of the project.                             | PC/PS<br>MOHWE                      |
| 5. | Audited Financial Reports, prepared and including a management report.  | Annual                         | Within 120 days of the end of the financial year.  | PC/Auditor<br>General<br>Department |
| 6. | Updates to the Procurement Plan, prepared with the assistance of the PO.  | Annual                         | Covering at least the next 12-month period of project implementation or as necessary                       | PC                                  |
| 7. | Report on Social and Environmental Safeguards activities monitoring and implementation of the SEP and GRM   | Annually/and at end of project | Not later than March 31, 2023.   | PC/CDB                              |
| 8. | PCR prepared in collaboration with PO.  | End of Project                 | Within three months after the completion of the capacity building activities and supply of goods.          | PC                                  |