



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/12/2023 | Report No: ESRSA02447



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Argentina	LATIN AMERICA AND CARIBBEAN	P179534	
Project Name	Strengthening the Digital Health Agenda in the Province of Buenos Aires		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/14/2023	6/16/2023
Borrower(s)	Implementing Agency(ies)		
Province of Buenos Aires	Provincial Directorate of Multilateral Organizations and Bilateral Financing		

Proposed Development Objective

Increase access to health services and improve coordination and continuity of care in the public healthcare network of the Province of Buenos Aires.

Financing (in USD Million)	Amount
Total Project Cost	50.00

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

No

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

The proposed Project would support the Province of Buenos Aires to increase access to services for the beneficiary population and improve coordination and continuity of care in the public health delivery network of the Province of Buenos Aires. Specifically, the Project would expand the implementation of HSI (an open-source EMR developed by the national MOH) at the point of care and its functionalities and, by improving interoperability, it will integrate EMRs across health facilities and services. In addition, it would contribute to the development and implementation of telemedicine and virtual communication tools.

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The project will be structured in three components: (i) Implementing Electronic Medical Records/Integrated Health Records (HSI); (ii) Developing and Implementing Virtual Tools for Health Provision and Communication; and (iii) Project Management.

D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

The project will scale up the health information and management systems and improve access to health care services in the Province of Buenos Aires (PBA). The PBA poverty and extreme poverty rates have remained high since the COVID-19 shock. PBA is home to 6 million poor and 2 million extreme poor (accounting for 55% of the poor and 67% of extreme poor in the country), while before the pandemic outbreak was home of 5.6 and 1.5 million, respectively. Currently, the provincial health information systems are fragmented with multiple tools that limit the continuity and coordination of services, and sharing of patient’s information across providers, between patients and providers, and across levels of care (referrals from PHCs to hospitals as well as counter-referrals are limited). This adds to the lack of articulation between the provincial information systems and those of municipal levels, hinder the continuity of care. Fragmented information generates inefficient investment with a short-term perspective, preventing quality records acquisition or strategic coordination for policy planning and resource management.

The PBA has an Electronic Clinical Record (ECR) Law since 2013 that establishes the application in all public or private medical assistance institutions that provide healthcare in the area of Buenos Aires. It also defines the single electronic medical record as the set of clinical, social and administrative data referring to the health of a person, processed through computer means. The ECR is more than a Medical Record in digital format, it proposes a new way of thinking about health information systems, identified as open and complex systems that can support management at its different levels, facilitating access for the population and collaborating with the integration of the health system and its information. For component 1, the project finances activities in 35 eligible municipalities that currently do not have a EMR/HSI. In component 2, it will finance the development and implementing of virtual tools for health provision and communication that will reach the entire province. EMR is implemented in Primary Health Care Centers in different municipalities summing up to 115 municipal and 13 provincial establishments so far, the following advances have been achieved in the use: 226,900 registered patients, 126,063 registered consultations and 354,056 medical appointments generated. The EMR functionality contributes to reducing fragmentation and having interoperability systems that allow the integration of information and the articulation of management.

The PDO aims at improving the coordination and continuity of care in the public healthcare network and increase access to health services in the PBA. The project proposes to expand functionalities and strengthen the systematization of information, through computer solutions that incorporate health interoperability standards and ensure the timely flow of information and the articulation between healthcare facilities. It is also planned to deepen the reporting module that optimizes the communication of the EMR between services, effectors, rooms, external offices and hospitalization to allow for a more efficient management. Likewise, the systematization of this information will allow to obtain quality data of the population in a timely manner, useful for research, planning and decision making. The integration of health information systems will improve the quality and timeliness for coordinated planning in the approach of each line of care and the services that make up the health system at all levels, optimizing the available resources. Likewise, transparency and quality of the data is an indispensable basis for establishing

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mechanisms that allow the development of cost recovery strategies to project sustainable health. On the other hand, the implementation of telemedicine devices also contributes to a quality care model by reinforcing the offer of services and opportunity of care. They could complement the care effectors and reinforce the availability of specific services. It would also allow to capitalize on PBA experience gained in the C19 pandemic, providing solutions for access, proximity and immediacy of information to the population.

D. 2. Borrower's Institutional Capacity

The Executing Agency (EA) of the Project will be the Undersecretariat of Finance of the Ministry of Finance of the Province of Buenos Aires, through the Provincial Directorate of Multilateral Organizations and Bilateral Financing (DPOMyFB, for its Spanish acronym), responsible for the general coordination of the Project, the administration of financial resources, the monitoring and execution of the activities foreseen in the Project. Its team has previous experience on the implementation of the ESF with the Social Protection Networks project for the Vulnerable Population (P170329) and has participated in the different trainings carried out on the ESF. Therefore, the DPOMyFB is well positioned for monitoring the execution of the project activities.

The Sub-Executive Agency will be the Provincial Ministry of Health (PMOH), technically responsible for implementing the actions foreseen in the Project. In this sense, the Ministry of Health will act through the Undersecretariat of Information Management, Lifelong Learning and Control (SSGIEPyF for its Spanish acronym) who will be responsible for coordinating technical planning of the activities with the Provincial Directorate of Statistics and Digital Health (DPEySD for its Spanish acronym) from said Undersecretariat. The SSGIEPyF will coordinate the implementation and execution of the actions with the Provincial Directorate of Health System Strengthening Unit (DPFSS for its Spanish acronym) of the Undersecretariat of Care and Integral Care (SSAyCI for its Spanish acronym), with the Technical, Administrative and Legal Undersecretariat (SSTAYL, for its Spanish acronym) and the UNDP Program of the PMOH.

The technical teams of the Ministry of Finance (MHyF for its Spanish acronym) and the Ministry of Health from the Province of Buenos Aires are jointly responsible for environmental and social management of the project.

The follow-up and monitoring of environmental and social management will be in charge of the DPOMyFB from the MHyF, responsible for ensuring compliance with the actions and measures established in the environmental and social documents of the Project.

The Ministry of Health, through the DPFSS and the DPEySD will be responsible for the design, planning and implementation of the actions and measures foreseen in the environmental and social management of the Project. Within the Ministry of Health, the DPFSS and the DPEySD will work in coordination with other areas of the Ministry, such as the Provincial Directorate of Community Health and the Provincial Program of Health and Indigenous Peoples, the Provincial Directorate of Gender Equity in Health, the Provincial Directorate of Access and Inclusion in Health, the Provincial Directorate Against Violence in the field of Public Health, the Directorate of Environmental Health and the Provincial Directorate of Infrastructure, Auxiliary Services and Medical Technology. Regarding the implementation of measures under ESS 2 it will be responsibility of the contracting areas of the Ministries of Health and Finance. In this sense, each of the Ministries will implement the provisions of ESS 2 when hiring consultants and hiring firms.

From the PMOH, the DPFSS has a team dedicated to environmental and social management, with experience in implementing safeguards policies and basic training in the ESF, and from the MHyF, the DPOMyFB also has a team for follow-up and monitoring of overall performance of the environmental and social management of the Project



activities, with previous experience in implementing the ESF in the Social Safety Nets for Vulnerable Populations in the PBA Project (P170329).

Within the teams there are social and environmental specialist profiles (which background in the fields of Psychology, Safety and Hygiene, Architecture, Social Policies, Anthropology, among others). The PMOH will lead the project's stakeholder engagement activities and handle the grievance mechanism and will develop those instruments with the support of the MHyF. For this task the PMOH is expecting to hire four consultants specialized in environmental and social policies and in communication. All staff working on ES issues within the Project will be trained in the ESF.

II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Moderate

Environmental Risk Rating

Moderate

This operation does not entail serious risks to the environment. The Project does not finance land acquisition or infrastructure. The project will finance the acquisition of computer equipment and will provide education and training for the generalized use of software and hardware in the health system. No rehabilitation or construction of new infrastructure. The actions and interventions of the project will be carried out within existing health establishments, and will not intervene in sensitive or protected areas, nor will it carry out actions or generate effects that put biodiversity, or cultural heritage at risk. The overall risks to and potential adverse impacts on the environment are likely to be minimal or negligible. Furthermore, the Project would result in valuable outcomes and recommendations for decision making related to the improvement in health behaviors in beneficiaries. For this, it will require laying internal electrical and computer cables linked to the installation of hardware equipment and health equipment associated with telehealth and ECR, that could intervene from administrative areas to laboratories, hospitalization areas, patient waiting rooms, among others, posing potential safety risks for operators, health workers, patients and companions that move through these areas. The risks during installation are injuries from falls, interference with security processes in sensitive areas eg: X-ray rooms, hospitalization rooms, laboratories, accidental overturning of supplies and waste, risk of electric shock. During operation, if there are no adequate electrical installations and if informal current extension cables are used, there is a risk of electric shocks. The decommissioning through programmed obsolescence of the electronic equipment that forms part of the project's investments has the potential to generate Waste Electronic Devices and Equipment (WEEE).

Social Risk Rating

Moderate

The main social impacts associated with the Project are positive. Scaling up the health information and management systems to expand access to health care services in the Buenos Aires Province promotes the efficient use of the Digital Clinical History. Likewise, interoperability standards will ensure the timely flow of information and articulation between health facilities. Despite these benefits, there is a risk of potential exclusion of vulnerable people from the benefits of the project, including indigenous peoples. The Province of Buenos Aires faces situations of structural inequality, worsened by the Covid-19 pandemic, that may be aggravated by the introduction of digital health technologies (principle of 'do no harm'). Hence, when planning, prioritizing and implementing digital health interventions, the Project will need to ensure access for certain population groups, such as digital illiterates or those lacking connectivity (i.e.: by maintaining current face to face and telephone administrative interactions, and

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developing actions through community healthcare workers). Moreover, there are challenges associated with the implementation of the SEP which will be new to the PMOH. However, they do have experience with stakeholder engagement activities and will hire new staff dedicated to this (i.e.: communication and participation specialists). Likewise, the PMOH will draw on the existing experience of the MHyF implementing the SEP of P170329. Finally, an Indigenous Peoples Plan is being prepared to ensure indigenous peoples in the selected Municipalities are included in the benefits of the project in an accessible, culturally diverse, and inclusive manner.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

This standard is relevant to address potential moderate social and moderate environmental risks, mainly related to the laying of electrical and computer cables with risks of accidents due to falls, overturning of supplies or hazardous waste, electrocution, and the potential decommissioning of electronic equipment that forms part of the project's investments that will require an Electronic Waste Management Plan (E-WMP). The project proposes to improve health system services by expanding the functionalities and strengthening the systematization of information, through computer solutions that incorporate health interoperability standards and ensure timely flow of information and articulation between health facilities in the PBA. The PBA is home to 6.4 million poor and 2 million extreme poor among the expected beneficiaries of the project, almost exclusively covered by public health coverage. However, since these services are universal in scope, all the inhabitants of the province (17.7 million) are potentially beneficiaries.

An Environmental and Social Assessment (ESA) was carried out by the PBA in an advanced version and will be disclosed by appraisal. Based on the results of the ESA, the PBA will develop two Environmental and Social Management Plan (ESPM), given that there are different moments and actors involved for each case, one associated with PC installation, and another with WEEE management, to determine the prevention and mitigation measures that will guide the proper management of the potential risks and impacts linked to the installation of computer equipment and to those linked to WEEE. The ESMP will be prepared, consulted and disclosed within 90 days of project effectiveness. The project considers factors of inequality, to ensure they are not exacerbated by the introduction of digital health technologies (principle of 'do no harm'), and that access for vulnerable groups is guaranteed, taking advantage of the specific potential of digital technologies to promote equity by transcending physical barriers to access. The ESA identifies potential barriers that groups like Indigenous Peoples, Afro descendants, people with disabilities, persons within the LGBTI community, migrants and elders among others, face to have access to the activities financed by the Project and looks for ways to ensure that: (i) these groups are afforded opportunities to participate in planning and/or implementation of activities that affect them; and (ii) opportunities to provide such groups with culturally appropriate benefits are considered.

The project will work with inclusive categories of self-perceived gender, both in consultations through the platform, in the attention of operators and professionals, and in loading options of the Integrated Health History. In this sense, the development and implementation of the HSI is in accordance with current regulations, particularly National Law No. 26,743 on Gender Identity in order to guarantee greater accessibility to the right to health based on dignified



treatment and respect for gender diversities. In addition, access to digital information will allow the population to expand their horizon in terms of sexual and reproductive health and the health team, being able to resort to interconsultations if required for the care of specialties for which there is not sufficient access. Furthermore, the registration carried out through inclusive gender categories will generate useful information on specific populations, that will allow different analysis, identify consultations, demands, frequency, providing inputs for the planning of public policies that tend to reduce gender inequities in access and health care.

Disability can function in some cases as a barrier to access to health care. In this sense, the implementation of new information and communication technologies proved to be a tool with great potential. Virtual access to information and consultations allows to shorten the distances for timely attention on issues of concern to citizens, allowing the exercise of their right to health. Likewise, disability access barriers are particularly relevant in health, given that possibly these users may require more attention for their specific conditions. Telemedicine not only provides another channel of access to care but also enables interconsultation with professionals specialized in determined conditions that may be required. The online tools developed will also consider accessibility within their design.

In case of carrying out any Project activities that require Retroactive Financing in additional municipalities, an environmental and social audit will be carried out to corroborate that these activities are based on an analysis of potential environmental and social risks and impacts and that they were managed in accordance with the requirements established in the ESMP as a condition for disbursements. The borrower will present evidence to the Bank of compliance with the ESMP associated with PC installation.

ESS10 Stakeholder Engagement and Information Disclosure

This standard is relevant. The Integrated Health Records (HSI) has been implemented since 2021 and this has implied different instances of consultation and participation between 2021 and 2022, such as a digital classroom to train HSI implementers; 14 meetings with 250 healthcare professionals from municipality and provincial teams; workshops on the usability of the HSI in pilot municipalities (Mercedes, Moreno, Berisso); among other communication and training activities. Within the framework of this Project, there have been specific meetings with other government areas such as (i) the Directorate of Gender Equality in Healthcare (DGEH) to incorporate a transversal gender perspective; (ii) the Provincial Directorate of Community Health (PDCH) to obtain more information regarding the possibilities of inclusion of Indigenous Peoples, and (iii) the National Agency for Persons with Disabilities (ANDIS, for its acronym in Spanish) to address communicational barriers and guarantee the accessibility of digital tools.

A SEP was also prepared to ensure access of all stakeholders to the relevant information and beneficiary feedback mechanisms available. The SEP is informed by the findings of the ESA and includes the identification of relevant stakeholders, and a plan for consultations with them, including other government institutions, health providers, medical staff unions, and civil society organizations that represent the identified vulnerable groups and that support patients with different pathologies (at least in a first round). The SEP establishes that the information about the Project will be disseminated in different media (government websites; social media; written press, radio, and television; flyers, etc.), and via OSCs and municipal governments to reach vulnerable groups. Focused consultations included in the plan (already started in February) will help further define measures to address any gaps or challenges faced by the vulnerable groups or other people belonging to the target population to access the project benefits. It is expected that public consultations will take place no later than 3 months after Project effectiveness, and the



government team is also working in defining further rounds of consultations with identified stakeholders. Consultations with IPs have already started and will continue, particularly as part of the preparation of the IPP. The SEP will also be consulted with indigenous peoples in a manner consistent with the ESS7, including meaningful consultations with indigenous peoples' representative provincial bodies such as the IP Council for Buenos Aires (CIBA, for its acronym in Spanish). Risks associated with inadequate communication and dissemination of information are addressed through actions defined in the SEP (like accessibility and clarity of the information provided).

The SEP includes a Grievance Mechanism (GM) for addressing project-related concerns and grievances during the project preparation and implementation. In this sense, the GM draws on (and enhances) the information channels the MoH has already in place, such as the communications through the DPEySD. Finally, the project GM also includes relevant SEA/SH considerations and protocols to properly respond and/or refer to the corresponding governmental service that could provide a proper response for the survivors. A revised version of the SEP will be consulted and disclosed within 90 days of project effectiveness.

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

This standard is relevant. The Project will include the participation of (i) public officers not transferred to the project, such as the DPOMyFB teams, DIS and UFSS; (ii) direct workers, for example through the contracting of individual consulting services for the different Project activities; as well as (iii) contracted workers who will carry out the installation of computer equipment and wiring for the connection of the computer network systems in healthcare facilities. While public officers will remain subject to the terms and conditions of their existing public sector employment agreement, ESS2 applies to workers (ii) and (iii), with the exception of occupational health and safety measures that apply to all of them. Hence, the PBA will develop Labor Management Procedures (LMP) to cover the aspects of working conditions and occupational health and safety of those workers. The LMP will accompany the project's implementation and will be prepared and disclosed within 90 days of project effectiveness or before contracting any project worker, whichever comes first.

Appropriate occupational health and safety measures related to the activities foreseen under the project (administrative-related tasks in an indoor environment) will be applied as part of the LMP implementation. The contractors that will install the computer cabling network must be provided with PPE and be trained on the risks, for themselves as well as for third parties of the different environments where the installation is carried out (laboratories, X-ray rooms, hospitalization rooms, with patients and companions). The ESMP that manages the PC installation will identify and manage the potential risks and impacts linked to the laying of computer cables and power supply, to which installers, health personnel, patients and companions will be exposed. It will contain the prevention and mitigation measures, which each establishment must comply with before receiving the computer equipment. In addition, the Project LMP shall include a consolidated Labor Grievance Mechanism acceptable to the Bank that is available for all Project workers, with different channels to address complaints, questions, grievances, and suggestions (phone, email and a mailbox in the office of the DPOMyFB).



The applicable regulatory framework is consistent with ESS2 requirements; a summary of the applicable legislation will be presented in the ESA and the LMP. All contracts will have to reflect appropriate labor and working conditions in accordance with ESS2.

ESS3 Resource Efficiency and Pollution Prevention and Management

This standard is relevant. Terminals, also called workstations, and their monitors will be acquired, and equipment for data centers, will not be required the demand for air conditioning for its operation. To guarantee that the purchased equipment is energetically efficient, the presence of energy efficiency labeling of the Energy Star type will be required, since the Energy Efficiency labeling for computers is not available in Argentina. Good practices for the use of low consumption equipment will be promoted.

Given the potential generation of WEEE, the Regulatory Framework of the Province of Buenos Aires will be applied (resolution 101/2011 for WEEE), which created the registry of WEEE Producers and the Voluntary Certification Program for the Sustainable Management of Waste from Electrical and Electrical Equipment. In addition, the following good practices will be used: the Integrated WEEE Management Manual (prepared by the Ministry of Environment and Sustainable Development of the Nation; Country Office of the International Labor Organization Argentina, 2020) and the "Manual of good practices in the management of WEEE, Guidelines for the Argentine health sector" (prepared by the Technical Unit for Environmental Safeguards of the Ministry of Health of Argentina).

The Environmental Health Directorate is developing the Provincial Plan "Sustainable Hospitals" in coordination with the Provincial Ministry of Environment, to manage environmental issues and actions to be implemented, such as training of health facility personnel in WEEE management; establishment of internal WEEE management procedures among others. The plan requires inter-ministerial articulation between different areas of the Ministry of Health and is still pending approval.

A WEEE Environmental Management Plan (ESMP) will be developed for each health center benefiting from the Project. Such plan will contain the applicable regulatory framework, and the post-consumer recovery centers authorized at the provincial level and will determine the awareness and training processes for health personnel responsible for EEE, among other relevant topics. EMP-WEEE will be approved by the DPFSS environmental and social management team.

ESS4 Community Health and Safety

This standard is relevant. Installation of cables and other equipment will ensure adherence to national and provincial safety codes. Inspections as needed by provincial or municipal authorities of installed equipment and refurbished facilities will be followed and any pertinent EH&S standards of the WBG. All installations will ensure not posing a safety concern to workers, patients, and other people involved in the settings where these services are installed and under operation or management.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement



This Standard is not currently relevant to the Project. The outcome of E&S screening did not identify any potential risks and/or impacts relevant to ESS5. There will be no physical interventions under the Project; activities to be financed will neither require land acquisition, nor restrictions on land or involuntary resettlement as defined under this Standard.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This Standard is not currently relevant to the Project. The outcome of E&S screening did not identify any potential risks and/or impacts relevant to ESS6.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

The Standard is relevant. The 2010 national census indicated that around 300 thousand self-identified as Indigenous Peoples (IP) live in the Province of Buenos Aires. There are 118 communities from 18 different IPs recognized by the national and provincial state in the area, and 48 of these are present in 14 of the 35 municipalities that were selected for Project implementation. Some of these communities are formed by IPs that migrated to the Metropolitan Areas of Buenos Aires and La Plata in search of economic opportunity and settled together to conserve their identity, language and traditions. Others have traditionally lived in the Province, as Mapuche and Tehuelche communities present in Trenque Lauquen, Bahia Blanca, Tornquist, Alsina, Junin and Tandil municipalities. The last group meets the four characteristics described in ESS7.

Regarding drivers of exclusion, consultations with PBA IP leaders developed for Social Safety Nets for Vulnerable Populations in the Province of Buenos Aires (P170329) revealed challenges on access to information, digital literacy and participation that could apply to this Project as well. The assessment of ESS7 carried out as part of the ESA identified particular barriers on access to health care for IPs: (i) preconceptions, discriminatory and racist attitudes of health staff, and the devaluation of the communities' knowledge; (ii) health care providers in areas that are difficult to access or far from the indigenous communities' territories; (iii) lack of intercultural adaptation of health services; (iv) lack of communication materials that take into account the language and worldview of indigenous people. For that reason, IPs are part of the stakeholder engagement process, and an Indigenous Peoples Plan (IPP) is under preparation. In particular, the Provincial IP affairs Council (CPAI, for its Spanish acronym) and the Indigenous Council of the Province of Buenos Aires (CIBA, for its Spanish acronym) will be consulted during implementation to inform the IPP and Project's activities and the GM to ensure it will be accessible for IPs and will have culturally appropriate mechanisms. These specific consultation plans are reflected in the SEP and the IPP.

The IPP has the goal to ensure the benefits of the project reach the IPs in an accessible, culturally diverse and inclusive manner. The IPP identified prior activities and include the experience of the Ministry of Finance implementing an IPP for P170329 with a satisfactory performance, and the Provincial Health Program for IPs within the PMOH, which was engaged during preparation and will be involved in Project activities during implementation. The ECR that will be supported by the Project already includes an ethnic variable that will help the PMOH systematize information on health access for IPs. Training to health staff will be included in Project activities to enhance the use of this variable in practice and introduce to intercultural health. The IPP also considers mitigation measures to be carried out and the instances of participation for the communities is being developed, and cultural adaptations needed for the Projects GM defined in the SEP. The IPP will be prepared, consulted, and disclosed within 90 days of project effectiveness, or



before carrying out any proposed Project activity in selected municipalities where indigenous peoples (IP) are present.

Project activities will not include adverse impacts on land and natural resources subject to traditional ownership or under customary use or occupation, cause relocation of IPs nor have impacts on IPs’ cultural heritage. Thus, there is no requirement of implementing free, prior and informed consent (FPIC) as provided under ESS7.

ESS8 Cultural Heritage

This Standard is not currently relevant to the Project. The outcome of E&S screening did not identify any potential risks and/or impacts relevant to ESS8.

ESS9 Financial Intermediaries

This Standard is not relevant to the Project. The Project will not involve the use of Financial Intermediaries.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework? No

Areas where “Use of Borrower Framework” is being considered:

The borrower framework is not being considered for this operation.

IV. CONTACT POINTS

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Public Disclosure



Borrower/Client/Recipient

Borrower: Province of Buenos Aires

Implementing Agency(ies)

Implementing Agency: Provincial Directorate of Multilateral Organizations and Bilateral Financing

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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