

# INTEGRATED SAFEGUARDS DATA SHEET

## CONCEPT STAGE

Report No.: ISDSC1096

Date ISDS Prepared/Updated: 12-Mar-2015

Date ISDS Approved/Disclosed: 13-Mar-2015

### I. BASIC INFORMATION

#### A. Basic Project Data

Country:	Nicaragua	Project ID:	P152136
Project Name:	NI Comm. and Family Quality Health Care (P152136)		
Task Team Leader(s):	Amparo Elena Gordillo-Tobar		
Estimated Appraisal Date:	13-Apr-2015	Estimated Board Date:	04-Jun-2015
Managing Unit:	GHNDR	Lending Instrument:	Investment Project Financing
Sector(s):	Health (100%)		
Theme(s):	Child health (10%), Health system performance (40%), Injuries and non-communicable diseases (20%), Population and reproductive health (30%)		
Financing (In USD Million)			
Total Project Cost:	60.00	Total Bank Financing:	60.00
Financing Gap:	0.00		
Financing Source			Amount
BORROWER/RECIPIENT			0.00
International Development Association (IDA)			60.00
Total			60.00
Environmental Category:	B - Partial Assessment		
Is this a Repeater project?	No		

#### B. Project Objectives

The objectives of the Project are to: (i) strengthen the access and improve the quality of preventive, promotional and curative health care services; (ii) strengthen the National Health Care Institution and expand the basic health care package; and (iii) ensure financial support in case of a Public Health Alert or Public Health Emergency.

#### C. Project Description

Component 1. Strengthen the access and improve the quality of preventive, promotional and curative health care services among the poor and vulnerable populations in 10 SILAIS (Sistema Local de Atención Integral). The purpose of this component is to expand coverage from 64 to 68 municipalities and improve the quality of health care with an emphasis on: (a) providing health care to indigenous communities, in particular to the territories of Alto Wangki and Bocay; (b) accrediting quality of care by level of care; and (c) implementing the Model of Family and Community Health (MOSAFC). Capitated funding will be used to cover the incremental financial cost attached to the provision of preventive and curative services in the municipalities.

Component 2. Institutional Strengthening of Ministry of Health (MoH) for an integral delivery of health care services and Contingent Financing for a Public Health Alert or Public Health Emergency. The purpose of the This component will be achieved through 3 subcomponents.

- Subcomponent 2.1. Strengthening MOSAF in terms of prevention and promotion with emphasis in MACH/RH (Maternal, Adolescent, Child and Reproductive Care). This component aims to support the MoH through: (a) strengthening the health care supply; (b) strengthening comprehensive health care for adolescents and young people in municipalities of prioritized SILAIS, which supports the implementation of the National Strategy for Integral Health and Adolescent Development from 2013 to 2017 (ENSDIA); c) strengthening the laboratorial capabilities (equipment, training, maintenance) of the health units in selected municipalities; and (d) supporting the increase on the level of training for the health and administrative health resources in the central and local level.

- Subcomponent 2.2. Improving the quality oral health services in rural areas of prioritized SILAIS. This subcomponent aims to incorporate dental health into the health service delivery programs in the rural areas as part of the country's primary health care strategy.

- Subcomponent 2.3. Contingency Fund for a Public Health Alert or Health Emergency. The objective of this component is to facilitate the use of critical resources in a case of a Public Health Alert or a Health Emergency in the country. The component would respond to: (a) the preparation for a potential epidemic (ex. Ebola, seasonal diseases, etc.); and (b) an emergency created by a natural disaster.

Component 3. Strengthening of MoH's capacity to implement, supervise and evaluate the implementation of health services.

#### **D. Project location and salient physical characteristics relevant to the safeguard analysis (if known)**

The institutional strengthening of MoH in components 2 and 3 is national in scope, including some indigenous territories in the RAAN (Región Autónoma del Atlántico Norte). The strengthening of access and improvement of the quality of preventive, promotional and curative health care services among poor and vulnerable populations in 68 municipalities in 10 selected Local SILAIS in component 1 as well as the strengthening of comprehensive health care for adolescents and young people in municipalities of prioritized SILAIS in component 2.1 (a) will particularly benefit the indigenous and ethnic communities present in those areas. As part of the Improving the Community and Family Health Care Services Project (P106870 and AF) the MoH had adapted the standard set of basic health and nutrition services as defined under the Community and Family Health Model (MOSAFC) to ensure that they are culturally appropriate to these communities, based on a study that described the traditional health practices and customs and how these could be integrated in the public

health systems.

The project is not expecting the construction of new infrastructure that could affect the physical environment in sensitive or critical areas.

### **E. Borrowers Institutional Capacity for Safeguard Policies**

The borrower has previous experience with World Bank safeguards policies and has ensured compliance in the ongoing World Bank Project (Nicaragua Community and Family Health Care Project (P106870), both in ensuring extensive consultations to obtain broad community support for the project at national and local levels and in the implementation of the Indigenous Peoples Framework (IPPF) and Indigenous People Plans (IPP). The Directorate of Planning will manage the development and implementation of the IPP for this project, and will be supervised by the National Coordination of Indigenous Peoples and Traditional Medicine (as part of the Ministry of Health).

In regards of the environmental management, in the previous Project an Environmental and Social Management Framework (ESMF) was developed in order to assure the compliance of the national law and the Bank's safeguard policies. This ESMF was approved and disclosed by the Bank and the MoH in 2014. Additionally, as a next step or challenge of the MoH is to develop and implement Hospitals Dangerous Waste Management Plans (HDWMP) in the main National Hospitals in order to improve the quality of services of the Hospitals and prevent potential environment and social problems in these health centers. , and received the environmental license from the environmental authority (MARENA).

### **F. Environmental and Social Safeguards Specialists on the Team**

Marco Antonio Zambrano Chavez (GENDR)

Peter F. B. A. Lafere (GSURR)

## **II. SAFEGUARD POLICIES THAT MIGHT APPLY**

<b>Safeguard Policies</b>	<b>Triggered?</b>	<b>Explanation (Optional)</b>
Environmental Assessment OP/BP 4.01	Yes	<p>This policy is triggered because the Project will support minor pre-installment works for the medical and non-medical equipment to be purchased by the Project. These potential negative impacts are not significant and the mitigation measures are easy to know and to implement. Additionally, some activities during the operation will produce negative environmental and social impacts that should be prevent and mitigate. In this regards the project is classified as Category B according with the OP/BP 4.01</p> <p>A Diagnosis of the dangerous waste management in the main 6 Hospitals in Managua was done, and 6 Hospitals Dangerous Waste Management Plans (HDWMP) will be implemented with the Project. Currently these HDWMP in Managua will be finalized during the project preparation and the Bank is supporting its finalization. These instruments will be disclosure according with the Bank's policy.</p>

		These Plans will include the WBG EHS Guidelines for Medical Facilities; and procedure to manage radioactive waste associated to the medical equipment to be acquired under the project. Finally, the capacity building effort includes comprehensive occupational health and safety training, including exposure to diseases, medical waste and the use of certain equipment with radiation.
Natural Habitats OP/BP 4.04	No	This policy should not be triggered given that the project's interventions are not located within or in the proximity of natural habitats; hence no conversion or degradation of natural habitats is expected.
Forests OP/BP 4.36	No	This policy should not be triggered since the project activities are not expected to impact forested areas, forest dependent communities or involve changes in management of forests.
Pest Management OP 4.09	No	This policy should not be triggered given that the project's activities do not include the use of pesticide.
Physical Cultural Resources OP/BP 4.11	No	This policy should not be triggered given that the projects activities do not affect any physical or cultural resources.
Indigenous Peoples OP/BP 4.10	Yes	There are indigenous peoples as defined by the policy present in the Project area. For nine of the ten SILAIS, the activities in component 1 are a continuation of the activities in the Community and Family Health Care Project P106870 for which IPPs were consulted, disclosed and implemented. These IPPs will be reviewed, updated, consulted and disclosed again prior to appraisal to ensure that there is continued broad community support for this project in the nine original SILAIS. A new IPP for the added SILAI will be prepared, consulted locally and disclosed prior to appraisal to ensure that the indigenous communities in the territories of Alto Wangki and Bocay also broadly support the project activities. The IPPs will also be consulted at national level prior to disclosure to ensure that the measures related to Maternal, Adolescent, Child and Reproductive Care take into account the cultural practices of Indigenous Groups.
Involuntary Resettlement OP/ BP 4.12	No	This policy should not be triggered given that the project will focus on strengthening the access and improving the quality of health care services. The

		project will, however, finance minor pre-installment works for medical and non-medical equipment, for which no land acquisition will be required and for which no impacts covered under OP 4.12 are expected.
Safety of Dams OP/BP 4.37	No	This policy should not be triggered given that the project will not support the construction or rehabilitation of dams.
Projects on International Waterways OP/BP 7.50	No	This policy should not be triggered given that the project will not affect international waterways as defined under the policy.
Projects in Disputed Areas OP/BP 7.60	No	This policy should not be triggered given that the project will not affect disputed areas as defined under the policy.

### III. SAFEGUARD PREPARATION PLAN

**A. Tentative target date for preparing the PAD Stage ISDS:** 13-Mar-2015

**B. Time frame for launching and completing the safeguard-related studies that may be needed.**  
**The specific studies and their timing<sup>1</sup> should be specified in the PAD-stage ISDS:**

Safeguard studies are currently underway.

### IV. APPROVALS

Task Team Leader(s):	Name: Amparo Elena Gordillo-Tobar	
<b><i>Approved By:</i></b>		
Regional Safeguards Advisor:	Name: Glenn S. Morgan (RSA)	Date: 13-Mar-2015
Practice Manager/ Manager:	Name: Christoph Kurowski (PMGR)	Date: 13-Mar-2015

<sup>1</sup> Reminder: The Bank's Disclosure Policy requires that safeguard-related documents be disclosed before appraisal (i) at the InfoShop and (ii) in country, at publicly accessible locations and in a form and language that are accessible to potentially affected persons.