

INTEGRATED SAFEGUARDS DATA SHEET

APPRAISAL STAGE

Report No.: ISDSA3377

Date ISDS Prepared/Updated: 16-Mar-2015

Date ISDS Approved/Disclosed: 18-Mar-2015

I. BASIC INFORMATION

1. Basic Project Data

Country:	Argentina	Project ID:	P133193
Project Name:	Protecting Vulnerable People Against Noncommunicable Diseases Project (P133193)		
Task Team Leader(s):	Maria Eugenia Bonilla-Chacin, Luis Orlando Perez		
Estimated Appraisal Date:	23-Feb-2015	Estimated Board Date:	14-May-2015
Managing Unit:	GHNDR	Lending Instrument:	Investment Project Financing
Sector(s):	Health (70%), Public administration- Health (30%)		
Theme(s):	Injuries and non-communicable diseases (70%), Health system performance (30%)		
Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)?			No
Financing (In USD Million)			
Total Project Cost:	437.50	Total Bank Financing:	350.00
Financing Gap:	0.00		
Financing Source			Amount
Borrower			87.50
International Bank for Reconstruction and Development			350.00
Total			437.50
Environmental Category:	B - Partial Assessment		
Is this a Repeater project?	No		

2. Project Development Objective(s)

To contribute to (i) improving the readiness of public health facilities to deliver higher quality NCD-services for vulnerable population groups and expanding the scope of selected services; and (ii) protecting vulnerable population groups against prevalent NCD risk factors.

3. Project Description

The Project will have the following three components:

Component 1: Improving the readiness of public health care facilities to provide higher quality services for Noncommunicable Diseases (NCDs) for vulnerable population groups and expanding the scope of selected services.

This component will support a change in the model of care in provincial health care networks, the ones that provide services to the population without access to social security. This change in the model of care will: (i) provide continuous and programmed care to patients; (ii) support patient's self-care; (iii) improve case management for people with complex needs who are intensive-users of unplanned secondary care; (iv) develop clinical information systems; and (v) strengthen clinical support systems.

Component 2: Protecting vulnerable population groups against prevalent NCD risk factors.

This component will support the implementation of population-based interventions focused on healthy diets (particularly the reduction of sodium and trans fat intake, and the promotion of fruit and vegetable consumption), physical activity, and tobacco control.

Component 3: Supporting the National and Provincial Ministries of Health to improve surveillance, monitoring, promotion, prevention and control of NCDs, injuries, and risk factors.

This component will support the following: (i) Capacity strengthening of National and Provincial Ministries of Health and autonomous agencies under their responsibility to, inter alia: (a) design, implement and monitor policies aimed at prevention and control of NCDs; (b) strengthen the surveillance and monitoring system of NCDs and injuries; and (c) support the reorientation of the model of care at public health facilities. (ii) Support for Project implementation.

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

The Project general location is nationwide. Based on the information available at this stage, the Project will not involve natural habitats, forests or cultural property. Most of the Project investments are planned to take place in existing infrastructure. The acquisition of equipment, and the readjustment of local laboratories to enable local authorities to monitor the reduction in sodium and trans fat, will focus on the Central Laboratory INAL and six Argentine provinces. (i) Region of the NOA, Laboratory of Bromatology SI.PRO.SA - San Miguel de Tucumán. Province of Tucumán; (ii) Region of the NEA, the Provincial Laboratory of Bromatology, Resistencia-Chaco Province; (iii) PATAGONIA region: Regional Coordination of Environmental Health - Environmental Protection Department - Villa Regina - Province of Río Negro. (iv); CUYO region: Laboratory Bromatology Department - Direction of Nutrition and Food Hygiene - Ministry of Health - Mendoza, Province of Mendoza; (v) PAMPEANA, and Great Buenos Aires regions: - Central Public Health Laboratory - Biological Institute Tomás Perón-La Plata, Province of Buenos Aires. - Laboratory of the Santa Fe Food Safety Agency - ASSAL-Santa Fe-Santa Fe Province.

5. Environmental and Social Safeguards Specialists

Isabel Tomadin (GSURR)

Marcelo Roman Morandi (GENDR)

6. Safeguard Policies	Triggered?	Explanation (Optional)
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Environmental Assessment OP/BP 4.01	Yes	This is a Category B Project because while there are potential environmental impacts from medical and IT hardware waste disposal, they present a low to moderate risk and are readily manageable with known technology. The Project mainly involves the potential collection, management and disposal of hazardous medical wastes. Lab diagnostics generated through detection and surveillance of NCDs; the generation of technological waste; the modifications to labs could have direct or induced impacts on the environment. The Project will utilize an Environmental and Social Management Framework (ESMF) to guide the management of Project related medical wastes, including electronic waste and those resulting from modifications to labs. In principle the “improvements in regional labs” will include the acquisition of new equipment. The set-up of this equipment could eventually lead to very small interventions. This could involve the adequacy of spaces or the adoption of security elements for laboratories to control gases like extractors, fireplaces, special deposits reagents, etc. At this stage and given that labs are not known, these interventions could lead to the generation of waste containing asbestos, old pipes, as well as obsolete unused equipment that could contain, batteries, mercury, coolants, and expired reagents. The Project will not support investments in major physical works.
Natural Habitats OP/BP 4.04	No	The ESMF will include screening criteria to prevent the potential storage or disposal of medical or hazardous waste in areas that could lead to a potential degradation or impact natural habitats.
Forests OP/BP 4.36	No	The Project will not affect the health or management of forests nor will affect any forest dependent communities.
Pest Management OP 4.09	No	Project will not finance the procurement of pesticides nor will it support activities which lead to the increased use of pesticides or other hazardous chemicals for the management or control of NCDs.
Physical Cultural Resources OP/BP 4.11	No	No modifications will be made to existing buildings of historical or cultural importance. The ESMF will include screening criteria to ensure that no sub-project will be eligible for financing if it affects PCRs.
Indigenous Peoples OP/ BP 4.10	Yes	The Project will directly benefit indigenous communities and dispersed rural populations. 20 of the 24 provinces in Argentina have indigenous populations. During the implementation of the previous Bank-financed projects five new provinces triggered the policy. The 15 provinces previously identified have IPPs developed under the FESP

		<p>I and II (P090993 and P110599), Plan Nacer, Phases I and II (P072637 and P095515) Projects. These IPPs included measures on all diseases covered by FESP II and thus also on NCDs. Five IP Social Assessment in the provinces that triggered the OP 4.10 were submitted to the Bank and received No Objection. These assessments evaluated all diseases in FESP II (including NCDs). An Indigenous Peoples Planning Framework (IPPF) was prepared; which was built upon the existing IPPF and IPPs under the FESP I and II, Plan Nacer, Phases I and II, as well as on lessons learned from the Project's implementation. The Project will continue to articulate with existing areas within the Ministries of Health, such as the Community (Health) Doctors Program (Indigenous Peoples areas) and the Areas of Indigenous Health at the provincial level as well as with NCDs National and Provincials Directions. The IPPF includes direct beneficiaries, direct, indirect and potential expected impacts on them. The outcome of the free and informed prior consultation of the IPPF is available for publication. A consultation with Indigenous Peoples was carried out on November 27, 2013; the IPPF received their support as reflected in the Act signed by the Indigenous Peoples representatives. Among others, participants suggested the creation of a Department or Program for indigenous health, functioning as rector of health policies for indigenous peoples at the level of Ministry of Health of the Nation. They also suggested at provincial level the creation of Indigenous Peoples advisory boards, legitimized by the communities and indigenous organizations. On Project activities, they suggested the inclusion of the ethnic variable in the surveillance surveys and that these variables are designed by indigenous peoples. They also suggested including the ethnic variable in information systems (medical records). They also suggested to recognize and includes the wisdom of traditional medicine in the territories, socializing them. Some of the suggestions received during consultations have started to be implemented, some with support of other World Bank financed projects (FESP II and Programa Sumar), including: (i) the inclusion of the communities in the intersectoral working tables of the National Program of Municipalities Healthy Communities; and (ii) the establishment of provincial areas of Indigenous Health.</p>
Involuntary Resettlement OP/BP 4.12	No	<p>The Project will not support any activity requiring the involuntary taking of land or restrictions in access to protected areas.</p>

Safety of Dams OP/BP 4.37	No	The Project will not support the construction or rehabilitation of dams.
Projects on International Waterways OP/BP 7.50	No	This Project will not finance activities involving the use or potential pollution of international waterways.
Projects in Disputed Areas OP/BP 7.60	No	This Project will not be implemented in disputed areas.

II. Key Safeguard Policy Issues and Their Management

A. Summary of Key Safeguard Issues

<p>1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:</p> <p>Environment:</p> <p>This is a Category B Project. While there are potential environmental impacts from medical and IT hardware waste disposal, they present a low to moderate risk and are readily manageable with known technology. The Project mainly involves the potential collection, management and disposal of hazardous medical wastes. Lab diagnostics generated through detection and surveillance of NCDs; the generation of technological waste; and modifications to labs could have direct or induced impacts on the environment. The Project will utilize an Environmental and Social Management Framework (ESMF) to guide the management of Project related medical wastes, including electronic waste, and those resulting from modifications to labs. In principle the “improvements in regional labs” will include the acquisition of new equipment. The set-up of this equipment could eventually lead to small interventions. This could involve the adequacy of spaces or the adoption of security elements for laboratories to control gases like extractors, fireplaces, special deposits reagents, etc. The Project will not support investments in major physical works. At this time the dimensions of the equipment, construction or design they require are not available, the MGA integrates the concepts and recommendations for construction, and construction waste as well as unused equipment and reagents expired. These interventions could lead to the generation of waste containing asbestos, old pipes, as well as obsolete unused equipment that could contain batteries, mercury, coolants, and expired reagents. During project preparation, the Borrower updated the ESMF currently used in FESP II project and the following identified gaps were covered in the updated ESMF: (i) placement of fireplaces, extractors, etc. to control possible gas emissions from the new equipment to be installed in laboratories of the RENALOA network (regional food labs linked to INAL);(ii) adequacy of spaces for the correct storage of inputs and waste from laboratories; (iii) training of lab staff (at provincial and/ or municipal level); (iv) the completion of the tool for diagnosis and Management of waste hazardous chemicals (including cytotoxic) in laboratories and staff training in laboratories and provincial health facilities supported; (v) the design of an integrated management system of electrical and electronic waste equipment (RAEEs). This ESMF aligns with the Guidelines GBE EHS for health facilities, in particular in relation to the management of hazardous waste.</p> <p>To improve multisectoral coordination and its relationship with non-communicable diseases, the client considered that the best integration with the provincial and municipal levels is by linking with the national program of healthy municipalities and communities of the MINSAL where already involved more than 1000 municipalities.</p> <p>The EMF incorporates capacity building and institutional measures for preparation, supervision,</p>

and monitoring of the Project from an environmental and social standpoint. Health Care Waste Management Plans may also be utilized based on typologies of activities. The framework will build on the existing Environmental Management Framework and Environmental Action Plan under FESP II as well as on lessons learned from Project implementation. Supervision functions will be included in the Environmental Management Plan of the laboratories and associated costs included in project budget costs. The Project is fully mainstreamed with the FESP II in the national health waste management and is supporting preparation of the environmental safeguards.

Indigenous People:

No new health waste treatment or storage facilities will be financed by the Project. Rehabilitation activities of laboratories will also conform to Bank, WHO, and national health and safety standards. In addition, current waste management practices will be reviewed for the laboratories and will include mitigation or capacity-building measures as necessary.

Regarding the social safeguard, this Project will benefit from Argentina's broad experience in the management of IP safeguards, particularly with the Essential Public Health Functions (EPHF) I and II (P090993 and P110599), Plan Nacer Phases I and II (P072637 and P095515), and the Provincial Public Health Insurance (P106735) projects which are currently under implementation. Under these projects the Government developed indigenous people plans frameworks and provincials indigenous peoples plans, and environmental tools, which will be assessed during Project preparation to determine their adequacy to address possible specific impacts of this new operation. For this project, a new IPPF was developed and Indigenous Peoples gave their support to it. To better adapt the strategy and deepen the expected reforms aimed at increasing the capacity of the Ministries of Health to design and implement interventions aimed at the surveillance, prevention and control of NCDs, some activities (i.e. work with educational institutions) were revised. Such changes do not affect the development of the Indigenous Safeguard and substantive aspects of the free and informed consultation.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:

No negative indirect or long term impacts are expected from the activities in the Project areas. Improved health should provide positive benefits for both the human and natural environment.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.

The project does not include any new treatment plants or storage facilities for health waste including chemicals, or biological. The Project will continue supporting technical assistance for waste management in support of the national and provincial planning in this regard in coordination with the FESP II team and the NMOH.

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.

This Project will benefit from Argentina's experience in the management of safeguards, particularly with the Essential Public Health Functions (EPHF) I and II (P090993 and P110599), Plan Nacer Phases I and II (P072637 and P095515), and the Provincial Public Health Insurance (P106735) projects which are currently under implementation.

Hospital environmental diagnoses for hospital waste are performed by FESP II, and include hospital waste management mechanisms. Argentina has comprehensive national legislation in place to guide health care waste management practices. The teams in charge of implementing

environmental safeguards have demonstrated good capacity.

Project environmental and social management is based on the existing Safeguards Unit which has been created in 2012 for the FESP II Project. This unit is already staffed.

The implementation of electronic medical records will probably require the renewal of a large number of hardware with the consequent generation of technological residuals. As this is a new situation where legal frameworks and policies are still under development, there is no adequate institutional capacity. Best practices procedures will be adopted by the Project.

Laboratory audits and specific training will be needed in the fields of storage, handling, use, and disposal of specific chemicals.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

Consultations on environmental documents was made on 06-25-2013

Consultation to Indigenous Peoples was carried out on November 27th, 2013 and received their support

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	05-Nov-2014
Date of submission to InfoShop	16-Mar-2015
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	////
"In country" Disclosure	
Argentina	20-Nov-2014
<i>Comments:</i> http://wbdocs.worldbank.org/wbdocs/drl/objectId/090224b0828804f4	
Indigenous Peoples Development Plan/Framework	
Date of receipt by the Bank	05-Nov-2014
Date of submission to InfoShop	16-Mar-2015
"In country" Disclosure	
Argentina	04-Nov-2014
<i>Comments:</i> http://wbdocs.worldbank.org/wbdocs/drl/objectId/090224b0828344f7	
If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.	
If in-country disclosure of any of the above documents is not expected, please explain why:	

C. Compliance Monitoring Indicators at the Corporate Level

OP/BP/GP 4.01 - Environment Assessment	
Does the project require a stand-alone EA (including EMP) report?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]

If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] NA [<input type="checkbox"/>]
OP/BP 4.10 - Indigenous Peoples	
Has a separate Indigenous Peoples Plan/Planning Framework (as appropriate) been prepared in consultation with affected Indigenous Peoples?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
If the whole project is designed to benefit IP, has the design been reviewed and approved by the Regional Social Development Unit or Practice Manager?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] NA [<input checked="" type="checkbox"/>]
The World Bank Policy on Disclosure of Information	
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] NA [<input type="checkbox"/>]
Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] NA [<input type="checkbox"/>]
All Safeguard Policies	
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have costs related to safeguard policy measures been included in the project cost?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]

III. APPROVALS

Task Team Leader(s):	Name: Maria Eugenia Bonilla-Chacin, Luis Orlando Perez	
<i>Approved By</i>		
Practice Manager/ Manager:	Name:	Date: