

**INTEGRATED SAFEGUARDS DATA SHEET  
CONCEPT STAGE**

Report No.: AC2164

**Date ISDS Prepared/Updated: 03/08/2006**

**I. BASIC INFORMATION**

**A. Basic Project Data**

Country: Brazil	Project ID: P095626
Project Name: BR-Family Health Extension II	
Task Team Leader: Gerard Martin La Forgia	
Estimated Appraisal Date: June 15, 2006	Estimated Board Date: November 23, 2006
Managing Unit: LCSHH	Lending Instrument: Adaptable Program Loan
Sector: Health (95%);Central government administration (5%)	
Theme: Population and reproductive health (P);Access to urban services and housing (P);Health system performance (S);Participation and civic engagement (S);Decentralization (S)	
IBRD Amount (US\$m.):	121.00
IDA Amount (US\$m.):	0.00
GEF Amount (US\$m.):	0.00
PCF Amount (US\$m.):	0.00
Other financing amounts by source:	
<u>BORROWER</u>	121.00
	121.00

**B. Project Objectives [from section 2 of PCN]**

The Brazil Family Health Extension Project (PROESF) is a 7-year Adaptable Program Lending (APL) in three phases. The overall APL Program objectives are:

- (a) Expand population coverage of PSF to about 100 large, urban municipalities;
- (b) Establish family health as a core element of health professional and para-professional training; and
- (c) Strengthen MoH capacity to monitor and evaluate PSF health services, policies and training activities on a systematic basis.

Consonant with these Program objectives, the objectives of the proposed second phase project are:

- (a) Increase access to PSF-based care in large, urban municipalities;
- (b) Raise the technical quality of and patient satisfaction with PSF-based care;
- (c) Improve the efficiency of PSF service providers as well as the broader delivery system;
- (d) Improve the effectiveness of the overall health delivery system.

### **C. Project Description [from section 3 of PCN]**

The second phase will consist of three components:

Component 1. Expansion and Consolidation of Basic Health Care (estimated total cost US\$145 million): This Component would support: (i) the extension of Family Health to municipalities where this model has not yet been adopted or is at an initial phase of implementation; (ii) continued expansion of the model in municipalities that have already made significant headway on family health, but have yet to attain coverage targets; and (iii) consolidation and innovation in municipalities that have shown significant progress in implementation of family health in the first phase. This Component would include four subcomponents: (i) expansion and quality improvement of family health and development of basic health networks; (ii) support for municipal-based in-service training; (iii) strengthening municipal management of family health; and (iv) improvement of monitoring and information systems. All financing will be channeled to municipalities through a pooled funding (SWAp approach). The Component would finance works (rehabilitation), goods, training and technical assistance.

Component 2. Family Health Human Resources Development (estimated total costs: US\$48 million). This Component, which would be implemented at the central level, aims to strengthen the supply, quality and stability of Family Health human resources. The Component would include three subcomponents: (i) pre-service formation and continuous education of family health professional staff; (ii) specialization, residencies and post-graduate research for Family Health physicians and nurses; and (iii) special activities to support develop professional participation and ownership of the Family Health Program, including demonstration projects to develop and implement improved curricula and establish links between medical/nursing schools and family health teams; annual conferences to share experiences and innovations; national and international study tours; and development of textbooks and training materials. Implemented directly by the MoH, this Component would finance goods, training, and technical assistance.

Component 3. Family Health Monitoring and Evaluation (estimated total cost: US\$48 million). This Component aims to establish systematic monitoring of Family Health performance at the state and federal levels while supporting continuous impact evaluation. The Component would include two subcomponents: (i) institutionalization of monitoring of Family Health in the states; and (ii) institutionalization of Family Health monitoring and impact evaluations in the MoH . These subcomponents would include the following activities: (i) upgrading the Basic Care information system (SIAB); (ii) revising the indicators of “basic care compact” for federal monitoring of municipal performance; (iii) evaluation of in-service and pre-service training; (iv) piloting of mechanisms linking quality improvement to financing; and (v) evaluation of basic care information systems. In the first subcomponent all financing will be channeled to states through a pooled funding (SWAp approach). The second subcomponent will be implemented centrally. The Component would finance goods, training, technical assistance, and the project operational costs.

### **D. Project location (if known)**

Activities under component 1 will take place in the large, urban municipalities with more than 100,000 inhabitants. Under component 2, activities are related mainly to technical assistance, and are centrally executed by the Ministry of Health. Component 3 also relates to technical assistance and monitoring and evaluation activities, to be carried out by the Ministry of Health or states.

## **E. Borrower's Institutional Capacity for Safeguard Policies [from PCN]**

To be assessed during project preparation.

## **F. Environmental and Social Safeguards Specialists**

Ms Maria Isabel Junqueira Braga (LCSEN)

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

<b>Safeguard Policies Triggered</b>	<b>Yes</b>	<b>No</b>	<b>TBD</b>
<b>Environmental Assessment (OP/BP 4.01)</b>		<b>X</b>	
<b>Natural Habitats (OP/BP 4.04)</b>		<b>X</b>	
<b>Forests (OP/BP 4.36)</b>		<b>X</b>	
<b>Pest Management (OP 4.09)</b>		<b>X</b>	
<b>Cultural Property (OPN 11.03)</b>		<b>X</b>	
<b>Indigenous Peoples (OP/BP 4.10)</b>		<b>X</b>	
<b>Involuntary Resettlement (OP/BP 4.12)</b>		<b>X</b>	
<b>Safety of Dams (OP/BP 4.37)</b>		<b>X</b>	
<b>Projects on International Waterways (OP/BP 7.50)</b>			
<b>Projects in Disputed Areas (OP/BP 7.60)</b>		<b>X</b>	

**Environmental Category:** C - Not Required

## **III. SAFEGUARD PREPARATION PLAN**

- A. Target date for the Quality Enhancement Review (QER), at which time the PAD-stage ISDS would be prepared: N/A
- B. For simple projects that will not require a QER, the target date for preparing the PAD-stage ISDS: 06/01/2006
- C. 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.  
Environmental Assessment - expected to be concluded in August 2006; Social Assessment - expected to be concluded in June 2006; Regional State Consultation Workshops - date to be defined.

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<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.

#### IV. APPROVALS

<i>Signed and submitted by:</i>		
<b>Task Team Leader:</b>	<b>Mr Gerard Martin La Forgia</b>	<b>03/06/2006</b>
<i>Approved by:</i>		
<b>Regional Safeguards Coordinator:</b>	<b>Mr Reidar Kvam</b>	<b>02/28/2006</b>
<b>Comments:</b>		
<b>Sector Manager:</b>	<b>Mr Keith E. Hansen</b>	<b>02/24/2006</b>
<b>Comments:</b>		