



Integrated Safeguards Data Sheet Appraisal Stage

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I. BASIC INFORMATION

1. BASIC PROJECT DATA

Project ID	Project Name
P164356	ESV:Addressing Non-Communicable Diseases
Task Team Leader(s)	Country
Amparo Elena Gordillo-Tobar	El Salvador
Approval Date	Environmental Category
15-Aug-2018	C-Not Required
Managing Unit	Is this a Repeater project?
GHN04	No

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	1.80
Total Financing	1.80
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing

Trust Funds	1.80
Pharmaceutical Governance Fund	1.80

2. PROJECT DEVELOPMENT OBJECTIVE

Project Development Objective

The objective of the Project is to support the Government of El Salvador in piloting an integrated health care service delivery model to improve the prevention, early detection, and treatment of cervical cancer as well as the prevention of NCD risk factors in selected regions of the Recipient.



3. PROJECT DESCRIPTION

1. **Component 1. Health service delivery model for the prevention, early detection and treatment of NCDs (US\$1.15 million)**

2. ***Subcomponent 1.a. Development of the health service delivery model for the prevention, early detection and treatment of NCDs, including the carrying out of consultations with national indigenous people's organizations. (US\$0.4 million).*** The proposed component will foster the design and implementation of an integrated service delivery model for the prevention, early detection, and treatment of NCDs (e.g. cervical cancer, diabetes, and kidney disease). This builds upon El Salvador's National Strategy for Chronic Diseases. Technical discussions about the best possible delivery model to control the rise of NCDs will be carried out with representatives from the Ministry of Health (MOH) and key stakeholders working on NCDs in the different regions of the country.

3. ***Subcomponent 1.b. Pilots in the country's Selected Municipalities for the implementation of a roadmap of the health integrated service delivery model for the prevention, early detection, and treatment of NCDs (US\$0.75 million).*** This includes: (i) the documentation of the main features of the health integrated service delivery model, highlighting scalability and sustainability issues; and (ii) the carrying out of a social assessment to identify any potential beneficiary vulnerable populations. A framework/roadmap on service delivery will be implemented in three regions: Paracentral, Central and Oriental. The roadmap will document the main features of the delivery model, highlighting scalability and sustainability issues. The Paracentral and Central regions have been selected for the cervical cancer pilot, as a greater percentage of women has never been screened for cervical cancer in these areas. For the cervical cancer component, the Project will also build upon previous efforts under which 28,050 women between 30-59 years of age were tested for HPV. This Project will complement the treatment of the 11.5 percent of women that tested positive for HPV. At the same time, the activity aims at increasing cervical cancer detection rates within the Paracentral region and extending the use of screening to the Central region. In the Oriental region, the piloting of integrated services will be directed to curve the increased number of cases with diabetes and kidney disease.

4. The proposed NCD pilot is expected to: (i) avert high levels of morbidity and mortality; (ii) pre-empt an escalation of health care costs associated with delayed health care seeking behavior; and (iii) provide a basis for a comprehensive approach to NCD management (i.e., patients need to be aware of their conditions to seek care). Identifying NCD patients early on will save lives, improve patients' quality of life, and curtail the impoverishing effects of high out-of-pocket spending due to catastrophic illnesses (i.e. complications of cervical cancer, diabetes and kidney disease).

5. **Component 2. Innovations in the prevention of risk factors (US\$0.45 million).** The proposed component will include innovations in care delivery and coverage strategies such as: (i) promotion and implementation of cervical cancer prevention strategies including HPV vaccination among girls 9-13 years of age; (ii) testing innovative screening tools; (iii) the assessment of referral and counter-referral mechanisms among primary, secondary, and tertiary care levels; the identification of health provider needs and the carrying out of workshops to train health providers at different levels of health care; and (iv) organizing facilities for diagnostic work. These innovations will be implemented using the existing health infrastructure, and in convergence with similar health programs.

6. **Component 3. Monitoring and Management (US\$0.2 million).** This component will provide support for the monitoring and technical supervision of the Project and the carrying out of annual financial audits.



4. PROJECT LOCATION AND SALIENT PHYSICAL CHARACTERISTICS RELEVANT TO THE SAFEGUARD ANALYSIS (IF KNOWN)

The project will be implemented in three sub-regions of El Salvador. The project won't finance any civil works or pre-investment studies that potentially affect the natural environment and the people of these regions, but improving the integrated services delivery model for the prevention, early detection, and treatment of NCDs, may have indirect environmental negative impacts. The main environmental indirect negative impact are in regards of the health risk; treatment and disposal of healthcare waste may pose health risk indirectly through the release of pathogens and toxic pollutants into the environment. The alternative of incineration is now available such as autoclaving, which with the resources of previous Bank's project are implementing. The Project will continue support the Hospital Waste Management Plans (HWMP) developed in previous Bank's project to prevent and mitigate the potential indirect negative impact. In this regard, during the Project preparation stage the team will identify with the client (MINSAL) the funds required for the implementation of the HWMP in the health centers included in this Project. Under component 1a, the project provides technical assistance to develop a health service delivery model. Due to its national scope, it acknowledges the existence of indigenous communities and triggers OP4.10. Given the scope and type of activities, the client will not need to prepare an IPPF or an IPP. Instead, it will consult IPs via their representative national level organizations and specific actions – if needed – will be included to ensure that they can benefit in a culturally appropriate manner. Under component 1b and 2, the health service delivery model will be piloted in 3 municipalities: Apastepeque, La Palma and Jiquilisco. Based on information provided by the client and confirmed by a national indigenous organization (CCNIS), there are no indigenous communities that comply with OP 4.10 criteria. However, there are individuals that self-identify as indigenous and other vulnerable populations may be present. Under OP 4.01, a social assessment will be undertaken to identify any vulnerable populations who could benefit from it, their main ethnic and socio-cultural characteristics and specific behavioral risk factors that contribute to suffering cervical cancer and other NCDs. The assessment will provide recommendations to ensure that these vulnerable individuals can benefit positively from the Project.

5. ENVIRONMENTAL AND SOCIAL SAFEGUARDS SPECIALISTS ON THE TEAM

Gunars H. Platais, Environmental Safeguards Specialist
 Erika Piber, Social Safeguards Specialist
 Paula Andrea Rossiasco Uscategui, Social Safeguards Specialist

6. SAFEGUARD POLICIES TRIGGERED

Safeguard Policies	Triggered	Explanation
Environmental Assessment OP/BP 4.01	Yes	The policy is triggered because both technical assistance for the development of a health service delivery model, and the implementation of a pilot in 3 municipalities may have positive or negative impacts in vulnerable populations. A Social



		Assessment will be conducted to identify such populations, and provide specific recommendations to ensure they can benefit from the project.
Natural Habitats OP/BP 4.04	No	This policy is not 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 is not 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 is not triggered given that the Project's activities do not include the use of pesticide.
Physical Cultural Resources OP/BP 4.11	No	This policy is not triggered given that the Projects activities do not affect any physical or cultural resources.
Indigenous Peoples OP/BP 4.10	Yes	The policy is triggered because technical assistance activities for the development of the health service delivery model has a national scope and acknowledges the existence of Indigenous Peoples in El Salvador. No negative impacts on Indigenous Peoples are expected as a result of this project. Because these are technical assistance activities, the client will not need to prepare an IPPF or an IPP. The client will consult IPs via their representative national level organizations and specific actions – if needed – will be put in place to ensure that they can benefit from this project in a culturally appropriate manner.
Involuntary Resettlement OP/BP 4.12	No	This policy is not triggered given that the Project does not finance any infrastructure that can result in land acquisition and/or resettlement.
Safety of Dams OP/BP 4.37	No	This policy is not 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 is not 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 is not triggered given that the Project will not affect disputed areas as defined under the policy.

II. KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT

A. SUMMARY OF KEY SAFEGUARD ISSUES



1. Describe any safeguard issues and impacts associated with the Restructured project. Identify and describe any potential large scale, significant and/or irreversible impacts.

N/A

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

The project will be implemented in three (3) sub-regions of El Salvador: Paracentral, Central, and Oriental. The project won't finance any civil works or pre-investment studies that potentially affect the natural environment and the people of these regions, but improving the integrated services delivery model for the prevention, early detection, and treatment of NCDs (cervical cancer, diabetes, and kidney disease), may have indirect environmental negative impacts due the increase of hazardous hospital waste that should be properly managed. The main environmental indirect negative impact are in regards of the health risk (health care waste contains potentially harmful microorganism which can infect patients, health workers and general public; and the spread of drug-resistant microorganism from health facilities into the environment); treatment and disposal of healthcare waste may pose health risk indirectly through the release of pathogens and toxic pollutants into the environment (landfills can contaminate drinking water, incineration of waste results in the release of pollutants into the air and also the generation of dioxins which are associated with a range of adverse health effects). The alternative of incineration is now available such as autoclaving, which with the resources of previous Bank's project are implementing.

For technical assistances activities, no negative impacts on Indigenous Peoples are expected as a result of this project.

Regarding implementation of pilot, there may be presence of individuals for whom the project is relevant, but whose ethnic, gender and other characteristics may prevent them from benefiting from it. Potential indirect or long-term impact have not been determined. During pilot preparation, a social assessment will be undertaken to identify vulnerable groups (including indigenous individuals) who could benefit from it, their main ethnic and socio-cultural characteristics and specific behavioral risk factors that contribute to suffering cervical cancer and other NCDs (diet, habits, sexual behavior/violence, etc.), as well as describe the implications and opportunities the pilot would bring.

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

The project will continue support the Hospital Waste Management Plans (HWMP) developed in the previous Bank's project to prevent and mitigate the potential indirect negative impact. In this regard, during the project preparation stage the team will identify with the client (MINSAL) the funds required for the implementation of the HWMP in the health centers included in this project.

Regarding technical assistance activities, the client will develop a strategy to ensure that IPs are consulted via their representative national level organizations and that specific actions – if needed – are put in place to ensure that IPs can benefit from this project in a culturally appropriate manner.

Regarding the pilot, the social assessment will take place at early stages of pilot preparation and will feed into its design, incorporating adaptations that would accommodate for the special needs of some of the most vulnerable populations relevant for the project. It will entail a desk review and consultations with beneficiary communities.



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.

The borrower has demonstrated the capacity to address safeguard policy issues by the successful implementation of the Hospital Waste Management Plans (HWMP) which are effectively preventing and mitigating any potential indirect negative impact. MINSAL has knowledge and experience preparing safeguards instruments in previous WB projects. MINSAL has also shown political will and interest in addressing Indigenous Peoples’ access to health services and how to complement Western and indigenous health, as they have been working with indigenous leaders in the development of the National Policy of Indigenous Peoples’ Health, expected to be adopted in 2018.

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

Regarding technical assistance activities, client will ensure that IPs are consulted via their representative national level organizations.

The preparation of the social assessment will require consultations with indigenous and non-indigenous community beneficiaries, including vulnerable populations. Following this assessment, these stakeholders are expected to be informed, consulted and to participate during implementation.

B. DISCLOSURE REQUIREMENTS

Environmental Assessment/Audit/Management Plan/Other

Date of receipt by the Bank

Date of submission for disclosure

For Category ‘A’ projects, date of distributing the Executive Summary of the EA to the Executive Directors

“In country” Disclosure

Indigenous Peoples Development Plan/Framework

Date of receipt by the Bank

Date of submission for disclosure

“In country” Disclosure



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?	No
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OP/BP 4.10 - Indigenous Peoples

Has a separate Indigenous Peoples Plan/Planning Framework (as appropriate) been prepared in consultation with affected Indigenous Peoples?	NA
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The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank for disclosure?	NA
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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?	NA
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All Safeguard Policies

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	NA
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Have costs related to safeguard policy measures been included in the project cost?	NA
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Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	NA
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Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	NA
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III. APPROVALS

Task Team Leader(s)	Amparo Elena Gordillo-Tobar
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Approved By

Safeguards Advisor

Practice Manager/Manager

Andrew Sunil Rajkumar

03-Aug-2018