Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 06/17/2020 | Report No: ESRSA00854
## BASIC INFORMATION

### A. Basic Project Data

<table>
<thead>
<tr>
<th>Country</th>
<th>Region</th>
<th>Project ID</th>
<th>Parent Project ID (if any)</th>
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<td>Brazil</td>
<td>LATIN AMERICA AND CARIBBEAN</td>
<td>P172605</td>
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**Project Name**
Salvador Social Multi-Sector Service Delivery Project II

**Practice Area (Lead)**
Social Protection & Jobs

**Financing Instrument**
Investment Project Financing

**Estimated Appraisal Date**
6/15/2020

**Estimated Board Date**
7/28/2020

**Borrower(s)**
Municipality of Salvador

**Implementing Agency(ies)**
Casa Civil

### Proposed Development Objective(s)
To improve the efficiency of social service delivery in the Municipality of Salvador in the health, education, and social assistance sectors.

### Financing (in USD Million)

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<th>Amount</th>
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<td>150.00</td>
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### 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 objective of this project is to continue improving the efficiency in social service delivery in the Municipality of Salvador (in the state of Bahia) in the health, education, and social assistance sectors. Improved efficiency in service delivery is expected to be achieved by: a) promoting integrated multi-sectoral monitoring of families and emergency care; b) reducing age-grade distortion in education; and c) increasing the early detection of ill-health and epidemics. This project is a follow-up of the first Salvador Social Project (P162033).

The first component will provide support for the implementation of key reform actions to ensure, access, quality, and sustainability of services in education, health and social assistance following a results-based disbursement approach.
The key performance targets and reform actions will be captured as PBCs, possibly, as secondary indicators (not linked to disbursement of the Bank financing). Three secretariats: SEMPRE, SMED, and Secretary of Health, will be responsible for delivering the agreed performance targets to be captured as PBCs.

The second component will provide technical assistance to the four Municipal Secretariats that are responsible for delivering the agreed targets under the Component 1 (i.e., Social Promotion, Education, and Health) as well as to the Municipal Secretariat of Management (Casa Civil) to play critical roles in coordinating and leading the municipal administration’s cross-cutting policy and management. These include: (i) studies and diagnoses; (ii) mapping of processes and cost analyses; (iii) consultancies for the development of management systems; (iv) acquisition of computer equipment and vehicles; (v) expenditures related to the Project management, including a Project Management Unit.

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

This proposed Project will be implemented in the Municipality of Salvador as the second phase of an ongoing Project financed by the World Bank (Salvador Social Multi-Sector Service Delivery Project P162033) that supports the Salvador Strategic Plan (SSP) “Salvador-Building a new future 2013-2016”. The PDO of this envisaged Project is to continue improving social service delivery in the Municipality of Salvador in terms of health care system efficiency, education completion and quality, social assistance effectiveness, gender equality, and delivery systems.

The proposed Project is expected to benefit the general population of the Salvador Metropolitan area who utilize public education, health and social assistance services. For social assistance, the focus is on families in situations of social vulnerability, beneficiaries of Bolsa Familia program (a CCT program) especially families headed by women and population groups inserted in the context of social and personal risk. In education, the proposed Project’s direct beneficiaries include 18,672 students currently enrolled in municipal creches and pre-schools as well as 101,202 students in municipal primary schools. In health, the proposed Project will directly benefit about 70 percent of the city’s population who do not have private health insurance. In social assistance, beneficiaries are more than 329,635 families in the municipality's Cadastro Único database for whom the SEMPRE will reach out through targeted interventions including the Integrated Family Assistance Program (PAIF).

The Municipality of Salvador is the third most populous municipality in Brazil, with an estimated 2.9 million people in 2019. The Salvador Metropolitan Area (including neighboring municipalities) is home to a quarter of the population of the State of Bahia. Even before the pandemic, more than half of Salvador's population (56%) were economically vulnerable, being either already in poverty (living on less than US$5.50 per day in 2011 PPP) or at risk of falling into poverty (living on per capita income between US$5.50 to US$13 per day). This population is mostly young (including more than 7 out of 10 Salvador's children and youth); urban; and employed in precarious and unprotected jobs. They belong to groups expected to suffer a higher income shock.

Salvador social inequalities are reflected in the sanitation infrastructure. Water supply coverage surpass 90%, but wastewater collection coverage is in the range of 80%, despite the government initiatives to improve the city sanitation infrastructure. The sanitation infrastructure deficiencies are localized, mainly, in the low-income suburban areas, and may difficult the response to the COVID Pandemic in these areas.
Salvador has a satisfactory solid waste management system, including a public company responsible for solid waste collection and disposal. Salvador has a sanitary landfill, developed and operated in accordance to applicable technical standards. Salvador takes advantage of a nearby hazardous materials processing facility, located in the Camaçari Industrial Pole, to dispose Infectious and hazardous materials. In sum, Salvador has the capability for handling and disposing medical wastes in accordance to good international industry practices, including the World Bank and the World Health Organization (WHO) guidance.

The municipal health facilities in Salvador were developed and operate in line with the the national legislation, notably the OHS regulations for health workers, Regulatory Standard 32 (NR-32), issued by the Ministry of Labor, the National Policy of Solid Waste (Law 12,305/2010) and the regulations from the National Health Surveillance Agency (ANVISA), which regulates and oversees health and sanitary aspects, including management and disposal of wastes generated by health facilities. The health facilities, also, have to comply with the Ministry of Health consolidated regulation on Management of Health Wastes (RDC 222/2018).

The activities related to the COVID-19 aim to support the municipal health system in COVID-19 Pandemic. As of May 19, 2020, the outbreak of the coronavirus disease (COVID-19) resulted in 271,628 confirmed cases and 17,971 deaths in Brazil. The Northeast is the second region most affected by COVID-19 in the country (94,071 confirmed cases), only behind the Southeast (106,470 confirmed cases), which was the pandemic epicenter in March. The State of Bahia currently has 11,013 confirmed cases and 326 deaths, according to Ministry of Health.

The recent COVID-19 outbreak has affected Salvador and clearly evidenced the limitations of the health system to provide an emergency response, both in terms of assistance as well as prevention and control. As of May 19, over 5000 cases and 215 deaths had been confirmed. The municipality is facing a new epidemiological scenario, which requires to quickly adequate and strengthen the health system to respond to the COVID-19 health emergency. A Contingency Plan defining emergency interventions and inter institutional activities have been prepared by the municipality.

D. 2. Borrower’s Institutional Capacity

The Project implementation will continue to be coordinated by Casa Civil, the institution responsible for the execution of the first phase, as well as policy advice, management of intersectoral projects, monitoring of the implementation of the Strategic Plan, and management of external financing. The Municipality of Salvador (MoS) will keep the existing Project Management Unit (PMU), created by the Decree 28.919, (issued in September 26, 2017), with the specific purpose of implementing the project. The PMU will continue to be subordinated to Casa Civil. The PMU is headed by a General Director and will include specialists to handle financial management, procurement, social and environmental issues, and monitoring and evaluation - including DLI verification. The PMU works with the Directorate for Strategic Projects (DSP) and the Directorate for Strategic Planning (DPE) to exploit the capacity for policy coordination and sectoral monitoring of implementation of the Strategic Plan. DPE has a strong experience in coordination of sectoral policies, verification and monitoring of sectoral policy targets, and revision of policies and targets. As the proposed
Project objective and indicators are aligned with the SSP, the implementation will use the existing capacity in Casa Civil.

Component 1 will be implemented by the Municipal Secretariats of Health, Education, and Social Assistance which are the entities responsible for the execution of sectoral activities. Casa Civil will oversee the technical monitoring of Component 1 indicators and ensure verification of PBCs.

Component 2 will be implemented by the PMU while SMS, SMED, and SEMPRE will provide inputs for technical assistance activities (e.g. technical specifications). The MoS has a Special Multi-sectoral Procurement Commission (Comissão Especial Mista de Licitação, CEML) in Casa Civil to carry out procurement activities of Component 2 (Decree 28.933, September 28, 2017). The CEML contributes to increase the harmonization of procurement processes across sectors as the MoS increasingly uses external financing in different sectors.

While safeguards performance of the current project has been rated as satisfactory, this second phase operation will be the first Environmental and Social Framework (ESF) project to be implemented by the Municipality of Salvador. Additionally, the COVID-19 Pandemic poses major challenges related to environmental, health and safety aspects. Thus, all members of the PMU will receive adequate training on the World Bank Environmental and Social Framework (ESF) requirements and instruments, for the management of environmental and social issues that may arise as part of project implementation. Capacity building activities, including those that will help the E&S specialists to carry out their responsibilities, will be defined during the ESMF preparation.

The PMU will comprise an environmental specialist and a social specialist that will be appointed or hired according to terms of reference vetted by the Bank within 30 days of project effectiveness. Among responsibilities of the E&S specialists are: (i) coordinating the E&S aspects of the project in accordance with the provisions of the Loan Agreement and the Environmental and Social Commitment Plan (ESCP) in coordination with the three Secretariats participants of the project (social assistance, education and health); (ii) prepare and oversee implementation of the Environmental and Social Management Framework (ESMF) of the project; (iii) ensure E&S provisions are incorporated as relevant in the project’s operational manual, working annual plan, and procurement plan; (iv) coordinate and monitor the implementation of the Stakeholders Engagement Plan (SEP) and the Grievance Redress Mechanism (GRM) of the Project; and (v) prepare the E&S monitoring reports.

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

A. Environmental and Social Risk Classification (ESRC)  

| Environmental Risk Rating | Substantial |

Environmental risk rating is Substantial, mainly, due to the challenges in handling and disposing health wastes, as well as guaranteeing proper occupational health and safety conditions for the municipal health workers, under the critical...
conditions created by the COVID-19 Pandemic. The environmental risks associated to the Sub-component 1.1, (Social Assistance), and Sub-component 1.2, (Education), and technical assistance are predominantly low.

Sub-component 1.3, (Health), includes numerous activities for the consolidation of the Salvador health system, including acquisition of equipment for health facilities, and minor construction works, such as refurbishment of the health facilities, with limited and manageable environmental risks. The construction works can cause localized and temporary environmental impacts. The operation of the health facilities may pose potential risks to health workers and the community due to the generation of infected and hazardous wastes. However, the new risks created by the COVID-19 Pandemic, and the inclusion of specific activities related to COVID-19 health emergency are the determining factor of the risk rating.

This Project will not finance nor support construction of new buildings. However, the project shall include minor construction works for improving the conditions of the health and education facilities. The works would encompass construction of access ramps and internal refurbishment of the facilities, resulting in limited potential environmental impacts and occupational, health and safety (OHS) risks for workers. The construction works can also cause small impacts on the surrounding areas, due to localized air pollution, noise and waste disposal.

In sum, the major environmental risks are associated to potential improper handling, transportation, storage and disposal of medical waste generated in the health facilities; possible inadequate handling of hazardous chemicals and equipment used in treatments, including intensive care units that can contaminate health workers and local community members; shortage or improper use of personal protective equipment (PPE); lack of experience and poor training of health workers, resulting in deficient implementation of health and safety protocols. These risks are considered substantial, in light of the current context with large volumes of bio-hazardous wastes and and the lack of personnel protective equipment (PPE).

The PMU is updating the existing Environmental and Social Management Framework (ESMF) that was prepared for the first phase of the Project. The revised ESMF will determine comprehensive procedures and requirements for all activities funded by the Project, including specific provisions for the COVID-19 Pandemic, taking into consideration the Relevant Good International Industry Practice (GIIP) such as WHO technical guidance developed for addressing COVID-19, the WBG EHS Guidelines for Healthcare Facilities, and the World Bank Interim Note on COVID-19 Considerations in Construction/Civil Works Projects. The Infection Control and Waste Management Plan (ICWMP) shall define the environmental, health and safety monitoring and reporting requirements, including OHS safety protocols for protecting the health workers, that will be addressed, also, by the Labor Management Procedures (LMP). The MoS shall disclose the ESMF within 30 days of project’s effectiveness.

Social Risk Rating Moderate

The Project is expected to have many positive social impacts on disadvantaged and vulnerable groups as its main objectives are intended to improve the efficiency and responsiveness of social service delivery in the health, education, and social assistance sectors, including the response to the pandemic COVID 19. The project will not entail any land acquisition, resettlement, or associated livelihood impacts. Furthermore, the project will not affect the management of natural resources or land areas upon which individuals or communities rely.

Social risks are moderate. Activities of technical assistance such as development of strategies and, protocols; purchase of equipment; training; implementation of information and communication technologies (ICT); and minor
refurbishment works for the improvement of education, social protection and health services, including support to the COVID 19 response such as renting shelters (hotels, ins) for temporary accommodation of families awaiting emergency assistance and need physical isolation, cash transfer for income supplementation building upon on already long-dated established programs; pose no direct, negative, permanent or irreversible impacts, and entail predictable and manageable social risks. Social risks of the project relate to: (i) the possibility that tools, procedures and processes for reaching out to disadvantaged or vulnerable groups with gender lens may not be successful; and (ii) weak communication, including lack of key messages regarding benefits related to the overall project objectives and the specifics on the COVID 19 response such as beneficiaries eligibility criteria and rights, and responsibilities across the social protection programs.

Project’s design tackle most of these social risks since: (i) Targeted beneficiaries are poor and more disadvantaged and vulnerable social groups of the Municipality of Salvador; (ii) specific project’s activities will aim at improving targeting of the most poor and vulnerable peoples, including LGBTQ, and indigenous peoples; (iii) Project intends to extend capacity-building to the whole municipal network for GBV prevention and fighting, including education and health professionals, preparation of an intersectoral protocol for identification and referral of GBV victims; strengthening the municipal intersectoral gender committee; studies on the social and economic impacts of GBV in the municipality; impact evaluation of municipal GBV prevention and fighting actions and programs; (iv) Families receive services, including cash transfer through the 28 CRAS (Center of Reference for Social Assistance) that serve as entry points for the social assistance network. Project will observe distancing or improvement of online services as per WHO’s guidelines as needed; and (v) Project will contain a suitable communication plan that will finance the Stakeholders Engagement Engagement Plan. This plan will include measures to be used for COVID 19 response.

The ESMF of the Project will include: (a) enforcement measures to protect the privacy and security regarding electronic health information and flows of data across the health care system, between and among providers, payers, and secondary users, with or without the patient’s knowledge, and duly compliance of the Brazilian Code of Medical Ethics; (b) assessment and suitable measures on the remaining social barriers to ensure compliance with the Bank Directive on Addressing Risks and Impacts on Disadvantaged or Vulnerable Individuals or Groups, including: (i) the digital divide and in accessing and using ICT to register and benefit from project activities; (ii) social features: demographics of social minorities, family composition, income, social networks and community organization, etc. and (iii) patterns of social exclusion based on racial, ethnic, gender and gender orientation, linguistic or religious or other discrimination, bias or self-exclusion basis.

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:**

ESS1 is relevant for this project, aiming to assess, manage and monitor environmental and social risks and impacts associated with each stage of the project, in order to achieve environmental and social outcomes consistent with the Environmental and Social Standards (ESSs).
The Client is preparing an ESMF that will assess the potential impacts and risks of all activities funded by the Project, with special attention on the health related activities, considering the COVID-19 risks. The ESMF will define comprehensive procedures and requirements for safe handling, transportation, storage, and processing of COVID-19 treatment and testing materials, safety of health workers, as well as safe management of wastes, including biohazardous wastes. It will, also, address the potential risks and impacts associated to the other components, including the technical assistance activities, and applicable environmental and social management measures. The elaboration of the revised ESMF will observe the relevant Good International Industry Practice (GIIP) such as WHO technical guidance developed for addressing COVID-19, the WBG EHS Guidelines for Healthcare Facilities, and the World Bank Interim Note on COVID-19 Considerations in Construction/Civil Works Projects, besides the Brazilian OHS regulations, specially the Anvisa regulations on medical waste management and disposal. The ESMF will be disclosed in the Municipality of Salvador and in the WB’s external webpage.

From the social perspective, the project’s ESMF will also assess the prevalence and absence as well as the factors that contribute to the remaining challenges in terms of reaching most vulnerable peoples with services access in the three sectors that will be supported by the project as follows: (i) in social protection, Salvador has faced a decrease in the percentage of vulnerable families registered in Cadastro Único, as evidenced by cross-checks with income-expenditure surveys (PNAD) since 2015. About 20 percent of the population (out of the around 30 percent of the 3.9 million people of Salvador living on less than half of the Brazilian monthly minimum wage) are covered under Cadastro Único, hence qualifying for government social protection benefits due to low income or any other kind of social vulnerability. Furthermore, more than 33% of Salvador’s population lives in slums (IBGE, 2010). Salvador is the second city in Brazil in the percentage of population living in the so-called subnormal agglomerates, defined by the IBGE as sets of at least 51 residences lacking essential public services, living in squatted land that are arranged in a disorderly and dense way; and may have 17,000 homeless (Axé Project and others, 2017), out of which 93 percent are afrodescendent and 82.6 percent are men. Salvador also hosts 7,000 Indigenous peoples as explained in the ESS7.; (ii) in the education sector, high levels of repetition rates, school dropout and late entry in the school system persist; and (iii) related to health service, there are still low coverage of Primary Health Care, low quality and limited effectiveness of health services in general. In Salvador, 72 percent of population is dependent of the Brazilian Unified Health System, and despite recent investments in all levels of health care, the challenges that motivated the first phase of the Salvador Social Project persist; and (iv) Salvador also concentrates 37.7 percent of the state’s total notifications of domestic violence, based on the data provided by the Brazilian Map of Violence 2015. The Map also shows that fatal violence against women is elevated, with a female homicide rate of 7.9 per 100,000, above the state average (5.8 per 100,000) and the national (4.8 per 100,000).

The preparation of the ESMF will take advantage of the framework in place for the existing project, mainly for the activities that are related to refurbishment. The new ESMF will incorporate the requisites from the World Bank Environmental and Social Framework, specially the environmental and social standard relevant to the project. The new ESMF will include a dedicated section on COVID-19 related activities in accordance to the World Bank guidance on COVID-19 response. The ESMF shall include:

a) Comprehensive assessment of potential environmental risks and impacts, including the health wastes management and disposal, and occupational health and safety aspects;

b) Social analysis of vulnerable groups (as explained under the social risks), will asses barriers of access and use of social protection, education and health services. The analysis will be carried out following provisions of World Bank
Directive Addressing Risks and Impacts on Disadvantaged or Vulnerable Individuals or Groups used to improve the project’s activities and expected outcomes, as well as to include monitoring measures dedicated to these groups.

c) A Labor Management Plan (LMP), covering all project workers to ensure proper working conditions and management of worker relationships, occupational health and safety (including the obligation to use PPE for all workers, the intensification of training and the guarantee of supply of equipment to improve the safety of workers), and codes of conduct and the respective training and enforcement to prevent sexual exploitation and abuse and sexual harassment;

d) A dedicated section on Infection Prevention and Control and Waste Management Procedures (IPC&WMP) for all facilities including laboratories and medical centers that will receive equipment, supplies, materials and personal protective equipment (PPE) acquired with project’s resources. This IPC&WMP will include specific measures to ensure that bio security measures are implemented to reduce the risk of contamination from dead bodies; protocols for treating patients and handling medical waste as well as environmental health and safety guidelines for staff; disinfectant protocols, and guidelines for regular testing of healthcare workers. All in accordance with WHO guidelines and GIIP.

e) Guidelines for the construction works, taking into consideration the national, state and municipal environmental legislation, including the need of environmental licenses and permits. The guidelines must observe, also, the national OHS regulations, notably the NR 18, , the World Bank ESF requirements and EHS Guidelines, notably the IFC Guidelines for Construction and Decommissioning, including environment, occupational health and safety and community health and safety directives and the ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects, issued on April 7, 2020.

f) An assessment of the conditions for medical waste management, transport and disposal, including the assessment of the conditions and certification of the facilities receiving the municipal medical wastes;

g) A E&S monitoring and reporting plan;

h) Institutional strengthening activities, including capacity building for environmental and social risks and impacts management;

i) An assessment of the technical assistance activities, taking into consideration the requirements set out in ESS1. The ESMF shall provide guidance for the preparation of terms of reference, work plans or other outputs of technical assistance activities, in line with ESSs 1-10.

j) Budget for carrying out the E&S activities defined in the ESMF, except for the SEP that will be included in the PMU budget.

The project shall produce technical manuals for each of the topics referred above and disseminate them to all relevant operators and workers. The ESMF should should target the creation of strong, verifiable enforcement rules relating to all project activities including facilities renovation, treatment facilities, medical waste management and waste-management in general, and where appropriate general preventive behavior to be reinforced through the program’s various channels.

Expenditures for medical supplies and equipment and cash transfers may be eligible for retroactive financing provided that: (i) with respect to medical supplies and equipment, the Borrower shall demonstrate to the satisfaction of the Bank that COVID-19 medical supplies and equipment were provided to health facilities functioning in accordance with national laws and accepted industry standards, including occupational health and safety, waste management and Grievance Redress Mechanism (GRM) aspects and the respective trained personnel; and (ii) with respect to cash transfers, the Borrower shall demonstrate to the satisfaction of the Bank that the transfers were
made in accordance with national laws and in alignment with the core principles of the ESF regarding transparency, non-discrimination and community health and safety, including access to the project GRM. The Bank and the Borrower will agree on the entity and methodology to verify these requirements.

ESS10 Stakeholder Engagement and Information Disclosure
ESS10 is relevant. A preliminary Stakeholder Engagement Plan (SEP), including a Grievance Redress Mechanism specifically for the Project was prepared and will be updated within 30 days of Project effectiveness, as noted in the Environmental and Social Commitment Plan (ESCP).

The Preliminary SEP incorporates a preliminary stakeholders mapping with suggested methods of engagement throughout the Project’s life to guide the Municipality of Salvador (MoS) in the interactions with a wide range of affected and interested parties regarding the project’s activities. At this stage, stakeholders identified for the project include the Project Affected People—residents in metropolitan area of Salvador, particularly users of health, education, and social protection services. Interested parties comprise inter alia federal, state and municipal agencies, the press, non governmental organizations and private sector.

This SEP will aim to:

(i) facilitate timely access to information related to the project and its environmental and social risks and impacts;

(ii) benefit from the Project’s support to the communication activities, overall through a dedicated provision under Component 2, and as included in Sub-components on social assistance, health and education. Project’s SEP will include the elaboration and implementation of a communication strategy for vulnerable individuals and social groups with a gender-based approach, and reasonable accommodations for persons with disabilities and adaptation for low literacy, including communication guidelines and materials for digital channels and community engagement to be used by the three participant Secretariats. Consultations within the SEP will be consistent with Bank’s Guidance on consultation under COVID restrictions.

The approaches to be taken in the communication management of the project and the SEP will aim to ensure that information is meaningful, timely, accessible to affected stakeholders; addresses cultural sensitivities and challenges deriving from gender, illiteracy, disability; and other cultural barriers and provides multi-sector referral information by i.e supporting the wide dissemination of available channels to denounce Gender Based Violence cases, including a toll-free phone number Disque Denuncia Bahia (https://disquedenuncia.com/denuncie-aqui/violencia-contra-a-mulher/), central telefônica de atendimento através dos números 3235-0000 (Salvador e Região Metropolitana), ou 181 (Interior da Bahia); and

(iii) will include a tailored project Grievance Redress Mechanism (GRM) that will build on the ongoing strengthening of the ICT based “Ouvidoria of Salvador” and will include clear procedures for managing claims, guided by principles such as: (a) availability for beneficiaries and stakeholders respecting their sociocultural characteristics and needs.
(considering the current procedures of the “Ouvidoria nas Ruas”); (b) known procedures and timeline for analyzing and resolving claims; and (c) no cost for the GRM users; (d) availability of counseling and an appeals mechanism.

Focus of the Project’s GRM will aim at engaging project’s stakeholders and managing claims particularly around risks and impacts from project activities. In this sense, a dedicated window for the project’s GRM will be incorporated in all Ouvidoria of Salvador channels (Disque 156, http://www.falasalvador.ba.gov.br/portal/portal/) for requesting information and complaining. In addition, the Ouvidoria of Salvador will develop an electronic filtering of complaints, suggestions and compliments related to the project, allowing them to be separated from the set of manifestations received and processed through the Ouvidoria of Salvador system, and facilitating tracking of their processing, resolution and monitoring.

Some specific requirements regarding the project’s GRM accessibility for peoples such as those with hearing and speech impairments, languages other than Portuguese, among other requirements including the need of anonymity of the claimers will be completed during the update of the SEP.

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

ESS2 is relevant for the project. The Municipality of Salvador (MOS) - through the Project Management Unit - will develop a Labor Management Procedures (LMP) within the ESMF, based on TOR in accordance with the requirements of ESS2. This LMP will be disclosed as part of the ESMF within 30 days of Project’s effectiveness.

Workers of the Project will be:

(a) Direct workers: people employed or engaged directly by the MoS to work specifically in relation to the project, including PMU’s workers and project’s benefited secretariats of social protection, health and education workers. The requirements of paragraphs 9 to 30 of this ESS2 will apply to direct workers.

(b) Contracted workers, people employed or engaged through third parties to perform work related to core functions of the project, regardless of location, including contracted workers of the PMU. The requirements of paragraphs 9 to 33 of this ESS will apply to contracted workers, as specified in Section E.

Procedures will consider the category of people who will perform specific tasks, either public officials and/or consultants. The LMP will include measures to: i) provide workers information of their rights, ii) avoid discrimination and grant equal opportunities, iii) prevent and address harassment, intimidation and/or exploitation, iv) ensure occupational health and safety; and iv) a dedicated GRM for workers of the Project (different from the one to be developed under ESS1) will be developed within the LMP to provide a system in which to raise workers ‘concerns. All labor contracts will be based on principles of non-discrimination and equal opportunity, no-harassment and avoidance of any potential exposure of health care workers to violence, freedom of association, safety and health at the workplace, prohibition of child labor and forced labor.
Government civil servants working in the project will remain subject to the terms and conditions of their existing public sector employment agreement and ESS2 will not apply to them, with the exception for the provisions related with the Protection of the Work Force (paragraphs 17 to 20) and Occupational Health and Safety (paragraphs 24 to 30).

The LMP will provide measures to: i) provide workers information of their rights, ii) avoid discrimination and grant equal opportunities, iii) prevent and address harassment, intimidation and/or exploitation, iv) ensure occupational health and safety; and iv) a GRM will be developed within the LMP to provide a system in which to raise workers concerns. All labor contracts will be based on principles of non-discrimination and equal opportunity, no-harassment and avoidance of any potential exposure of health care workers to violence, freedom of association, safety and health at the work place, prohibition of child labor and forced labor, as well as the provision of a dedicated GRM for workers of the project (different from the one to be developed under ESS1).

Related to OH conditions that may be exacerbated by COVID response activities and risks to Project Workers, the LMP will include an assessment of the labor and working conditions of workers either direct or contracted, with gender lens. Health care facilities are labor-intensive and potentially hazardous workplaces that expose their workers to a wide range of hazards. The ESMF will develop specific measures to enable the better control of OHS risks. The Bank’s industry specific EHS guidelines will be used as the reference to assess the adequacy of existing OHS management in the health care agencies/facilities. The LMP will also identify specific measures for the duly application of the WHO guidelines, the Brazilian Ministry of Health protocol. As the activities of the project workforce are critical in the COVID-19 emergency context, all project workers will not be able to follow social isolation and quarantine procedures. Thus, the key risk for project workers is contamination with COVID-19. They may be more exposed to it than the quarantined population and may also expose their relatives to it. Health workers may be submitted to long working hours, fatigue, psychological distress, occupational burnout. Primary supply workers engaged in the distribution of goods acquired with project funds may be more exposed to such risk than the others as they might enter in direct contact with support staff and users of state and municipal health facilities. They may be also exposed to stigma, physical and psychological violence.

The MoH has already published in its website a protocol for clinical handing of COE-nCoV (available at https://portalarquivos2.saude.gov.br/images/pdf/2020/fevereiro/11/protocolo-manejo-coronavirus.pdf), and in line with the requirements of ESS 2. Preventative measures shall be adopted in the workplaces, aiming to ensure that all project workers: (i) have access to adequate information on how to prevent contamination and infection; (ii) enjoy environmentally clean and disinfected working places as well as appropriate working hours with breaks, overtime and periods of rest per week; (iii) receive all needed personal protection equipment (PPE) and refresher training on infection prevention and control (IPC) and use of PPE; (iv) be required to follow the proper protective procedures, but also be provided a blame-free environment in which they can report on incidents as well as are allowed to exercise the right to remove themselves from a work situation that they have reasonable justification to believe presents an imminent and serious danger to their life or health, and protected when exercising this right from any undue consequences.
ESS3 Resource Efficiency and Pollution Prevention and Management

This standard is relevant due to the pollution potential of the wastes generated by the health facilities, as well as the potential impacts caused by the construction works. The improper disposal of wastes produced by health facilities can cause pollution to the environment, and impact the community health. Wastes could contain contaminated material, chemicals and other hazardous materials. These wastes require special handling as it may pose health risks to the workers and community. Inappropriate disposal may lead to contamination of soil and groundwater, but more importantly, to further spreading of the virus to nearby communities.

To mitigate the risks associated with medical waste management and disposal, the project’s ESMF will include specific Infection Prevention and Control and Waste Management Procedures (IPC&WMP), as well as outlining a program for training of medical, laboratory and waste management personnel.

Additionally, the ESMF will identify any gaps in the Brazilian legislation and/or deficiencies in the implementation procedures adopted by the MoS, aiming to define additional measures to guarantee compliance with the World Bank EHS Guidelines, (e.g. WBG EHS Guidelines for Healthcare Facilities, Biological Hazards, Hazardous Materials Management and Waste Management), Good International Industry Practice (GIIP) such as WHO technical guidance developed for addressing COVID-19. Depending on the type of waste, prior treatment may be required, or the waste may be directly sent to a certified landfill. These protocols aim to prevent, reduce and minimize the risks of contamination and proliferation of diseases, protecting health care professionals, the community and the environment. The ESMF will consider the Clinical Management Protocol for COVID 19 issued by the Brazilian Ministry of Health in February 2020.

ESS4 Community Health and Safety

This standard is relevant. Project’s activities, mainly those of COVID response in the health sector, may pose health risk to communities due to inadequate operation of the health centers receiving and treating COVID-19 patients, and inadequate management and disposal of health wastes produced by these centers.

Aiming to mitigate this risk, the ESMF will include procedures in accordance with WHO recommendations, including: specific occupational health and safety procedures for health workers; protocols to assess, triage, and treat COVID-19 patients; infection prevention controls and public health information, including people without symptoms; proper supply of personal protective equipment; and the consideration of the WHO Coronavirus disease (COVID-19) guidance on rights, roles and responsibilities of health workers, including key considerations for occupational safety and health Interim guidance (19 March 2020), available at https://apps.who.int/iris/handle/10665/331510.

This standard is also relevant to the project due to minor construction works. Potential risks caused by construction activities include traffic risks, transport of hazardous materials, storage and disposal of construction works’s waste. The ESMF will revise the current procedures adopted by the MoS, taking into consideration the requirements of ESS4 and the World Bank’s applicable EHS Guidelines, including the World Bank Interim Note on COVID-19 Considerations.
in Construction/Civil Works Projects, the guidelines for Community Health and Safety on Traffic Safety, management of construction debris and Hazardous Materials.

The security of the municipal buildings in Salvador are under the responsibility of the Salvador Municipal Guard, including the health and education facilities. The use of security personnel in public services in Brazil is well established, aiming to avoid vandalism and robberies. The municipal guards also support access control to public facilities, and, commonly, provide general information to the public. The operation of the municipal guards are regulated by federal and municipal legislation. The ESMF shall revise the current security procedures, aiming to assure their adherence to ESS4 principles.

All minor works of refurbishment will be done observing WHO’s guideline on quarantine and due attention to the needs of vulnerable individuals and with gender sensitive infrastructure.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

ESS 5 is not relevant to the projet. The Project will not finance any infrastructure works that would involve land acquisition, restrictions of use nor involuntary resettlement.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

ESS6 is not relevant. The construction works will be developed on existing building. The environmental risks and impacts on biodiversity associated with the Technical Assistance component can be considered negligible.

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

ESS 7 is not relevant to the projet. This project is the second phase of an ongoing project financed by the Bank (P162033- Salvador Social Multi-Sector Service Delivery Project), which did not trigger the indigenous policy because project’s area does not include indigenous peoples as defined by the Indigenous Peoples Policy OP/BP 4.10 (paragraph 4) and the ESS7. Project will be executed in the urban area of Salvador. No indigenous lands are located within the project’s geographic area of intervention. According to the last 2010 Demographic Census conducted by IBGE, 7,563 people have identified themselves as an indigenous population. They count for 0.28% of the city’s population and are evenly spread in 161 out of the 163 neighborhoods found in the city. This population does not fulfill the criteria of identification of indigenous groups set by the OP/BP 4.10 (paragraph 4) and ESS7, essentially, due to the circumstances of their lives in the city, they do not hold any collective attachment to geographically distinct habitats or ancestral territories in the project area or to the natural resources in these habitats and territories.

However, these individuals or families may have differing vulnerabilities, and these will be addressed through the application of a vulnerability lens within ESS1 as well as the Directive on Vulnerable and Disadvantaged Groups.

As indigenous peoples are not expected to be the overwhelming majority of direct project beneficiaries, the Borrower will design and implement the project in a manner that provides Indigenous Peoples with equitable access to project benefits. The project will ensure that care is provided to all individuals, irrespective of origin or ethnicity.
and considering the cultural requirements of Indigenous Peoples. Since this is a project with a municipal scope and incorporates other population groups, aligned with the provisions of ESS7 (footnote 10), the elements of an Indigenous Peoples Policy Framework will be included in the Project’s Stakeholder Engagement Plan (SEP) and Environmental and Social Management Framework (ESMF). The scope of the social assessment, including the explanation on the rationale for applying ESS1 instead of ESS7 for this case will be duly documented in the project’s ESMF.

As outlined in the draft SEP, the Project will set up communication channels to appropriately inform indigenous individuals, households and groups of the project’s benefits, and will provide information that is culturally sensitive, respectful and inclusive. Other specific activities identified as result of the SEP’s activities could be supported by the Project.

ESS8 Cultural Heritage

ESS 8 is relevant to the project. The Project will finance the refurbishment of existing health and education facilities, which may include buildings protected by the national, state or municipal historical and cultural heritage legislation. The ESMF will include specific measures in the case of works associated with historic buildings, such as prior consultations with the cultural heritage agencies.

ESS9 Financial Intermediaries

ESS9 is not relevant to the project. The project will not imply 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 |

III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

<table>
<thead>
<tr>
<th>DELIVERABLES against MEASURES AND ACTIONS IDENTIFIED</th>
<th>TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESS 1 Assessment and Management of Environmental and Social Risks and Impacts</td>
<td></td>
</tr>
<tr>
<td>ORGANIZATIONAL STRUCTURE: The Borrower shall establish and maintain a Project Management Unit with qualified staff and resources to support management of ESHS risks and impacts of the Project. One (1) Environmental Specialist (with health and safety and medical waste management experience) and one (1) Social Specialist (with communication experience) hired or appointed as part of the PMU.</td>
<td>09/2020</td>
</tr>
<tr>
<td>ENVIRONMENTAL AND SOCIAL ASSESSMENT/MANAGEMENT PLANS AND INSTRUMENTS/CONTRACTORS</td>
<td>09/2020</td>
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<tr>
<td>a. The Borrower shall develop, consult and disclose a comprehensive Environmental and Social Framework (ESMF) to identify and assess the E&amp;S risks and impacts related to the Project, as well as proposing comprehensive screening and eligibility procedures, management, monitoring and mitigation measures in accordance with the World Bank ESF.</td>
<td>09/2020</td>
</tr>
<tr>
<td>b. The Borrower shall develop, consult and disclose an Infection Prevention and Control (IPC) and Waste Management Procedures (WMP), as an appendix of the ESMF, specific to the medical facilities and activities supported by the project, observing the health risks posed by the COVID-19 Pandemic.</td>
<td>09/2020</td>
</tr>
<tr>
<td>c. The Borrower and the Bank will agree on the entity and methodology to verify that cash transfers and expenditures for medical supplies and equipment eligible for retroactive financing meet the applicable ESF requirements.</td>
<td>09/2020</td>
</tr>
</tbody>
</table>

**ESS 10 Stakeholder Engagement and Information Disclosure**

| a. Stakeholder Engagement Plan - Prepare, disclose, consult, update, adopt and implement, a SEP, in a manner acceptable to the Bank. | 09/2020 |
| b. Project Grievance Mechanism - Have grievance mechanisms and transparency channels that will be used throughout Project implementation to address any complaints related to the Project. | 09/2020 |

**ESS 2 Labor and Working Conditions**

| a. Stakeholder Engagement Plan - Prepare, disclose, consult, update, adopt and implement a Stakeholder Engagement Plan (SEP), in a manner acceptable to the Bank. | 09/2020 |
| b. Project Grievance Mechanism - Have grievance mechanisms and transparency channels that will be used throughout Project implementation to address any complaints related to the Project. | 09/2020 |

**ESS 3 Resource Efficiency and Pollution Prevention and Management**

| a. Waste Management Plan. Review and/or update the health facilities waste management plans of facilities supported by the Project, in a manner acceptable to the Bank. | 09/2020 |
| b. Infection Prevention & Control and Waste Management Procedures - Prepare, adopt, and implement Infection Prevention and Control and Waste Management Procedures (IPC&WMP), applicable to all medical facilities and activities supported by the project. | 09/2020 |

**ESS 4 Community Health and Safety**

| Prepare, and implement measures to assess and manage specific risks and impacts to the community arising from Project activities, including in relation to behavior of Project workers and any risks of labor influx, and include these in the ESMF. | 09/2020 |
### ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

Not relevant to the Project.

### ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

Not relevant to the Project.

### ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

Relevant aspects of this standard shall be considered, as needed, under the elaboration of the ESMF, SEP and GRM.

09/2020

### ESS 8 Cultural Heritage

Chance Finds - Prepare, adopt, and implement the chance finds procedure described in the ESMF developed for the Project under action 1.2 above.

09/2020

### ESS 9 Financial Intermediaries

Not relevant to the Project.

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#### 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:**

None

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### IV. CONTACT POINTS

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#### Borrower/Client/Recipient

- **Borrower:** Municipality of Salvador

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Jun 18, 2020
Implementing Agency: Casa Civil

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VI. APPROVAL
Task Team Leader(s): Pablo Acosta, Andre Loureiro
Practice Manager (ENR/Social) Valerie Hickey Cleared on 21-May-2020 at 15:03:20 EDT