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Report No: PAD3957

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED LOAN

IN THE AMOUNT OF US\$125 MILLION

TO THE

MUNICIPALITY OF SALVADOR

WITH THE GUARANTEE OF THE FEDERATIVE REPUBLIC OF BRAZIL

FOR A

SALVADOR SOCIAL MULTI-SECTOR SERVICE DELIVERY PROJECT II

August 31, 2020

Social Protection & Jobs Global Practice  
Latin America And Caribbean Region

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CURRENCY EQUIVALENTS  
(Exchange Rate Effective August 28, 2020)

Currency Unit = Brazilian Real (BRL)

BRL 5.47 = US\$1

US\$1.42 = SDR 1

FISCAL YEAR  
January 1 – December 31

ABBREVIATIONS AND ACRONYMS

ACSC	Ambulatory Care Sensitive Conditions
BPC	Continuous Cash Benefit Program ( <i>Benefício de Prestação Continuada</i> )
CEF	Federal Bank ( <i>Caixa Econômica Federal</i> )
CEML	Multi-Sectoral Procurement Commission ( <i>Comissão Especial Mista de Licitação</i> )
CentroPOP	Specialized Reference Center for Homeless People ( <i>Centro de Referência Especializado para Pessoas em Situação de Rua</i> )
CGM	Office of the Municipality Controller General ( <i>Controladoria Geral do Município</i> )
CLCS	Casa Civil Procurement Commission ( <i>Comissão de Licitação da Casa Civil</i> )
CPF	Country Partnership Framework
CRAS	Reference Center of Social Assistance ( <i>Centro de Referência de Assistência Social</i> )
CREAS	Specialized Reference Center of Social Assistance ( <i>Centro de Referência Especializado de Assistência Social</i> )
DPE	Directorate for Strategic Planning ( <i>Diretoria de Planejamento Estratégico</i> )
DSP	Directorate for Strategic Projects ( <i>Diretoria de Projetos Estratégicos</i> )
EBC	Electronic Benefit Card
ECE	Early Childhood Education
EJA-Diurno	Young and Adult Education ( <i>Educação de Jovens e Adultos</i> )
EMAD	Multidisciplinary Home Care Team ( <i>Equipe Multidisciplinares de Atenção Domiciliar</i> )
ESCP	Environmental and Social Commitment Plan
ESMF	Environmental and Social Management Framework
FHS	Family Health Strategy ( <i>Estratégia de Saúde da Família</i> )
FM	Financial Management
FMAS	Municipality Social Assistance Fund ( <i>Fundo Municipal de Assistência Social</i> )
GBV	Gender-based Violence
GDP	Gross Domestic Product
GoB	Government of Brazil
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
HCI	Human Capital Index
IBGE	Brazilian Institute of Geography and Statistics ( <i>Instituto Brasileiro de Geografia e</i>

	<i>Estatística)</i>
ICU	Intensive Care Unit
IDCD	Ill-Defined Causes of Death
IDEB	National Quality Index for Education ( <i>Índice de Desenvolvimento da Educação Básica</i> )
IFAC	International Federation of Accountants
IFC	International Finance Corporation
IFR	Interim Financial Report
IGD-M	Decentralized Management Index for Municipalities ( <i>Índice de Gestão Descentralizado para Municípios</i> )
IMR	Infant Mortality Rate
INEP	National Institute of Educational Studies and Research Anísio Teixeira ( <i>Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira</i> )
IPC&WMP	Infection Prevention and Control and Waste Management Procedures
IPF	Investment Project Financing
IPSAS	International Public Sector Accounting Standards Board
LB	Live Birth(s)
LGBT	Lesbian, Gay, Bisexual and Transgender
LOA	Annual Budget Law ( <i>Lei Orçamentária Anual</i> )
M&E	Monitoring and Evaluation
MCASP	Accounting Manual Applied to the Public Sector ( <i>Manual de Contabilidade Aplicada ao Setor Público</i> )
MEC	Ministry of Education ( <i>Ministério da Educação</i> )
MIGA	Multilateral Investment Guarantee Agency
MMR	Maternal Mortality Ratio
MoS	Municipality of Salvador
NBCASP	Accounting Brazilian Norms Applied to the Public Sector ( <i>Normas Brasileiras de Contabilidade Aplicadas ao Setor Público</i> )
NCD	Noncommunicable Disease
OGM	Municipal General Ombudsman ( <i>Ouvidoria Geral do Município</i> )
PAEFI	Family and Individual Protection Service and Specialized Care ( <i>Proteção e Atendimento Especializado a Famílias e Indivíduos</i> )
PAIF	Integrated Family Assistance Program ( <i>Proteção e Atendimento Integral à Família</i> )
PBC	Performance-Based Condition
PDO	Project Development Objective
PFP	Program Financing Proposal
PHC	Primary Health Care ( <i>Atenção Primária à Saúde</i> )
PMU	Project Management Unit ( <i>Unidade Gestora do Projeto</i> )
PNAD-C	National Research of Domicile Sampling - Continuous ( <i>Pesquisa Nacional por Amostra de Domicílio Contínuo</i> )
POM	Project Operational Manual
PPA	Pluri-Annual Plan ( <i>Plano Pluri-Anual</i> )
PPE	Personal Protective Equipment
PPP	Purchasing Power Parity
PPSD	Project Procurement Strategy for Development

SEFAZ	Finance Secretariat ( <i>Secretaria do Estado da Fazenda</i> )
SEMPRE	Municipal Secretariat of Social Promotion and Poverty Reduction ( <i>Secretaria de Promoção Social e Combate à Pobreza</i> )
SENAC	National Service of Commercial Learning ( <i>Serviço Nacional de Aprendizagem Comercial</i> )
SEP	Stakeholder Engagement Plan
SICON	System of Conditionalities ( <i>Sistema de Condicionalidades</i> )
SIGEF	Integrated System for Fiscal Management Planning ( <i>Sistema Integrado de Planejamento e Gestão Fiscal</i> )
SMA	Learning Monitoring System ( <i>Sistema de Monitoramento do Aprendizado</i> )
SMED	Municipal Secretariat of Education ( <i>Secretaria Municipal de Educação</i> )
SMS	Municipal Secretariat of Health ( <i>Secretaria Municipal de Saúde</i> )
SSP	Salvador Strategic Plan
STN	Secretary of the Treasury ( <i>Secretaria do Tesouro Nacional</i> )
SUAS	Unified Social Assistance System ( <i>Sistema Único de Assistência Social</i> )
SUS	Unified Health System ( <i>Sistema Único de Saúde</i> )
TOR	Terms of Reference
UPA	Intermediate Emergency Care Unit ( <i>Unidade de Pronto Atendimento</i> )
WBG	World Bank Group

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DATASHEET

**BASIC INFORMATION**

Country(ies)	Project Name	
Brazil	Salvador Social Multi-Sector Service Delivery Project II	
Project ID	Financing Instrument	Environmental and Social Risk Classification
P172605	Investment Project Financing	Substantial

**Financing & Implementation Modalities**

<input type="checkbox"/> Multiphase Programmatic Approach (MPA)	<input type="checkbox"/> Contingent Emergency Response Component (CERC)
<input type="checkbox"/> Series of Projects (SOP)	<input type="checkbox"/> Fragile State(s)
<input checked="" type="checkbox"/> Performance-Based Conditions (PBCs)	<input type="checkbox"/> Small State(s)
<input type="checkbox"/> Financial Intermediaries (FI)	<input type="checkbox"/> Fragile within a non-fragile Country
<input type="checkbox"/> Project-Based Guarantee	<input type="checkbox"/> Conflict
<input type="checkbox"/> Deferred Drawdown	<input checked="" type="checkbox"/> Responding to Natural or Man-made Disaster
<input type="checkbox"/> Alternate Procurement Arrangements (APA)	<input type="checkbox"/> Hands-on Enhanced Implementation Support (HEIS)

Expected Approval Date	Expected Closing Date
22-Sep-2020	30-Dec-2024

Bank/IFC Collaboration

No

**Proposed Development Objective(s)**

To improve the efficiency of social service delivery in the Municipality of Salvador in the social assistance, education, and health sectors.



**Components**

Component Name	Cost (US\$, millions)
Support for strategic actions to improve service delivery	119.69
Technical Assistance	5.00
Front-End Fee	0.31

**Organizations**

Borrower: Municipality of Salvador

Implementing Agency: Casa Civil

**PROJECT FINANCING DATA (US\$, Millions)**

**SUMMARY**

<b>Total Project Cost</b>	250.00
<b>Total Financing</b>	250.00
<b>of which IBRD/IDA</b>	125.00
<b>Financing Gap</b>	0.00

**DETAILS**

**World Bank Group Financing**

International Bank for Reconstruction and Development (IBRD)	125.00
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**Non-World Bank Group Financing**

Counterpart Funding	125.00
Borrower/Recipient	125.00

**Expected Disbursements (in US\$, Millions)**

WB Fiscal Year	2021	2022	2023	2024	2025



<b>Annual</b>	25.31	34.47	46.17	17.05	2.00
<b>Cumulative</b>	25.31	59.78	105.95	123.00	125.00

**INSTITUTIONAL DATA**

**Practice Area (Lead)**

Social Protection & Jobs

**Contributing Practice Areas**

Education, Health, Nutrition & Population

**Climate Change and Disaster Screening**

This operation has been screened for short and long-term climate change and disaster risks

**SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)**

Risk Category	Rating
1. Political and Governance	● Substantial
2. Macroeconomic	● Substantial
3. Sector Strategies and Policies	● Moderate
4. Technical Design of Project or Program	● Moderate
5. Institutional Capacity for Implementation and Sustainability	● Moderate
6. Fiduciary	● Moderate
7. Environment and Social	● Substantial
8. Stakeholders	● Moderate
9. Other	● Substantial
10. Overall	● Moderate

**COMPLIANCE**

**Policy**

Does the project depart from the CPF in content or in other significant respects?

Yes  No





Does the project require any waivers of Bank policies?

Yes  No

**Environmental and Social Standards Relevance Given its Context at the Time of Appraisal**

E & S Standards	Relevance
Assessment and Management of Environmental and Social Risks and Impacts	Relevant
Stakeholder Engagement and Information Disclosure	Relevant
Labor and Working Conditions	Relevant
Resource Efficiency and Pollution Prevention and Management	Relevant
Community Health and Safety	Relevant
Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
Cultural Heritage	Relevant
Financial Intermediaries	Not Currently Relevant

**NOTE:** For further information regarding the World Bank’s due diligence assessment of the Project’s potential environmental and social risks and impacts, please refer to the Project’s Appraisal Environmental and Social Review Summary (ESRS).

**Legal Covenants**

Sections and Description

Schedule 2 Section I A.1 (Institutional Arrangements).

The Borrower, through Casa Civil, shall maintain a Project Management Unit (PMU) at all times during the implementation of the Project, with sufficient resources to carry out its operational and management responsibilities, and competent staff in adequate numbers and with responsibilities, all acceptable to the Bank and as set forth in the Operational Manual.



Sections and Description

Schedule 2 Section I B.1 (Operational Manual).

No later than 30 days after the Effective Date, the Borrower, through Casa Civil, shall adopt and carry out the Project in accordance with the Project Operational Manual, which shall contain, inter alia: (a) specific provisions on detailed arrangements for the carrying out of the Project; (b) the composition and responsibilities of the PMU; (c) the procurement, financial management and disbursement requirements thereof; (d) the stakeholder engagement plan, the grievance redress mechanism and the code of conduct; (e) the performance indicators; (f) the verification protocols and verification arrangements for performance-based conditions (PBCs), and (g) the Anti-Corruption Guidelines and procedures to ensure compliance with the Anti-Corruption Guidelines.

**Conditions**

Type	Description
Disbursement	<p>Schedule 2 Section III B.1 (Withdrawal Condition).</p> <p>No withdrawal shall be made for payments made prior to the Signature Date, except that withdrawals up to an aggregate amount not to exceed \$25,000,000 may be made for payments made prior up to twelve months prior to this date for Eligible Expenditures under Category (4).</p>
Disbursement	<p>Schedule 2 Section III B.2 (Withdrawal Condition).</p> <p>Each withdrawal under Categories (1), (2) and (3) shall be made only after the Bank has received: (i) evidence acceptable to the Bank in its form and content and following the requirements set forth in the Project Operational Manual and the Disbursement and Financial Information Letter, confirming the achievement of the respective PBCs; and (ii) evidence, in form and content acceptable to the Bank confirming that expenditures under the relevant Eligible Expenditure Program in an amount equal to at least the amount to be withdrawn under each Category in respect of each PBC, have been incurred, and that said expenditures have not been presented before to the Bank as satisfactory evidence for withdrawals.</p>
Disbursement	<p>Schedule 2 Section III B.3 (Withdrawal Condition).</p> <p>With respect to PBCs related to Categories (1), (2) and (3), the Borrower may request withdrawals of Bank financing when the relevant expenditures have been incurred, but prior to the PBCs having been met, provided that the Borrower shall: (a) meet such PBCs no later than the Closing Date; and (b) submit to the Bank evidence satisfactory to the Bank of such PBCs having been met no later than the Disbursement Deadline Date.</p>



## I. STRATEGIC CONTEXT

1. **The proposed project aims to continue improving the efficiency of social service delivery in the Municipality of Salvador (MoS) (in the state of Bahia, Brazil) in the social assistance, education, and health sectors as well as help the municipality respond to the COVID-19 emergency.** Improved efficiency in service delivery is expected to be achieved by: (a) strengthening integrated multisectoral monitoring of families to promote human development; (b) reducing age-grade distortion in education; and (c) increasing the early detection of ill health, including COVID-19, and improving coordination among the three levels of care – Primary, Secondary and Tertiary. This project is a follow-up of the first Salvador Social Multi-Sector Service Delivery Project (P162033) (hereafter First Salvador Social Project) and provides critical funding at a time of economic decline and fiscal constraints in Brazil and the MoS due to the COVID-19 epidemic. Project beneficiaries will include those benefiting from improved social services: (a) almost 330,000 families that will benefit from additional social assistance interventions; (b) around 25,000 students currently enrolled in municipal day cares and preschools as well as 97,000 students in municipal primary schools; and (c) about 70 percent of the city’s population who rely exclusively on public health insurance.

2. **The proposed project is well aligned with the World Bank Group (WBG) COVID-19 Crisis Response Approach, across all three Relief, Restructuring, and Resilient stages.**<sup>1</sup> Social assistance and health interventions supported by the project aim to address the public health emergency, and protect welfare and human capital of vulnerable segments of the population affected by the COVID-19 during the emergency (Relief stage). The proposed Project will also strengthen medium-term recovery through its focus on restoring health systems and human capital (Restructuring stage). Finally, the aim is that after Project intervention the health system is expected to become pandemic-ready, as well as the whole approach to social sector delivery, which will contribute to building equity and inclusion (Resilient Recovery stage).

### A. Country Context

3. **After a decade of solid growth, Brazil's economy entered a deep recession in 2015 and 2016 from which it is slowly recovering.** The deterioration of both the external environment and domestic policies led to a slowdown, followed by two years of recession in 2015 and 2016. While external factors contributed to the recession, growing fiscal imbalances, structural bottlenecks, and domestic political uncertainty affected investor and consumer confidence. The economic recovery remains weak with 1.3 percent real gross domestic product (GDP) growth recorded in 2017 and 2018 and 1.1 percent growth in 2019. Before 2020, job creation had been slowly improving with unemployment declining from a peak of 13.6 percent in March 2017 to 11.0 percent in 2019 but still above pre-crisis levels (6.8 percent in 2014). Most of the new jobs were created in the informal sector. As of 2018, 19.9 percent of the population lived on less than US\$5.50 per day (2011 purchasing power parity [PPP]), including 4.4 percent on less than US\$1.90 per day (2011 PPP).<sup>2</sup>

4. **The Brazilian Government continues to follow a fiscal consolidation path.** In light of the weak economy and rising mandatory expenditures, the general government deficit peaked at over 10.6 percent of GDP in 2015 and public debt rose quickly, reaching 79 percent of GDP in the same year. Since December 2016, fiscal

<sup>1</sup> World Bank. 2020. *Protecting People and Economies: Integrated Policy Response to COVID-19*. The World Bank

<sup>2</sup> World Bank. 2020. “COVID 19 in Brazil: Impacts and Policy Responses.” World Bank, Washington, DC. <https://openknowledge.worldbank.org/handle/10986/34223>.



consolidation at the federal level has been anchored by a constitutional rule limiting the increase in primary expenditures. An ambitious pension reform and several other fiscal measures helped meet the expenditure target. This also helped reduce the fiscal deficit in 2019 to 6.2 percent of GDP. Further supported by one-off revenues, repayments, and foreign exchange operations, gross public debt declined to 75.6 percent of GDP in 2019 from 76.5 percent in 2018. The recession and subsequent slow recovery have also affected subnational governments, which have seen their revenue base decline while they struggle to adjust fiscally given high expenditure rigidities. As a result, a growing number of state governments have faced liquidity and solvency crises since 2015, undermining critical service delivery. The stock of outstanding subnational debt represents about 12 percent of GDP, which poses a significant contingent liability for the Federal Government.

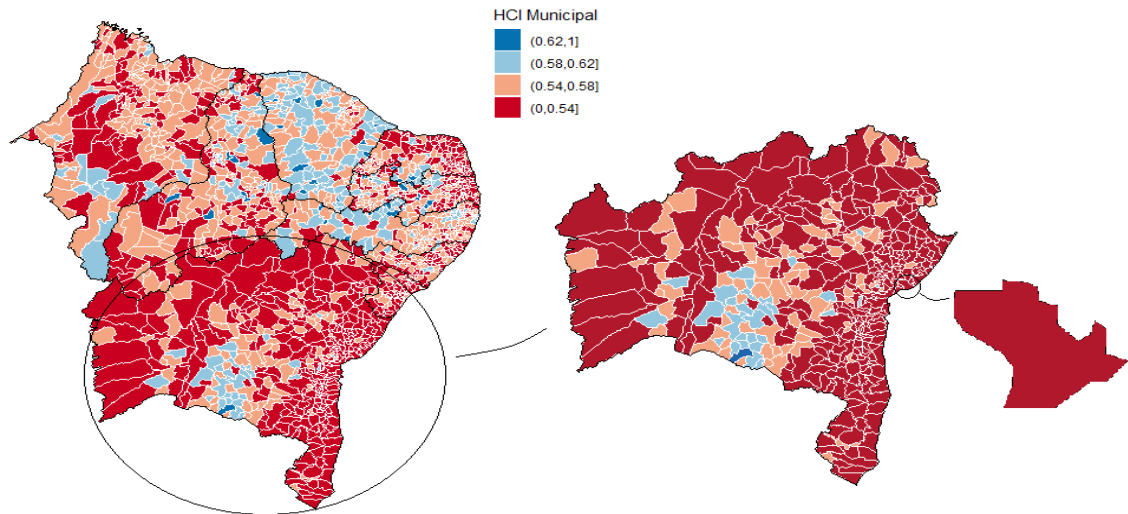
5. **Global economic downturn and domestic measures to contain the COVID-19 pandemic could bring Brazil into an economic recession and increase poverty levels in 2020.** Conditions will be exacerbated by external factors including declining global demand and disruptions to transnational supply chains. The global oil price shock is estimated to be slightly net positive for Brazil, while the depreciating exchange rate is projected to boost agricultural exports and depress imports. Domestically, economic disruption from virus containment measures is projected to reduce private consumption and investment and reduce labor productivity, while unemployment is expected to rise. The Government has adopted a fiscal response that anticipates some expenditures and introduces new measures, such as expanding *Bolsa Familia* coverage, providing new emergency cash assistance to informal workers (*Auxílio Emergencial*), and loans to small and medium enterprises. Federal support is also forthcoming for states. Monetary loosening has been announced and liquidity injection by the Central Bank has been adopted. Assuming that the external and domestic shocks remain transitory, the economy is expected to rebound by end of 2020 and in 2021, but low growth will limit poverty reduction. Downside risks are significant and will depend on the severity, duration, and effectiveness of containment measures, both globally and in Brazil. A deeper health crisis could worsen and prolong the economic crisis, raising poverty and inequality, as almost a third of Brazil's population depend on income from unprotected labor sources that are highly exposed to income shocks.

6. **Climate change impacts are adding additional constraints on Brazil's efforts to reduce poverty and inequality.** Brazil is already experiencing negative effects of climate change with long droughts, excessive rains, and uncontrolled fires. Considering the projected increase in temperature and changes in precipitation patterns, climate-induced natural disasters are expected to be more frequent and severe. These climate impacts affect human health through direct exposure (for example, heat waves, floods, and droughts), as well as indirect pathways (climate impacts on water, food, and air quality). Rising temperatures and recurrent heat waves, for instance, can create severe health impacts, including the proliferation of diverse pathogens, vector-borne diseases such as dengue and zika, increased dehydration, and respiratory diseases. Climate-induced natural disasters also threaten health infrastructure, thereby limiting the response to public health emergencies. In addition to exacerbating observed vulnerabilities of Brazil's population and key economic sectors, the emergence of COVID-19 and the exposure to climate change impacts are intensifying currently observed risks and vulnerabilities, negatively affecting the Government's ability to ensure continuity of social services in the event of natural disasters.



7. **The Brazilian Northeast Region lags the most on the World Bank Human Capital Index (HCI).<sup>3</sup>** Most Northeastern municipalities have an HCI under 0.58 (meaning that children can only achieve 58 percent of productivity when they are 18 years old), the median for all Brazilians municipalities. Among states, Bahia (where Salvador is located) ranks among the lowest in the country with an HCI of 0.52. Salvador's HCI is 0.54, ranking 1,027 out of the 1,794 municipalities in the Northeast (Figure 1). The education dimension mainly explains the difference between Salvador and the average Brazilian score of 0.58.

Figure 1. HCI in the Brazilian Northeast, Bahia, and Salvador



Source: World Bank 2020.

8. **The MoS is the third most populous municipality in Brazil, with an estimated 2.9 million people (2019).** The Salvador Metropolitan Area (including the MoS and neighboring municipalities) is home to a quarter of the population of the State of Bahia. Salvador's municipal GDP<sup>4</sup> is primarily driven by the service sector (70 percent of GDP) through tourism, transport, and construction, in addition to the city and state public administration. Indicators show that although in terms of GDP Salvador ranks relatively high among Brazilian state capitals, this does not necessarily translate into well-being for its population. Even before the pandemic, more than half of Salvador's population (56 percent) was economically vulnerable, 20 percent being poor (living on less than US\$5.50 per day in 2011 PPP) and another 36 percent at risk of falling into poverty (per capita income between US\$5.50 and US\$13 per day). This population is mostly young (more than 7 out of 10 are children and youth), urban, and employed in precarious and unprotected jobs.

9. **With the onset of the COVID-19 pandemic, Salvador's population faces additional risks and vulnerabilities.** The key economic transmission channel through which the COVID-19 crisis will affect households is through market demand and supply shocks which are expected to translate into labor income losses. A large

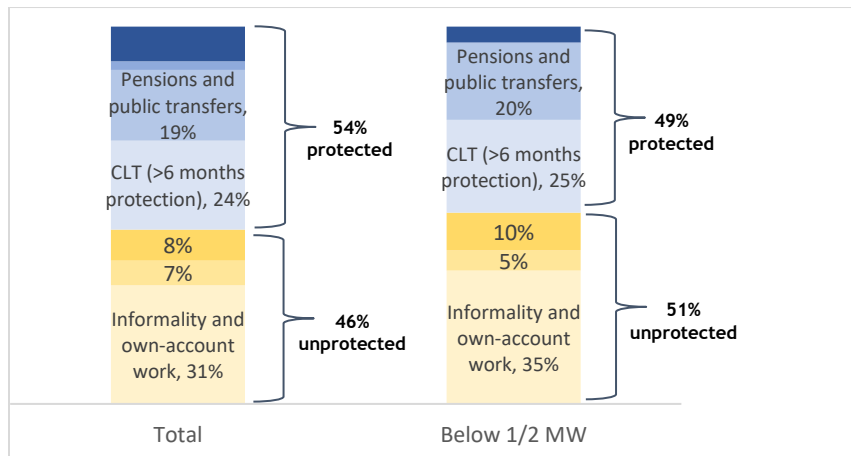
<sup>3</sup> HCI is a composite index that has three dimensions: Survival, Health, and Education. The Survival dimension contains data on under-five mortality rate.

<sup>4</sup> Municipalities' GDPs are calculated by Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística*, IBGE) and last available data are for 2017. More on Salvador GDP can be found here: <https://www.ibge.gov.br/estatisticas/economicas/contas-nacionais/9088-produto-interno-bruto-dos-municipios.html?t=pib-por-municipio&c=2927408>.



proportion of households in Salvador face a high risk of losing their income: 46 percent of workers rely mostly on unprotected income sources, defined as informal jobs, own-account work, and formal employment with less than six months of salary protection in case of job loss (Figure 2). Around 78 percent work in the retail or service sectors—sectors considered vulnerable to pandemic-related closings or interruptions. For the population living on less than half the minimum wage, the share of people relying on unprotected income increases to more than half. In addition, reduced income can threaten people’s livelihood assets and hence their ability to cope with shocks, including climate and disaster-related risks and impacts.

Figure 2. Share of Population by Majority Income Source, Salvador, 2018



Source: World Bank estimates based on National Research of Domicile Sampling - Continuous (Pesquisa Nacional por Amostra de Domicílio Contínuo, PNAD-C).

Note: CLT = Consolidation of Labor Laws (Consolidação das Leis do Trabalho).

10. World Bank estimates suggest that a four-month economic shock related to the COVID-19 pandemic could result in over 80,000 residents of the Metropolitan Region of Salvador falling into poverty (measured as half of minimum salary). As of August 30, 2020, Salvador had a total of 76,373 confirmed cases (approximately 2.6 percent of the population), and 2,419 confirmed deaths from the COVID-19 virus.<sup>5</sup> It is estimated that the pandemic could increase poverty by 7.2 percent and cause a decline in income of 4–6 percent in quintiles 2 through 4, which would be most affected.<sup>6</sup> With the mitigation strategies being implemented by the Federal Government, in particular the expansion of *Bolsa Família* to include families that had already qualified and the *Auxílio Emergencial* temporary cash transfer targeting *Bolsa Família* and other low-income families with precarious employment, an increase in poverty may be fully avoided. In fact, if well implemented, the programs could reduce poverty relative to the baseline without the pandemic.

B. Sectoral and Institutional Context

11. In Brazil’s federal arrangement, municipalities shoulder basic social service delivery such as early childhood education (ECE) and primary and lower secondary education (respectively grades 1–5 and 6–9),

<sup>5</sup> Ministry of Health.

<sup>6</sup> World Bank estimates based on PNAD-C.



**primary as well as some higher complexity health care, and face-to-face social assistance services.** In delivering these services, municipalities often follow federal (and sometimes state) policies and guidelines and receive fiscal transfers, both tied and untied to specific service responsibilities and performance. Many social services are guaranteed as citizen rights in the 1988 Federal Constitution. Municipalities therefore form the institutional frontline of Brazil's rights-based social policy systems, and capable municipal administrations are fundamental for the effective delivery of these social services and hence for poverty reduction. In addition to managing networks of health and education facilities both under their direct administration and through service contracts, municipalities are also called upon to play specific roles in implementing programs and mandates that are constitutionally or legally assigned to the Federal Government. These include the conditional cash transfers program, *Bolsa Família*, and the social pension program, Continuous Cash Benefit Program (*Benefícios de Prestação Continuada de Assistência Social*, BPC) for which municipalities are responsible for maintaining an up-to-date social registry (*Cadastro Único*) and for identifying and enrolling new beneficiaries.

12. **The primary tool that Salvador adopted to sharpen its institutional capacity for policy prioritization is the strategic plan, implemented since 2014.** A unit within the Mayor's office (*Casa Civil*) led the preparation of the strategic plan and monitors its execution. The Mayor regularly reviews the implementation status of each priority action to ensure timely completion. And while encouraging each sector secretariat to pursue its own measures to increase access, improve quality, and ensure sustainability, the MoS has also developed, and is intent on refining, a set of cross-cutting management initiatives. Some of these measures are intended to sharpen the municipal administration's capacity to prioritize its actions and monitor their implementation. Others are explicitly intended to improve the efficiency of municipal expenditures and/or control spending, especially for personnel.

13. **Salvador's social service delivery is characterized by low coverage and relatively poor quality due to years of under investments and inefficiency.** Not only does Salvador still lack sufficient numbers of basic service facilities, but many, such as ECE facilities, schools, health facilities, and social assistance centers, are in suboptimal physical conditions. For example, some social assistance reference centers (Reference Center of Social Assistance, CRAS; Specialized Reference Center of Social Assistance, CREAS; and Specialized Reference Center for Homeless People, CentroPop) do not meet federal standards.

14. **The municipal administration continues work to reverse this trend and has considerably increased investments in the social sectors as central elements of the city's strategic plan.** New policy priorities are expected to be articulated in the next strategic plan that the municipality is currently developing. While continuing to address gaps in service coverage that remain in specific areas or subsectors (for example, ECE and basic social assistance, high complexity health care given the shifting epidemiological profile of the city's population and the inability of existing facilities to fully respond to needs), the new strategy is expected to place greater emphasis on measures to improve service quality and ensure long-term fiscal sustainability of these services through improving their efficiency.

15. **Since 2018, the World Bank has supported these efforts through the First Salvador Social Project, which aims to improve social service delivery in the MoS, emphasizing improvements in health care system efficiency, education quality, and social assistance effectiveness.** Expected to close in December 2022, it has advanced at a fast pace with more than 70 percent of funds disbursed. Efforts to sustain gains achieved in social service delivery and the more ambitious goals of the administration provide a case for a second phase of the project.



Social Assistance Sector

16. The MoS has made efforts to exercise quality management and to reverse a history of underinvestment in social assistance. The first Salvador Social Project demonstrated the Government’s commitment to: (a) strengthening the basic social assistance network to further expand effective coverage and improve services; (b) improving data quality of Cadastro Único; and (c) enhancing the organizational capacity of the Municipal Secretariat of Social Promotion and Poverty Reduction (Secretaria de Promoção Social e Combate à Pobreza, SEMPRES). To date, the number of families supported by the Integrated Family Assistance Program (Proteção e Atendimento Integral à Família, PAIF) at CRAS reached 13,500. It reformed and adapted 10 CRAS facilities and developed a new management system for social services. The project supported almost 10,000 household visits to update and improve the quality of information of the extreme poor population in Cadastro Único, with 89 percent of them now with updated records. Two new mobile registration units of Cadastro Único are in operation. To improve the quality of service, new staff were hired and trained, 189 to staff CRAS and manage SEMPRES. The new management information system under SEMPRES is being updated.

17. It is estimated that 30 percent of the population of the Salvador Metropolitan Area was living on less than half of the monthly minimum wage in 2018 (table 1). About 20 percent of the population is registered in Cadastro Único, hence potentially qualifying for government social assistance benefits due to low income or other social vulnerability. Despite this being a high number, it is still not enough: Salvador has not been able to reach all of its vulnerable population. In fact since 2015 there has been a decrease in the percentage of vulnerable families registered in Cadastro Único, as evidenced by comparisons with surveys (OPNAD-C), which in turn results in lower coverage of programs such as Bolsa Família (Figure 3) and its subsequent limited impact in poverty reduction.

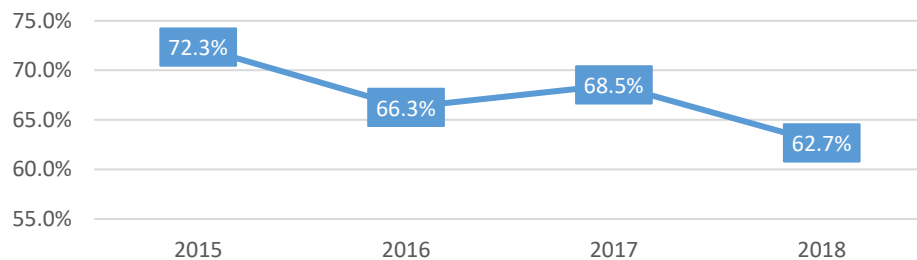
Table 1. Percentage of the Estimated Population in Salvador with Income below Relevant Administrative Lines

	Brasil Sem Miséria	Bolsa Família	1/4 Minimum Wage	1/2 Minimum Wage	Minimum Wage
2016	3.70	7.49	11.03	31.73	62.10
2017	5.80	8.53	12.48	30.18	58.15
2018	3.58	7.19	10.13	29.74	59.39

Source: World Bank tabulations based on PNAD-C.

Note: Figures are based on real value of administrative lines as of July 2018.

Figure 3. Percentage of People Living under Half the Minimum Wage (estimated) in Cadastro Único



Source: World Bank tabulations based on PNAD-C.

Note: Figures are based on real value of administrative lines as of July 2018.





18. **Performance in meeting national standards still needs to be improved.** The Decentralized Management Index for Municipalities (*Índice de Gestão Descentralizado para Municípios*, IGD-M<sup>7</sup>) shows low performance with 0.76 while the national average is 0.84 in monitoring health and education conditionalities in 2019. The low performance of the IGD-M impact the financial transfers from the Federal Government and access to new programs and services of social assistance sectors. The performance indicators of service delivery units, ID CRAS and ID CREAS, are below the appropriate standard. In 2018, the performance indicator for CRAS (ID CRAS<sup>8</sup>) was 2.29, and ID CREAS was 2.95, both below the appropriate standard of equal to or above 4. To improve its efficiency, SEMPRE would need to continue revisiting and adjusting its organizational structure in line with the enhanced responsibilities and increased workload, recruiting qualified professionals for both policy management and service delivery, instituting an effective program of ongoing staff training, and modernizing its management systems and practices.

19. **This proposed second phase of the Salvador Social Project will support SEMPRE to improve efficiency in four results areas:** (a) strengthening integration and multisector coordination of case management of extreme poor families (including during COVID-19 emergency) and promoting human development (including enhancing *Bolsa Família* and early childhood development interventions); (b) expanding *Cadastro Único* to increase coverage of vulnerable groups (homeless population and others) and using it as a management and planning tool; (c) continuing to improve its institutional capacity and organizational structure; and (d) enhancing access to medium and high complexity services of the special social protection network.

## Education Sector

20. **The education reforms implemented by the MoS in the context of the First Salvador Social Project set the basis for a successful learning trajectory by ensuring student readiness through ECE provision, promoting literacy at the right age, and structuring systems to closely monitor student learning and making a pedagogical use of learning evaluations.** The first phase of the project identified, in 2017, four challenges of municipal education: (a) low coverage of early childhood-education; (b) low education quality measured by the National Quality Index for Education (*Índice de Desenvolvimento da Educação Básica*, IDEB); (c) poor management and implementation capacity of the Secretary of Education; and (d) the absence of a systematic monitoring of student learning. Since then, the municipality made considerable advances in education.

21. **Salvador continues to seek improvement of the education quality at a fast pace.** According to the 2019 Education Census, conducted by the National Institute of Educational Studies and Research Anísio Teixeira (*Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira*, INEP), about 60 percent of students enrolled in public schools in ECE and primary and lower secondary education in Salvador are in the municipal network (100 percent of students in ECE, 99 percent in primary, and 19 percent in lower secondary education, totaling approximately 140,000 pupils). Salvador has consistently improved its learning outcomes, as measured by IDEB, on a 0–10 scale. Between 2013 and 2017, Salvador raised its IDEB from 4.0 to 5.7 in primary education and from 3.0 to 3.9 in lower secondary, being among the five state capitals with the highest percentage increase

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<sup>7</sup> IGD-M is a compound index that measures the *Cadastro Único* registration update and monitoring rates for education and health conditionalities of Bolsa Família Program on a monthly basis. Based on this index, which ranges from 0 (zero) to 1 (one), the financial transfers made by the Ministry of Citizenship to the municipalities to help manage the *Cadastro Único* and *Bolsa Família* are calculated.

<sup>8</sup> ID CRAs and ID CREAS are compound indexes which includes three structural dimensions: physical structure, human resources, and provision of services and benefits, measured by adequacy of nationally standardize developmental levels.



(out of 26). The municipality also substantially improved its levels of literacy at the right age, which went from 26 percent in 2014 to 47 percent in 2019.

22. **ECE coverage has expanded dramatically in the last few years.** The municipality has substantially expanded ECE coverage, with 98 percent of children ages 4–5 in preschool and 45 percent of children ages 0–3 in kindergarten (the third and fifth highest percentages among state capitals in Brazil, respectively). Approximately 26,000 children are enrolled in municipal ECE centers, with about 13,500 additional places available in ECE centers run by nonprofit institutions (*creches conveniadas*), and through the recent creation of the school voucher/ tuition program for ECE (*'Pé na Escola'*) about 4,500 children were enrolled in private institutions. This expansion is partially due to a new enrollment system that collected information; during the enrollment phase, about 15,000 children demanded ECE and allowed the municipality to predict need more precisely.

23. **Salvador significantly improved in literacy and pedagogical management in primary education.** The first phase of the Salvador Social Project set the goal of increasing literacy levels and, in this regard, the MoS established an external learning evaluation (*Programa Salvador Avalia*) to monitor literacy and support teacher training and pedagogical interventions. The municipality increased student participation in external learning assessments to nearly 80 percent and literacy rates of grade 2 students increased from 28.3 percent in 2014 to 45.1 percent in 2018, surpassing the target for the end of the project.<sup>9</sup> Improvements in pedagogical management also contributed to better learning outcomes, including the Management for Results Program implemented in 2017 and the Learning Monitoring System (*Sistema de Monitoramento do Aprendizado, SMA*), sustaining a structured pedagogical intervention in schools.

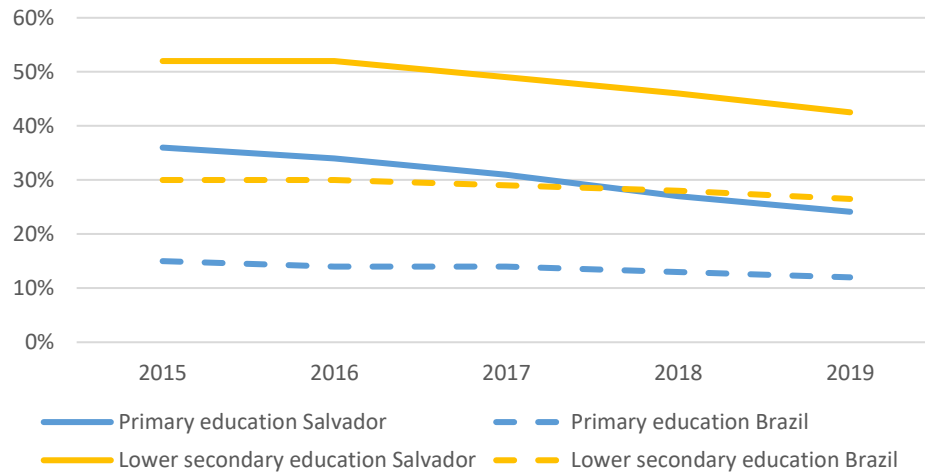
24. **However, a very high proportion of students are overage (that is, at least 2 years older than expected for the grade), with a direct impact on learning and school completion and therefore on the efficiency of the education system.** Even after a significant reduction in age-grade distortion rates between 2015 and 2019 of 12 percentage points in primary education and 10 percentage points in lower secondary, Salvador municipal schools have the highest age-grade distortion rate of all state capitals. Almost half of students in the lower secondary education municipal network are overage, whereas in primary education the figure is 24 percent (for Brazil, figures are 27 and 12 percent, respectively) (Figure 4). The problem starts as early as grade 1, despite there being no formal repetition and school dropout is very low. Almost 10 percent of Salvador students at grade 1 are overage (the second highest among the state capitals).

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<sup>9</sup> Source: SMED, extracted from municipal student assessment system.



Figure 4. Evolution of Age-Grade Distortion Rates in Salvador (municipal schools) and Brazil (public schools), 2015–2019



Source: World Bank with INEP/Ministry of Education (MEC) data.

25. **Age-grade distortion derives from late entry in the school system, high levels of repetition rates, and school dropout (Figure 5).** These, in turn, are results of lack of school readiness, low performance of the education system (pedagogical weaknesses), and low attendance rates, which are ultimately related to inefficiencies in the system and social vulnerabilities. Conversely, age-grade distortion is a major cause of high dropout rates mainly in lower secondary education, as older children are increasingly drawn to work opportunities. In Salvador, when breaking the analysis by school grade, age-grade distortion starts as early as grade 1 (7.5 percent) and increases along the grades, especially due to high repetition rates at grades 3, 6, and 7 (Figure 6). Therefore, tackling age-grade distortion involves assisting children between 0 and 5 years so they have proper stimulation before entering school, reducing school dropouts and repetition, and providing extra support to students with low performance and attendance rates. General interventions to improve attendance rates, education quality, and school readiness are required to reduce the flow of students who become overage as well as more targeted interventions to deal with the existing stock of overage students. Addressing age-grade distortion improves students’ learning opportunities and raises efficiency of the municipal network.

Figure 5. Age-grade Distortion Results Chain

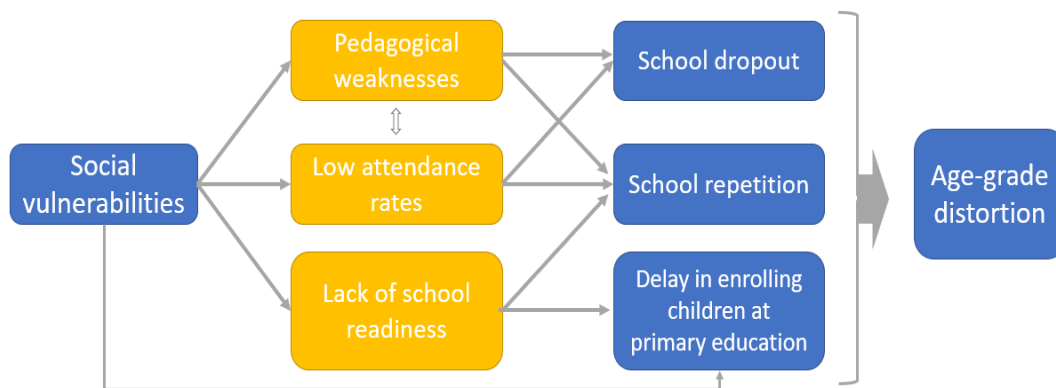
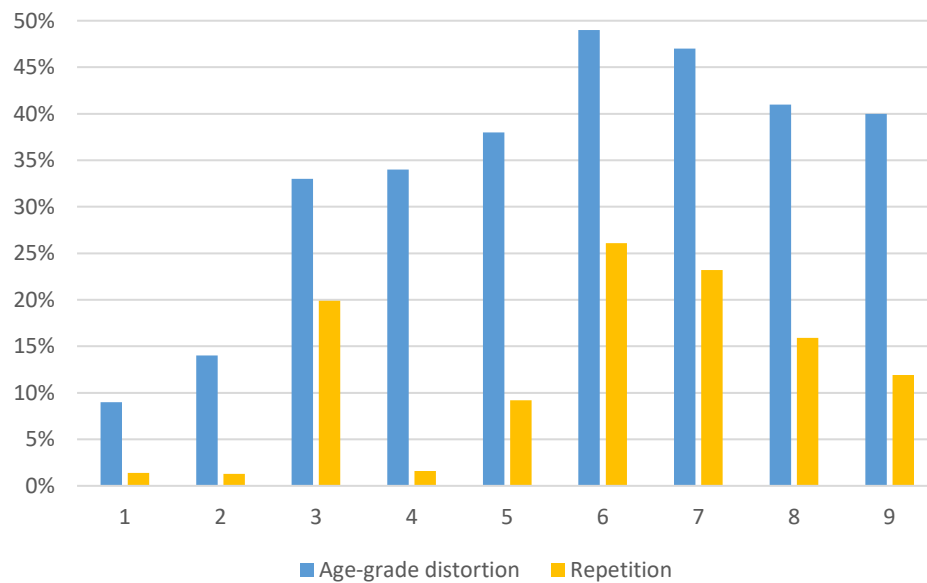




Figure 6. Age-grade Distortion and Repetition Rates by School Grade, Salvador 2019



Source: World Bank with INEP/Ministry of Education data.

26. **The COVID-19 pandemic will deeply affect education in Salvador by school closures and the damage will become even more severe as the health emergency translates into a deep recession.** Without a major effort to mitigate their effects, school closings will lead to learning losses, increased dropouts, and higher inequality; these effects will continue through the recovery stage when schools reopen. Additionally, the economic shock, and its negative repercussions on households and the education sector in the medium run, will further exacerbate the damage, by depressing education demand and supply. Without aggressive policy action, the shocks to schooling and the economy will have a deep impact on the education outcomes of Salvador, especially for the most socioeconomically vulnerable families, who are disproportionately more affected by the crisis and where a large portion of the school-age population lives, exacerbating educational inequalities. Children and youth who are forced out of school may not return; those who do return will have lost valuable time for learning and will find their schools weakened by budget cuts and economic damage to communities.

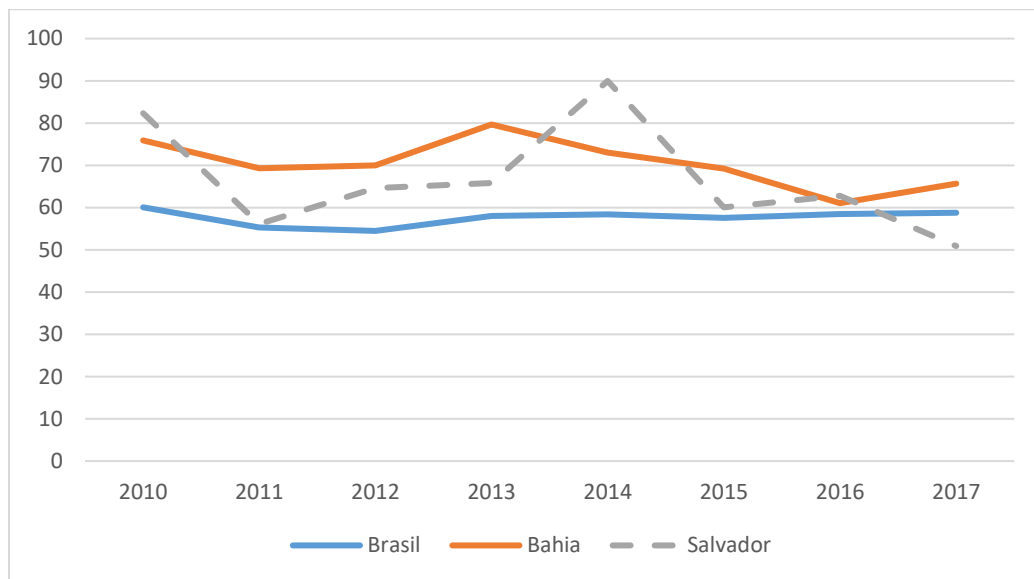
27. **This second phase of the proposed Project will provide additional support to the Municipal Secretariat of Education (*Secretaria Municipal de Educação, SMED*) in implementing strategies to tackle age-grade distortion, while also considering specific measures to mitigate the impacts of COVID-19 on education.** These strategies can be grouped into two main results areas: (a) reduction of the stock of overage students by expanding accelerated learning programs in both primary and lower secondary education that allow students to progress more quickly between grades with a strong focus on learning; and (b) reduction of the flow of students who become overage by implementing activities and strategies to reduce grade repetition, school dropout, and the proportion of overage students who enter primary education, including measures to improve education quality and attendance and multisector activities to improve school readiness at the ECE level and increase school enrollment at the right age. Both groups of activities are well aligned with the strategies that the World Bank has recommended globally to mitigate the impacts of COVID-19 on education, while the project will also consider specific measures to address the shocks caused by the pandemic.



### Health Sector

28. **Over the last 10 years several indicators on health status improved in the MoS.** The maternal mortality ratio (MMR) decreased from 82.4 per 100,000 live births (LB) in 2010 to 50.9 per 100,000 in 2017—although the MMR is slightly above the national average, it is lower than the Bahia State average of 70 per 100,000 LB (Figure 7). The infant mortality rate (IMR) decreased substantially between 2005 and 2018, from 21.9 per 1,000 LB to 15.7 LB.<sup>10</sup> Tobacco use among persons ages 18+, an important risk factor for noncommunicable diseases (NCDs), decreased from 8.3 percent in 2010 to 4.6 percent in 2015—in Salvador, the proportion of hospital admissions due to respiratory diseases in 2019 was 6.3 percent, much lower than the national (11.1 percent) and state (11.8 percent) averages and among the lowest compared to other capital cities.<sup>11</sup> Finally, the life expectancy at birth increased from 69.6 years in 2000 to 75.1 years in 2010, above the national average of 73.9 years and the state average of 72 years.<sup>12</sup>

Figure 7. MMR (per 100,000 LB - Brazil, State of Bahia, and Salvador)



Source: Ministry of Health

29. **The MoS has heavily invested in the expansion of primary health care (*Atenção Primária à Saúde*, PHC) to organize and guarantee all individuals access to comprehensive care.** The PHC coverage<sup>13</sup> substantially increased in the last years, from 18.6 percent in 2012 to 50.2 percent in 2019. The number of family health teams, one of the municipal strategies to deliver PHC, increased from 104 in 2012 to 316 in 2020, allowing a population

<sup>10</sup> Ministry of Health, Mortality Information System (*Sistema de Informação de Mortalidade*) and Live Birth Information System (*Sistema de Informação de Nascidos Vivos*).

<sup>11</sup> Municipal Health Plan (*Plano Municipal de Saúde*), 2018-2021, Volume 1.

<sup>12</sup> Atlas of Human Development of Brazil (*Atlas de Desenvolvimento Humano do Brasil*)/IPEA/PNUD.

<sup>13</sup> PHC teams include Family Health Strategy (*Estratégia de Saúde da Família*, FHS) teams; PHC teams that adhere to the Program for Improving Primary Care Access and Quality and comply with a set of parameters required by the Ministry of Health; and other teams similarly organized.



coverage of 37.9 percent in 2020, compared to 13.3 percent in 2012.<sup>14</sup> These investments probably helped the municipality improve results in the other levels of health care, as demonstrated by the decrease in the percentage of low risk patients in the Intermediate Emergency Care Units (*Unidades de Pronto Atendimento*, UPAs), which dropped from 85 percent in 2016 to 82.8 percent in 2019.<sup>15</sup>

30. **Notable results have been achieved in the use of technologies to improve health care management with the support of the first phase of the Salvador Social Project, as evidenced by some of its indicators.** As of December 2019, the number of municipal health facilities with an operational electronic medical record system had increased from a baseline of 0 to 102 units (70 percent); the number of municipal health units with health services provision available within the municipal regulation system (*Sistema Vida+*) had increased from 30 to 145 (100 percent);<sup>16</sup> and the number of municipal primary care units with a management system installed had increased from 30 to 138 (95 percent).<sup>17</sup>

31. **In Salvador, 72 percent of the population is dependent on Unified Health System (*Sistema Único de Saúde*, SUS), and despite recent investments in all levels of health care and the accomplishments described earlier, some challenges persist and new challenges are arising.** The MoS regularly invests more in health than the minimum 15 percent established by the Constitution: in 2019, investments were almost 19 percent of net revenues. However, the municipality has the lowest per capita health expenditure among the Northeast capitals; while Salvador spent around US\$100, Teresina spent about US\$230.<sup>18</sup> A recent change in the Ministry of Health's model to co-finance PHC at the municipal level links financing to weighted capitation and performance instead of per capita-based financing. This will require efficient management, so that Salvador continues receiving financing to invest not only in coverage but in better quality of health care. The COVID-19 pandemic and its effects on families is likely to increase SUS dependency.

32. **The demographic and epidemiologic transition, resulting from ageing and an increase in life expectancy, poses the growing burden of chronic diseases challenge.** Following the national pattern, the population Aging Index in the MoS rose from 14.1 in 2005 to 23.3 in 2015,<sup>19</sup> as reported in the Health Situation Analysis of the Health Municipal Plan 2018–2021. About 70 percent of all deaths in Salvador are attributable to NCDs—cardiovascular diseases, cancer, external causes, and chronic respiratory diseases. In 2019, the proportion of hospital admissions due to cardiovascular diseases (9.2 percent) were among the highest when compared to other Brazilian capital cities, including in the Northeast, for example, Teresina (6.9 percent), Natal (7.3 percent), and Joao Pessoa (8.5 percent). Cancer-related admissions were 8.4 percent for Salvador compared to a national average of 6.4 percent.<sup>20</sup> Although the COVID-19 pandemic is expected to adversely affect the elderly, who are considered the most vulnerable population to the SARS-CoV-2, municipal data on confirmed cases (March–June

<sup>14</sup> The FHS started being supported and financed by the Ministry of Health in the early 2000s.

<sup>15</sup> Salvador Social Project, phase I, Progress Report #3, December, 2019.

<sup>16</sup> Salvador Social Project, phase I, Disbursement-linked indicators reports, Semester 2, 2019.

<sup>17</sup> Salvador Social Project, phase I, Progress Report #3, December 2019.

<sup>18</sup> Information System on Health Public Budgets, *Sistema de Informações sobre Orçamentos Públicos em Saúde*.

<sup>19</sup> The Aging Index refers to the number of elders per 100 persons younger than 15-year-olds in a specific population. This index increases as population ages.

<sup>20</sup> Ministry of Health, SUS Hospital Information System (*Sistema de Informações Hospitalares do SUS*).



2020) show that population ages 60+ accounts for 14.8 percent of the cases, compared to 81.7 percent among population in the 30–59 years age range.<sup>21</sup>

33. **The recent COVID-19 outbreak has clearly evidenced the limitations of the Salvador health system to provide an emergency response, both in terms of care as well as prevention and control.** The municipality is facing a new epidemiological scenario, which requires quick adjustments and strengthening of the health system to respond to the COVID-19 health emergency. The municipality has prepared a contingency plan defining emergency interventions and interinstitutional activities and an emergency committee has been established at the Municipal Secretariat of Health (*Secretaria Municipal de Saúde, SMS*) to monitor developments in the epidemic. Activities under the contingency plan already implemented by the municipality includes: (a) implementation of social distancing measures; (b) expansion of the health care network through the creation of new family health teams and Family Health Units, and a field hospital with more than 200 clinical and intensive care unit (ICU) beds; (c) the allocation of an existing hospital to provide health care exclusively to COVID-19 patients; (d) contracting out private ICU beds; and (e) acquisition of tests, individual protective equipment, and lab kits.

34. **Regarding the provision of specialized health services, particularly medical specialties, the municipality has its own network and a complementary one, comprising public and contracted private providers, to provide outpatient and inpatient care.** The provision of health services is regulated by the Municipal Regulation Center. As Salvador is the largest health care center in Bahia and responsible for providing most outpatient and inpatient services in the state, it experiences high demand, which has been aggravated by the pandemic. In recent years, coping with endemic diseases and the growth of NCDs has demanded more actions of health surveillance and the use of health information systems as an important decision-making tool in this context. Given the current situation, there is a need to strengthen the municipal health system, including: (a) strengthening the emergency health care network, through the expansion of hospital bed availability to meet the growing demand caused by the coronavirus; (b) expanding the capacity to respond to epidemics, through improved infrastructure of laboratories and supplies to support diagnostic and therapeutic functions; and (c) strengthening the municipal epidemiological surveillance system to properly carry out a continuous and systematic process of collecting, consolidating, analyzing, and disseminating data and information on health-related events, as well as to inform policy-making and health interventions in a more resolute and efficient way.

35. **Some of the expected results included in the First Salvador Social Project still reflect challenges faced by the municipality.** These include the implementation of patients' biometric data in municipal health facilities, for which progress is lagging compared to what was expected. The same is observed in some output and outcome indicators that probably need more time to reflect the investments made and managerial changes pursued by the municipality. This is the case for the indicator on the number of diagnostic and therapeutic health services provided by municipal health units (polyclinics), which achieved 38.1 percent in December 2019 compared to an expected target of 70 percent, and the proportion of hospital admissions for Ambulatory Care Sensitive Conditions (ACSC) - the Project Development Objective (PDO) indicator, for which the share increased instead of decreasing and achieving it will be even more challenging due to the COVID-19 pandemic.

**The second phase of the Salvador Social Project will continue supporting the strengthening of health service delivery capacity and improvement of clinical management for continuity of health care across all levels of**

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<sup>21</sup> Epidemiological Surveillance, Municipal Secretariat of Health, 2020.

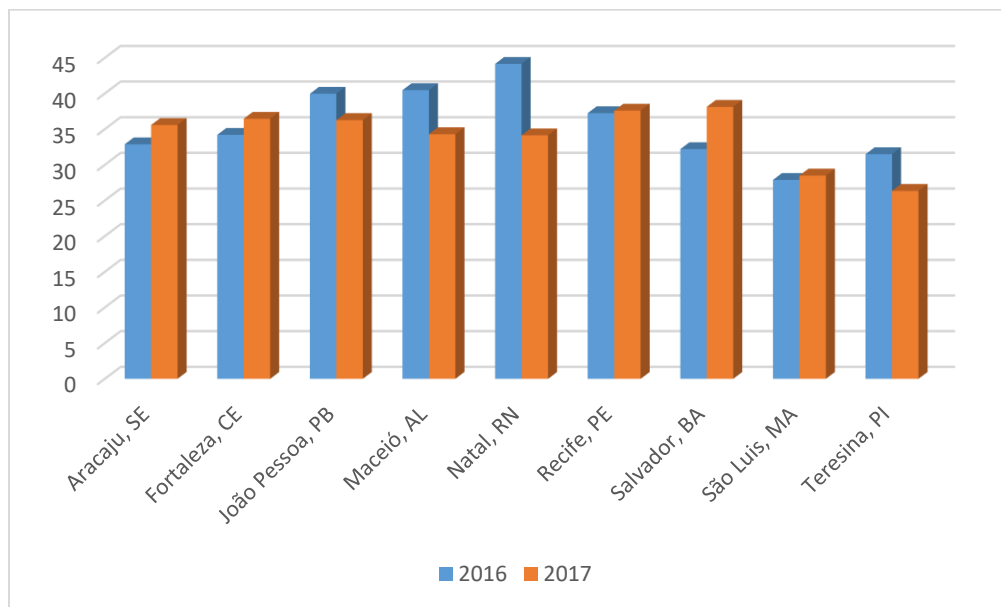


care—primary, secondary, and tertiary. Given the COVID-19 pandemic, support will also be provided to strengthen the municipal health surveillance system to cope with current and future epidemics.

### Gender Aspects

36. In 2017, the MoS ranked first among the Northeast Region capitals in terms of incidence of gender-based violence (GBV) (Figure 8).<sup>22</sup> Although Brazil has one of the most progressive laws for the prevention and response to GBV, the country ranks fifth internationally on domestic violence. In 2019, 94 percent of female victims of violence in the municipality were Afro-descendant, 80.4 percent had upper secondary education or less, and 44.6 percent were self-employed. About 30 percent declared receiving some kind of governmental financial support, alimony and/or donation, and, among those, 80.4 percent were beneficiaries of the *Bolsa Família* Program. This profile demonstrates the high vulnerability these victims are exposed to. Regarding victims' access to public services, 70 percent of the survivors reported having needed health care services due to injuries, while 57 percent had to spend at least one night in a health care facility. Regarding the impact on survivors' professional life, 14.8 percent reported the violence had jeopardized their labor performance at some point. This information suggests that there are high economic, social, and public health-related costs to the municipality.

Figure 8. Domestic Violence in Northeast Capitals of Brazil, 2016–2017



Source: Pesquisa de Condições Socioeconômicas e Violência Doméstica e Familiar contra a Mulher.

37. Strengthening the technical and institutional capacity of the municipal social assistance network is essential to prevent and respond to GBV adequately. In 2018, a study carried out by the World Bank on the facilities available and the quality of the services provided to victims of GBV in Salvador indicated that the municipal network encompasses most of the services established in the National Pact for Combatting Violence Against Women, launched in 2007.<sup>23</sup> Nonetheless, there are still some challenges to overcome, especially related

<sup>22</sup> Universidade Federal do Ceara. 2017. *Pesquisa de Condições Socioeconômicas e Violência Doméstica e Familiar contra a Mulher*.

<sup>23</sup> Presidency of the Republic. 2011. "Network to Combat Violence against Women. Secretariat of Policies for Women."





to the integration of the network and the technical capacity of the social assistance professionals to deal with GBV survivors and encourage victims to seek for help without fear of being neglected, stigmatized or revictimized. There were only 78 women who were assisted in the municipal Specialized Reference Centers of Social Assistance (CREAS), in 2019. These deficiencies lead to a lack of clarity in the flow for addressing the demands and responsibilities in managing cases among the various services, which can result in the revictimization of women, who are forced to narrate the history of violence countless times in each services they are referred to.<sup>24</sup> The permanent training of public agents is also essential to ensure qualified and humanized care for women in situations of violence and to prevent their departure from institutions. The National Pact emphasizes the importance of developing a consistent communication strategy to raise awareness on the legal and administrative mechanisms available to women at risk of violence. Raising awareness on the nature and the scope of the services provided by the social assistance network is also important to address the victim's fear of reporting the perpetrator. The unavailability of standardized, consistent, and reliable statistical data on violence against women is another gap that makes it more difficult to design evidence-based policies to address GBV.

**38. Finally, in the context of the COVID-19 outbreak, national and international evidence suggest an increase in GBV associated with lockdown and social distancing measures adopted by governments.** Victims can often have difficulties in using phone hotlines in the presence of the perpetrator or to seek police offices or any other in-person support services. In this scenario, short, medium, and long-term actions and policies can also be supported within the framework of the second phase of the Salvador Social Project.

**39. The proposed second phase of the Salvador Social Project intends to extend the institutional strengthening and capacity-building efforts for GBV prevention and fighting, occasionally including education and health services and professionals.** Actions will include: (a) the preparation of an intersectoral protocol to identify and appropriately refer GBV victims; (b) the development of continuous training workshops targeted at public agents involved in the provision of services to survivors; (c) the design and implementation of a communication strategy to carry out campaigns to raise awareness on GBV targeted at victims and bystanders taking advantage of technological solutions and digital channels; and (d) carrying out studies on the social and economic impacts of GBV in the municipality. By implementing the abovementioned activities, aimed at raising awareness of survivors and by-standers on the importance of reporting and reaching out for help and at improving the quality of the services offered to GBV survivors, the project aims at raising the number of women assisted by the social assistance network during and after the period of its implementation.<sup>25</sup>

### C. Relevance to Higher Level Objectives

**40. The proposed operation will support relevant aspects of the municipal strategic plan for the sectors of social assistance, education, and health.** It will prioritize support for the municipality's continued efforts to close the remaining service coverage gaps and improve service quality. An explicit objective will include ensuring that

<sup>24</sup> World Bank. 2018. *Study on the Municipal Network to Combat Violence against Women*. Final report.

<sup>25</sup> In 2019 the World Bank was granted a trust fund (Salvador: Preventing Gender-based Violence Through the Social Assistance System, P171599) with the objective of contributing to prevent GBV by raising awareness and strengthening the technical and institutional capacity of the municipal social assistance network to better respond to GBV situations. The trust fund is developing a series of training sessions and workshops with a group of social workers and beneficiary families on gender equity and GBV-related topics. As a result, more accurate referrals in the social assistance network are expected and the development of actions to prevent domestic violence that consider the multidimensionality of the phenomenon. The teaching and learning materials produced will remain available to allow building an institutional and continuous training program for social assistance professionals regarding GBV and gender-related topics.



additional investments and expenditures will not compromise the city's long-term fiscal outlook. This will be pursued with measures to control long-term growth of expenditures, including aggressive pursuit of service contracting, where appropriate, and introduction of systematic approaches to managing major cost items including personnel. At the same time, the city does need to continue to invest in solidifying its institutional foundations for service delivery in selected areas, most notably social assistance, including by recruiting the number of statutory civil servants necessary to manage the sector's critical functions that, legally as well as managerially, cannot be outsourced to contractual staff.

41. **The current administration of Salvador continues to implement an ambitious plan to reduce poverty and inequality in the city.** The most recent Salvador Strategic Plan (SSP) 2017–2020 'Salvador - A New City for a New Time' prioritizes: (a) 'Urban and Economic development' - goals to foster economic development; (b) 'Urban Services Development' - targets the enhancement of transportation services; (c) 'Institutional Development and Citizens Engagement' - goals linked to communications and open data policies; and (d) 'Social Development' - goals related to fighting social vulnerability.

42. **The proposed project is fully aligned with the World Bank Group FY18-23 Country Partnership Framework (CPF) for Brazil, discussed by the Executive Directors on July 13, 2017.**<sup>26</sup> This proposed operation is one of a number of subnational projects designed to strengthen public sector management and service delivery, as an integral part of the World Bank's CPF in Brazil. The CPS states that its goal is for the World Bank to contribute to Brazil's aim of faster, more inclusive, and more environmentally sustainable growth, with macroeconomic stability. In this context, the proposed project will contribute to the CPF strategic objective of improving the quality and expanding provision of public services for low-income households. Results areas of education, health, and social assistance will improve the living conditions of low-income populations living in the city.

43. **The project's proposed design is fully aligned with the World Bank Group twin goals of poverty reduction and increasing shared prosperity.** Investments in education, health, and social assistance can improve the human capital and welfare of families living in Salvador. Direct benefits to human development of the poor are expected from strengthened ECE, because access is more limited among the poor, and basic social assistance, which by design targets the poor and the vulnerable. While higher efficiency and quality of fundamental education and health care (at all levels of complexity) would benefit the population in general, the improvements in public services are more likely to benefit the poor and the vulnerable than the better-off in the city because of the latter's greater access to privately run facilities.

44. **The proposed project is well aligned with the World Bank COVID-19 Crisis Response Approach, across all three Relief, Restructuring, and Resilient stages.**<sup>27</sup> The operation is aligned with the World Bank COVID-19 Crisis Response Approach under Pillar 1 "Saving Lives", and Pillar 2 "Protecting the Poor and Vulnerable". Social assistance and health interventions supported by the project aim to address the public health emergency and protecting welfare and human capital of vulnerable segments of the population affected by the COVID-19 during the emergency (Relief stage). The proposed Project will also strengthen medium-term recovery through its focus on restoring health systems and human capital (Restructuring stage). Finally, the aim is that after Project intervention the health system will become pandemic-ready, as well as the whole approach to social sector delivery, which will contribute to building equity and inclusion (Resilient Recovery stage). The supported

<sup>26</sup> Report No. 113259-BR.

<sup>27</sup> World Bank. 2020. *Protecting People and Economies: Integrated Policy Response to COVID-19*. The World Bank



interventions will build on financial and technical assistance provided by the World Bank in the past years to a wide range of social sectors through the first phase of the Salvador Social Project.

45. **The project is also aligned with the World Bank's climate change corporate commitments.** Considering that social vulnerability is an important factor contributing to overall climate change vulnerability, measures for improving the welfare of those living in Salvador, including through ensuring the continuity of services in the event of natural and climate-driven disasters and improved efficiency, will result in increased resilience to extreme weather events for these populations.

#### ***Impact of the COVID-19 pandemic on the country and government response***

46. **By August 30, 2020, the number of officially recorded cases of COVID-19 was almost 3.9 million (the second highest in the world) with approximately 121,000 deaths.**<sup>28</sup> The State of Sao Paulo had the first confirmed COVID-19 case in February 2020 and it currently tops the number of cases and deaths in the country. Some Brazilian states, particularly those in the northern and northeastern regions, had infections rates per 100,000 population comparable to the most severely affected parts of the world.

47. **The Government of Brazil (GoB) put in place public health measures to respond to the pandemic.** On February 3, 2020, the GoB declared the 'State of Public Health Emergency of National Importance'. On March 20, 2020, the GoB made use of Article 65 of the *Lei Complementar* No. 101, dated May 4, 2000, and declared the 'State of Public Calamity' through *Decreto Legislativo* No. 6, to allow an increase in public spending beyond current limits until December 31, 2020. This allowed the MoH to allocate BRL 16.1 billion (US\$3.1 billion) for Covid-19 health response<sup>29</sup>.

48. **However, Covid-19 daily cases continued to rise, in part because of insufficient testing capacity, uneven implementation of social distancing measures and limited adherence**<sup>30</sup>. Social distance measures were applied with different degrees of enforcement across the country. By June 1, 2020, the social distancing index indicated a 39.5 percent efficiency in Brazil, having reached a 62.2 percent peak in late March 2020. While most subnational authorities promoted containment measures in order to decrease the levels of disease transmission and prevent their local health care systems from being overwhelmed, the national debate on whether to adopt a vertical or horizontal social isolation strategy remains. Limited adherence, uneven enforcement of containment measures and polarized views on these strategies by policy makers posed challenges to the implementation of an integrated national health response strategy.

49. **In contrast with the mixed record on the health front, the GoB's economic and social protection response to Covid-19 was large, timely, with broad support across the nation.** The GoB launched a timely, targeted, and time-bound fiscal package of about US\$ 135.4 billion (10.4 percent of GDP) in response to COVID-

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<sup>28</sup> WHO (World Health Organization), Coronavirus Disease (COVID-19) Situation Report - 196 [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200803-covid-19-sitrep-196-cleared.pdf?sfvrsn=8a8a3ca4\\_4](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200803-covid-19-sitrep-196-cleared.pdf?sfvrsn=8a8a3ca4_4)

<sup>29</sup>Specific measures included: the purchase of personal protective equipment for health professionals; the hiring of health professionals; and the provision of tests, medications, respirators, and intensive care unit beds; and telemedicine services.

<sup>30</sup> World Bank. 2020. "COVID 19 in Brazil: Impacts and Policy Responses." World Bank, Washington, DC. <https://openknowledge.worldbank.org/handle/10986/34223>.



19<sup>31</sup>, focused on the expansion of the cash transfer program BF, temporary benefit programs for workers, credit lines, and guarantees for small and medium enterprises. The inclusion of 1.2 million families to *Bolsa Familia* and the funded and accessible unemployment insurance program were critical. The GoB also anticipated the payment of existing benefits, such as the *Abono Salarial* – a wage supplement or the 13th months pension payment, allowed special withdraws from the employer-sponsored saving accounts, and introduced two new temporary benefits: *Auxilio Emergencial*, and *Benefício Emergencial de Manutenção do Emprego e da Renda*<sup>32</sup>.

50. **Following the dramatic decrease in demand resulting from the pandemic, Brazil is projected to fall into one of the deepest recessions on record, with widespread impacts on poverty and unemployment**<sup>33</sup>. When the COVID-19 crisis hit, Brazil's poorest were still recovering from the 2014-2016 economic recession, with 19.9 percent of the population living on less than US\$5.50 per day, including 9.3 million people on less than US\$1.90 per day– the global reference for extreme poverty.<sup>34</sup> The projected economic recession in 2020, without mitigation measures, could lead to about 7 million Brazilians fall into poverty in 2020, bringing the poverty rate (at US\$5.50 per day, 2011 PPP) to 22.7 percent of the population. Brazil will need to undertake strong fiscal consolidation and adoption of structural reforms in 2021. The overall fiscal deficit of the general government for 2020 is estimated at 14.6 percent of GDP compared to 5.5 percent of GDP in 2019. Gross public financing needs for 2020 are estimated at US\$502 billion (38.5 percent of GDP), compared to US\$383 billion (27.4 percent of GDP) pre-COVID-19. Public debt is deemed sustainable in the medium term with expected stabilization at 111 percent of GDP in 2030 (7 years later and 33 p.p. higher than pre-COVID-19 projections)<sup>35</sup>.

#### ***Adjustment to the World Bank Group CPF in response to COVID-19***

51. **The Brazil 2018-2023 CPF was discussed by the Board of Directors on July 13, 2017. It was prepared against the backdrop of the deep 2014-2016 economic recession that led to a fiscal crisis and increased levels of unemployment and poverty.** The main premise of the CPF was the need to revisit the country's growth model, to improve its sustainability and inclusiveness. The CPF was built around three focus areas: (i) fiscal consolidation and government effectiveness; (ii) private investment and productivity; and (iii) sustainable development. The CPF was approved before the new administration took office. While the current government has supported reforms consistent with the first two pillars of the CPF (such as the pension reform, and the reforms to open up the aviation

<sup>31</sup> On March 20, 2020, the Government declared the 'State of Public Calamity' to allow an increase in public spending beyond current limits until December 31, 2020.

<sup>32</sup> *Auxilio Emergencial* provides cash transfers to people outside the formal wage employment but not eligible for social assistance. Under *Benefício Emergencial de Manutenção do Emprego e da Renda* firms could apply to a wage subsidy for employees which hours had to be reduced or completely suspended. The subsidy was granted under the requirement to maintain the employment relationship for a certain amount of time after the program ended.

<sup>33</sup> The unemployment rate reached 12.9 percent in May 2020 (14.5 percent for women), the highest rate in the past three years. Recent data points at a further 2 percentage point increase of unemployment in June 2020. In addition, COVID-19 related containment measures and disruptions in demand are projected to further reduce private consumption, investment, and labor demand. Industrial production declined 21.9 percent in May 2020 relative to May 2019. The projected economic recession in 2020, without mitigation measures, could lead to about 7 million Brazilians fall into poverty in 2020, bringing the poverty rate (at US\$5.50 per day, 2011 PPP) to 22.7 percent of the population.

<sup>34</sup> As of 2018. Data for poverty rates for 2019 is not yet available. The extreme poverty figure is based on a monthly per capita income below BRL 178.

<sup>35</sup> This assumes continued compliance with the fiscal rule, enacted as a constitutional amendment in 2016, from 2021 onwards. Low external debt helps to contain the impact on the overall public debt profile. The flexible exchange rate remains the first line of defense against external shocks, complemented by high international reserves (US\$349 billion). The financial sector has capital, liquidity cushions, and low nonperforming loans, but vulnerabilities remain specially with high leveraged households and firms.



and the water and sanitation markets), there has been limited progress on the area of sustainable development. The planned Performance and Learning Review will assess progress thus far and reflect proposed changes to the CPF.

52. **In response to Covid-19, the World Bank has adjusted its program, introducing flexibility to respond to the new reality.** In a first phase, in view of the projected recession in 2020 without precedent and its widespread impacts on unemployment and poverty, the World Bank response to Covid-19 is anchored on a Federal Social Protection Investment Project Financing (IPF) operation to protect the poor and vulnerable from income and human capital losses. This adjustment is in alignment with the WBG COVID-19 Crisis Response Board paper, Pillar 2: “Protecting the Poor and the Vulnerable”.<sup>36</sup> In addition to this lending operation, the World Bank prepared a rapid assessment of the economic and social impacts of Covid-19 and designed an innovative procurement option for fast disbursement of loans. The World Bank lending portfolio was restructured to respond to the new reality<sup>37</sup>. Seven projects were restructured thus far, reallocating about US\$54 million to support subnational borrowers in their response to COVID-19 and cancelling a non-performing operation for US\$200 million.

53. **The post-Covid recovery will require restoring public finances to a sustainable path, improving effectiveness of social service delivery safeguarding access by the poor, implementing reforms to improve productivity, and supporting climate change adaptation and mitigation.** The World Bank lending engagement in the recovery phase will focus on federal programs-for-results supporting education and health reforms, as well as subnational operations in areas severely affected by Covid-19. Constraints on available lending resources and the limited number of subnational entities with access to sovereign guarantee call for selectivity. One of the examples is the Salvador Social Multi-Sector Service Delivery Project II (P172605). This IPF operation seeks to improve the effectiveness of health, education and social service delivery (including services to address gender-based violence) in one of the poorest municipalities in the country, with dismal human capital indicators and a high proportion of Afro-descendant population. A potential operation with the State of Amazonas, hosting the largest forest area in the country, seeks to support fiscal and environmental sustainability (including actions to combat deforestation). This operation will be complemented with an Amazon Economic Memorandum to engage with the State authorities on a greener growth model and with additional financing for the Amazonas Sustainable Landscapes trusted funded project. The planned analytical work on fiscal, trade, business environment and productivity, the Brazil 2040 study, the human capital review, and the infrastructure policy and regulatory assessment, will be among the core areas of World Bank policy engagement with the government going forward.

54. **In addition to coordinating with donors on lending support in response to Covid-19 (as reflected in the federal social protection operation), the World Bank has coordinated with the International Finance Corporation (IFC) and the Multilateral Investment Guarantee Agency (MIGA).** The IFC response to COVID-19 has been mainly anchored on credit lines to provide liquidity relief to small and medium companies, complemented by advisory support on infrastructure development and on environmental and social sustainability. The World Bank, the IFC, and MIGA teams are also coordinating on potential WBG support to the economic recovery phase, including engagement on the proposed reform of the water and sanitation legal and regulatory framework.

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<sup>36</sup> World Bank. 2020. *Protecting People and Economies: Integrated Policy Response to COVID-19*. The World Bank.

<sup>37</sup> The IBRD portfolio comprises in Brazil 29 operations, for a total net commitment of US\$5.3 billion, of which US\$2.2 billion (42 percent) undisbursed and US\$0.4 million (8.5 percent) at risk. The portfolio also includes 48 active Trust Fund grants, mostly in the environment sector, for a total amount of US\$165 million.



## II. PROJECT DESCRIPTION

### A. Project Development Objective

#### PDO Statement

55. **The PDO is to improve the efficiency of social service delivery in the Municipality of Salvador in the social assistance, education, and health sectors.**

56. **Improved efficiency in service delivery is expected to be achieved by:** (a) strengthening integrated multisectoral monitoring of families to promote human development; (b) reducing age-grade distortion in education; and (c) increasing the early detection of ill health, including COVID-19 related, and improving coordination among the three levels of care.

#### PDO Level Indicators

57. **The following indicators are proposed to track progress toward the PDO.**

- Decentralized Management Index for Municipalities (IGD-M)
- Age-grade distortion at lower secondary education
- Proportion of hospital admissions for Ambulatory Care Sensitive Conditions (ACSC).

### B. Project Components

58. **The proposed project will provide support for the implementation of the municipality's key strategic actions in the three social sectors.** It will provide technical assistance to facilitate the municipality's efforts to achieve the targeted results, as well as selected additional measures of institutional strengthening to ensure quality and sustainability of the social services. The key performance targets and reform actions will be captured as performance-based conditions (PBCs), while other intermediate indicators will also monitor the progression of the activities supported by the project in all sectors and both components.

59. **Component 1: Support for strategic actions to improve service delivery (US\$119.69 million).** This 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. It will also include an input-based subcomponent mostly to address COVID-19 related activities, including retroactive financing for already incurred expenses. Three secretariats—SEMPRE, SMED, and SMS—will be responsible for delivering the agreed performance targets to be captured as PBCs.

60. **Subcomponent 1.1: Social Assistance (US\$4.75 million).** This subcomponent will provide support to SEMPRE to continue improving the efficiency of social services in four main results areas described below.

61. **1.1.1: Strengthening integration and multi-sector coordination of case management of extreme poor families promoting human development.** This activity will aim to improve the mechanisms for coordination



between the social assistance, education, and health sectors for case management of extreme poor families, particularly families lagging behind in compliance with conditionalities of the *Bolsa Familia* Program. An integrated approach reduces inefficiencies of service delivery. The First Salvador Social Project has supported the strengthening of the social assistance services part of the Federal Government Unified Social Assistance System (*Sistema Único de Assistência Social*, SUAS) by structuring the basic services network and building the capacity of social workers. This second phase will provide support to extreme poor families who are beneficiaries of the *Bolsa Familia* Program in overcoming vulnerabilities and guaranteeing access to education and PHC programs (immunization and prenatal care). The case management strategy will focus on an integrated and more efficient approach by: (a) strengthening bonds and parenting skills for families with children in early childhood; (b) promoting autonomy of women heads of families in extreme poverty through guidance, offering a map of opportunities and local offers for technical training and referrals to job placement agencies; and (c) supporting early childhood development through *Primeiro Passo* program. To assess the expected results, the project will use the IGD-M monitored by the Federal Government, which measures the *Cadastro Único* registration update and the monitoring of education and health conditionalities of *Bolsa Familia*. It also requires the adherence to SUAS and the financial execution of the resources linked to the program.

62. **1.1.2: Expansion of *Cadastro Único* to include the most vulnerable groups and use it as a planning tool for social programs.** This activity will expand the coverage of *Cadastro Único* by: (a) offering enrollment services in social services units (CRAS, CREAS, and CentroPop); and (b) providing active search strategies and promoting the inclusion of priority vulnerable groups, such as the homeless and victims of calamities and emergencies. *Cadastro Único* is the entry door for social programs and requires continual investments to identify and promote inclusion, particularly in times of calamities and crises. This area will also continue to support the current strategy to improve the data quality of *Cadastro Único* through household visits and develop an IT system for the integration of the *Cadastro Único* and social services systems and other programs. This will allow it to be used as a planning and management tool at SEMPRES. For example, combining systems from the education and health sectors will allow for monitoring student attendance and early childhood development programs. Performance under this area will be measured by how many social assistance units offer registration services (28 CRAS, 7 CREAS and 4 CentroPop) and also by the inclusion rate of the homeless population in *Cadastro Único*. Finally, the project will carry out studies and analysis of data from *Cadastro Único* disaggregated by gender, race, and other variables of interest, allowing the MoS to better identify and design policies and programs targeted at the most vulnerable, particularly those recently affected by shocks.

63. **1.1.3: Continued improvement of the institutional capacity and organizational structure of SEMPRES.** This area will consolidate the achievements from the First Salvador Social Project by strengthening the capacity to quickly adapt social protection services in the context of natural and climate-driven disasters, emergencies, and pandemics, and developing integration strategies between areas of SUAS and coordination with other sectors, in order to reduce redundancy and inefficiencies of service delivery. This activity will aim to: (a) implement standardized instruments and integration tools to strengthen the referrals and counter-referrals of the services provided by PAIF at CRAS; (b) develop and implement social protection interventions to address social consequences of natural disasters and pandemics by promoting food security and preventing starvation, protecting loss of income, and providing for safety and social distancing; (c) improve the information system to monitor the provision of services linked to *Cadastro Único*, with data on case management and referrals; (d) coordinate the case management of extreme poor families in CRAS services and systems with the health and education sectors; and (e) provide housing benefits through cash transfers given to vulnerable families due to shocks and emergencies (*Benefício Moradia*). It will also support capacity building of social workers as part of a



municipal plan to continue education. These activities will also increase resilience against climate impacts by strengthening the ability to cope with future shocks. Success will be measured by the ID CRAS, which includes three structural dimensions (physical structure, human resources, and provision of services and benefits<sup>38</sup>) measured by five developmental levels at CRAS.

**64. 1.1.4: Strengthening the medium and high complexity services of the special social protection network.**

This area will focus on the network of services complementary to basic social protection for the population at personal and social risk, including violation of rights. The project will support the municipality with: (a) the development of care and referral protocols for female victims of domestic violence or at risk of death, aiming to strengthen a service network in the municipality; (b) the development of protocols and lines of care integrated with the rights guarantee system for groups at risk (elderly, children, adolescents, lesbian, gay, bisexual and transgender [LGBT], people with disabilities, and families and individuals on the streets); and (c) support to SEMPRES's plan to structure the network of CREAS, CentroPop (specifically for the homeless population, who may also receive *Beneficio Moradia* benefit), and highly complex services so that they can meet the minimum standard of adequate operational functionality and provide access for those with mobility impairments and ensure disability inclusive services, set by the Federal Government. Results for this activity will be measured by the increase average ID CREAS, which includes three structural dimensions (physical structure, human resources, and provision of services and benefits) measured by five developmental levels at CREAS.

**65. This results area will have a strong focus on gender equality through expanding preventive services for GBV.**

Activities will support the integration of services and interventions between the areas of social assistance, education, health, and policies for women, establishing the convergence of supply, and will provide training for social workers, with a view to consolidating a unified and coordinated network that can empower women and confront violence against them. The main activities include: (a) the preparation of an intersectoral protocol to identify and appropriately refer GBV victims; (b) the development of continuous training workshops targeted at public agents involved in the provision of services to victims; (c) the design and implementation of a communication strategy to carry out campaigns to raise awareness on GBV targeted at victims and bystanders taking advantage of technological solutions and digital channels; and (d) carrying out of studies on the social and economic impacts of GBV in the municipality. By implementing abovementioned activities, the project aims at raising awareness and improve quality of services and should be reflected in the increase number of women assisted by social assistance services network. It will be measured by the number of female victims of GBV utilizing services by the Family and Individual Protection Service and Specialized Care (*Proteção e Atendimento Especializado a Famílias e Indivíduos, PAEFI*)<sup>39</sup>.

**66. PBCs for this subcomponent include the following:**

- Percentage of families in suspension of benefits due to non-compliance of conditionalities assisted by social assistance sector.
- Number of social assistance units offering *Cadastro Único* services.
- Performance Index of CRAS / Average CRAS.

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<sup>38</sup> Social assistance benefits are entitlements for specific groups such as BPC and Eventual Benefits. Eventual Benefits are supplementary cash transfers provided to citizens and families due to birth, death, situations of temporary vulnerability, and public calamity under the responsibility and financing of the municipality of Salvador (Law 9.502/2019).

<sup>39</sup>





- Performance Index of CREAS / Average CREAS.

67. **Subcomponent 1.2: Education (US\$14.25 million).** This subcomponent will provide support to SMED to implement strategies to tackle age-grade distortion in the Salvador municipal school network under two main results areas:

68. **1.2.1: Reducing the stock of overage students in Salvador in primary and lower secondary education.** The project will support the expansion of accelerated learning programs in primary education (grades 1–5) as well as the implementation of an accelerated learning program for lower secondary education (grades 6–9). The programs are targeted at children who are at least two years above the target age for their grade, including functionally illiterate students.

- **Primary education.** The project will support the expansion of a program (*Se Liga e Acelera*) focused on the literacy of overage students and on accelerating the progression of students across grades in Primary Education. The initiative aims to consolidate basic skills and prepare students to progress two grades in one school year, reducing their school delay. The accelerated learning program will continue to be implemented by SMED using the methodology developed by the Ayrton Senna Institute, which has partnered with SMED since 2015. A key factor for success is maintaining the correct number of supporting staff (1 supporting staff to 8 classes) to support teachers in improving their practice through classroom observation and pedagogical feedback as well as providing extra support to the students most in need. The project will support the municipality with implementing the programs, hiring and training supporting staff, monitoring process and outcome indicators, and supporting students in their grade progression and academic performance.
- **Lower secondary education.** In Salvador, as in other places in Brazil, students in lower secondary education with age-grade distortion are at a higher risk of dropping out for economic reasons. The attractiveness of getting a job, even informal, sometimes is higher than the perceived benefits of continuing studying. In 2018, SMED innovated in offering to lower secondary education students a young and adult education program during the day (*Educação de Jovens e Adultos diurno, EJA Diurno*) that is connected with technical education (in partnership with National Service of Commercial Learning [Serviço Nacional de Aprendizagem Comercial, SENAC]). It allows the students to complete lower secondary education in one or two years. Preliminary results indicate the program increased attendance and permanence in school, which is attributed to the curricular structure that suits students better. The project will support SMED in applying, among others, the methodology to structure an accelerated learning program for overage students in grades 6-9. The project will conduct an assessment of the pilot and support the expansion of the initiative, including increasing partnerships with vocational education and training institutions, such as SENAC for EJA-Diurno.

69. **1.2.2: Reducing the flow of overage students.** Six groups of activities and strategies will be supported under this area:

- **Support remedial education and early warning systems to decrease repetition rates.** Repetition rates reflect student learning gaps accumulated through their educational trajectory. Currently in Salvador, repetition is particularly high in grades 3 (20 percent), 6 (26 percent), 7 (23 percent), and 8 (16 percent). The project would support SMED to expand and strengthen student attendance and



performance monitoring systems, which will increase its capacity to predict students at risk of repetition, including those with age-grade distortion and those most affected by school closures during the pandemic. After the identification of those students, it is critical to provide them learning support. The project would support the consolidation of afterschool programs in primary education and the implementation of an afterschool program at lower secondary education.<sup>40</sup> These programs would be framed as short-term interventions, which put students in small groups according to knowledge level and support them through a tutor and a clear pedagogical structure. They would also be highly relevant to tackle learning losses in the post-pandemic period.

- **Support access to ECE to improve school readiness and increase enrollment at the right age to prevent overage when entering primary school.** The project will support SMED in expanding a voucher/tuition program for ECE (*Pé na Escola*) to increase access to high-quality ECE (especially for children ages 0–3), foster children’s psychomotor and socio-development, and give mothers the opportunity to find a job. ECE is an important step to prepare children to start primary education, especially in families with low socioeconomic background, making the children more likely to be successful in the accelerated learning and remedial education programs, and in the best cases, reducing the number of students that need to participate in these programs. Based on ECE demand in the city, the Secretary of Education pays a fixed amount to private institutions to enroll students, covering tuition costs, textbooks, uniforms, and school meals. Low-income families would have priority and the benefit is conditional on attendance. In 2019, the program benefitted more than 3,500 students and practically eliminated the unmet demand for preschool.
- **Strengthen early warning systems to increase school attendance and readiness to reduce school dropout and prevent overage.** The project will support improving the implementation and expansion of the Agent of Education (*Agente da Educação*) program that monitors attendance to prevent school dropout and promote school readiness, expanding its coverage to all 335 primary and lower secondary schools, including the 100 ECE facilities. The program conducts home visits to students at risk of dropout (those that are absent three times in a month or 15 percent of school days). The program currently has a team of 300 agents (university students in initial teacher training) that visit families to understand the reasons for student absenteeism and develop actions to strengthen the link between families and the school community and regularize attendance. The goal of Salvador is to expand the program to have at least one agent per school. The project also envisages expanding the program scope to ECE and to provide socio and psychomotor stimulation for children not enrolled in day cares (*Cadastro Único*). The project will support SMED to strengthen the *Agentes da Educação* program by (a) adding psychological and social assistance support to schools during the post-pandemic reopening (SMED estimates 1 social worker per 5 schools and 1 psychologist per 10 schools) and (b) providing visits of educational agents to children not in day cares to conduct sessions

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<sup>40</sup> Evidence indicates a positive impact of remedial education programs. For instance, see Ander, Guryan, and Ludwig, 2012, “Improving Academic Outcomes for Disadvantaged Students: Scaling up Individualized Tutorials”, Chicago: The Hamilton Project; Banerjee, Cole, Duflo, and Linden, 2005, “Remedying Education: Evidence from Two Randomized Experiments in India”, NBER Working Paper 11904; and Fryer, and Noveck, 2017, “High-Dosage Tutoring and Reading Achievement: Evidence from New York”, NBER Working Paper 23792.



of socio and psychomotor stimulation and therefore mitigate the effect of disadvantaged socioeconomic conditions on children's development.

- **Restructure and expand full-time primary and lower secondary schools to reduce school dropout and foster school retention.** The project will support SMED to expand full-time schools, which currently account for 5,820 enrollments in 12 primary and 2 lower secondary schools. Small civil works will allow that schools currently operating in two shifts are transformed into schools delivering a reorganized curriculum of 35-hour a week. Full-time schools, with a curricular structure that focuses not only on traditional subjects but also the development of socioemotional skills, have a positive impact on student retention and learning. Student support and mentoring are important to engage students and promote long-term socioeducational development.
- **Strengthen management for learning with a focus on literacy to decrease school repetition and dropout.** The project will support the implementation of the Management of Literacy Policy program, in partnership with the Ayrton Senna Institute. The program provides management tools to the Secretary of Education and pedagogical support and training to teachers to strengthen the acquisition of cognitive and socioemotional skills for the literacy process. Learning gaps in the literacy process affect subsequent performance, widening gaps that might lead to repetition, dropout, and age-grade distortion.
- **Strengthen multisector actions to promote student attendance and school readiness to reduce age-grade distortion.** The project would also support the MoS to strengthen the multisector approach of at least two interventions to increase to reduce age-grade distortion. First, the efforts by SMED to increase school attendance would benefit from a joint work with SEMPRE through the *Bolsa Familia* Program that has student attendance among its conditionalities. Second, it is important to strengthen the First Step Program (*Primeiro Passo*) that provides financial support to families with children not enrolled in ECE centers conditional on the participation in health activities, placing greater emphasis on early cognitive and socioemotional stimulation of young children.

70. **PBCs for this subcomponent include the following:**

- Percentage of children enrolled in accelerated learning programs at primary education that progress at least 2 grades.
- Number of students enrolled in full-time schools.
- Percentage of accelerated learning student groups (both in primary and lower secondary education) with adequate number of supporting staff.
- Percentage of students in remedial education programs to reduce repetition with at least 80 percent of attendance.

71. **Subcomponent 1.3: Health (US\$75.69 million).** This subcomponent will support improvement of health care services, health surveillance, and clinical management aiming to provide patients with efficient access to the three levels of care. Activities are organized in two results areas: 1.3.1: Strengthening health service delivery and management capacity and health surveillance to respond to health demands and epidemics and 1.3.2:



Improvement of clinical management of health care ensuring continuity across primary, secondary, and tertiary levels.

72. **1.3.1: Strengthening health service delivery and management capacity and health surveillance to respond to health demands and epidemics.** Activities under this results area include the expansion and consolidation of PHC coverage, as an entry point for organizing access and adequate care. The SMS plans to continue expanding primary care coverage, both by increasing the number of Family Health Units/teams<sup>41</sup> and upgrading the capacities of the facility-based primary care units. Further expansion of primary-level capacity to handle lower complexity cases would alleviate the high demand currently overwhelming secondary-level facilities. The expansion of PHC units will include human resources, training of health professionals, use of technologies such as the electronic medical record system and medical equipment with climate smart technologies, such as energy-efficient design, when possible. In addition to continuing the expansion, the SMS will have to adapt to the new PHC financing model recently launched by the Ministry of Health. The *Previne Brasil* Program introduces a new mechanism to transfer federal resources to municipalities. The Ministry of Health used to transfer funds mainly on a per capita basis, with little incentive to improved quality and patient flow. In the new mechanism, part of the resources will be linked to performance indicators on priority areas defined by the Ministry of Health. The program also includes a weighted capitation formula, which provides additional resources to municipalities registering vulnerable populations (beneficiaries of social assistance programs such as *Bolsa Familia* or BPC), children under 5 years, and the elderly (over 65 years) in PHC teams.<sup>42</sup> As the Project will support expansion and consolidation of PHC, it could also support municipality's needs to adapt to the new model of financing.

73. **The secondary and tertiary care under municipal governance will also be strengthened to guarantee adequate flow of patients and quality of care.** Activities include (a) ensuring the provision of outpatient medical specialties consultations and diagnostic procedures and tests through health polyclinics, the municipal hospital, and contracted hospitals and (b) maintaining local emergency care system to address NCDs with a focus on cardiovascular and respiratory diseases and diabetes. With increased coverage of PHC, the secondary level of care has emerged as a priority bottleneck in the population's access to quality health care. Unmet demand for high complexity care is overwhelming the municipality's existing secondary care facilities such as the health polyclinics and UPAs. The SMS will continue strengthening the existing facilities' capacity to receive patients at this level of care. The project will also support the expansion and improvement of the municipal home care program.

74. **In addition, the municipal health surveillance system will be strengthened to cope with this and future epidemics.** Building upon interventions of the first phase of the Salvador Social Project, such as the 'Situation Room', the municipality will be expected to collect, consolidate, analyze, and disseminate data and information on health-related events, as well as to inform policy making and health interventions, not only in the short-term but also on a continuous and systematic basis. Activities include the following: (a) strengthen disease surveillance systems, public health laboratories, and monitoring capacity for early detection and confirmation of cases; (b) combine detection of new cases with active contact tracing and screening; (c) support epidemiological investigation; (d) strengthen risk assessment; and (e) provide on-time data and information for guiding decision-making and response and mitigation activities for continuous prevention and control of health-related events.

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<sup>41</sup> The Family Health teams are financed exclusively with public funds.

<sup>42</sup> The *Previne Brasil* Program was established through Portaria no. 2.979 published in the National Official Gazette on November 13, 2019. The Portaria describes the criteria and rules, including the weighted capitation formula, for the new model of financing.



75. **1.3.2: Improvement of clinical management of health care ensuring continuity across primary, secondary, and tertiary levels.** This results area includes improvement of clinical management and organization of services to achieve higher quality and more efficient delivery of health care. Activities involve the risk assessment and classification for delivery of care at the PHC level. It also foresees the expansion of electronic medical records, supported through the first Salvador Social Project, to the primary and secondary health care levels. The expected consolidation and expansion of information technologies and management tools aims at improving efficiency and effectiveness of care in all levels of the health municipal system.

76. **The municipal programs and budget lines to implement the activities described earlier will be selected from the Pluri-Annual Plan (PPA, 2018–2021).** They will be based on the priorities outlined in the Municipal Health Plan (2018–2021) and on the most recent budget law. Although a new government will take office starting January 2021, the programs and activities to be supported under this operation are expected to continue, as they represent well-established health policies and follow state and federal directives for the health sector and best practices.

77. **PBCs for this subcomponent include the following:**

- Percentage of medium complexity health procedures contracted out.
- Number of home-based visits provided by Multidisciplinary Home Care teams (*Equipes Multidisciplinares de Atenção Domiciliar - EMAD*).
- Proportion of low risk (green) or no risk (blue) patients cared in the Intermediate Emergency Care Units (UPAs).
- Percentage of patients accessing the municipal healthcare facilities with clinical information recorded in the Electronic Medical Record System.

78. **Subcomponent 1.4: Support to the COVID-19 emergency (US\$25 million).** This subcomponent will provide input-based financing (including retroactive) across all three sectors (social assistance, education, and health) upon Project effectiveness. In particular, this subcomponent will help reimburse expenses associated with COVID-19 emergency across sectors. The nature of the emergency and the uncertain evolution of the pandemic makes it necessary to provide fast disbursing assistance not linked to specific results that may be too difficult to accurately predict. Instead, disbursement will be made against eligible expenditures or input-based.

- **In social assistance,** focus will be on rapidly strengthening the services provided by the municipal CRAS and CREAS. The activities include strengthening of SUAS to respond to the emergency needs (purchase of personal protective equipment [PPE], hygiene supplies and consultancies services), temporary housing and accommodation to guarantee social distancing norms and isolation protocols for at risk population and social assistance services for the homeless population (*Benefício Moradia*, hygiene and meals). While social benefits have been expanded at the Federal level through the expansion of Bolsa Família, due to disruption of social norms and social distancing as a result of the COVID-19 pandemic, an expected increase in school dropouts and postponement of health care require even greater effort and coordination to follow up with families and prevent disengagement. Indeed, the federal government suspended health and education conditionalities during the COVID-19 pandemic due to health reasons, which will setback expected results. Active search activities will also take place to include families in *Cadastro Unico* that have recently been affected by the economic crises due to COVID-19. The CREAS are also facing increased



incidence of GBV that require dedicated support during the COVID-19 emergency.

- **In education**, the subcomponent would support actions aimed at ensuring the continuity of the learning process during the period of social distancing and schools' closures and protecting children from nutritional shocks. These include: (a) strengthening SMED capacity in providing distance learning and communicating with principals, teachers, and students, including fostering connectivity of teachers and students and providing teacher training on the usage of technology in distance learning; (b) fostering family engagement in the education of their children through text messages and TV campaign; (c) revising of the pedagogical planning and the organization of afterschool programs to ensure that the most important curricular components are covered within the school year; and (d) the provision of emotional support to teachers, students, and families after the social distancing period.
- **In health**, the COVID-19 pandemic has evidenced the need to improve the municipality's capacity to respond to emergent health demands. Resources in this component will be allocated to strengthen the short-run capacity of the municipal health system to provide needed health care; introduce innovative measures to rapidly address the COVID-19 emergency to mitigate disease spread and morbidity and mortality; and implement effective communication campaigns for mass awareness and education of the population, particularly the most vulnerable, and guidelines and training for health care workers and other professionals to tackle the COVID-19 emergency. Activities include: (a) the expansion and implementation of clinical and ICU beds - field hospitals and regular hospitals; (b) strengthening of SUS at the municipal level to respond to the emergency needs imposed by the COVID-19 pandemic, including acquisition of medical equipment and supplies (PPE), tests, lab equipment and supplies, etc.); (c) the implementation of information and communication technologies to address COVID-19 challenges; and (d) carrying out a survey and analysis of database and production of health information.

79. **Component 2: Technical Assistance (US\$5 million).** This component will provide technical assistance to the municipal secretariats that are responsible for delivering the agreed targets under Component 1 (that is, social assistance, 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 (a) studies and diagnoses, (b) mapping of processes and cost analyses, (c) consultancies for the development of management systems, (d) acquisition of computer equipment and vehicles, and (e) expenditures related to project management, including a Project Management Unit (*Unidade Gestora do Projeto*, PMU). The component will also finance broad communications aspects and needed improvements to the grievance redress mechanism (GRM), the Stakeholder Engagement Plan (SEP), and the social assessment as part of the Environmental and Social Management Framework (ESMF).

80. **Sector-specific activities to be financed will be selected by the municipal administration following pre-agreed criteria and are expected to include the following activities.**

81. **Social assistance:**

- **Consultancy to map processes** to coordinate with health and education services
- **Consultancy to develop methodology** for integrated case management



- **Studies and analysis of data from *Cadastro Único*** disaggregated by gender, race, and other variables of interest to better identify and design policies and programs targeted at the most vulnerable
- **Integrated information system with monitoring dashboard** and reports for monitoring information
- **Consultancy to develop content for continuous education** for SEMPRES social workers
- **Consultancy to develop protocols** to prepare and organize structure for coordinated emergency response, including climate and disaster-related emergencies
- **Consultancy to prepare social assistance strategic plan** and other management tools
- **Study to prepare a plan** for social assistance services
- **Development of an intersectoral unified protocol for the identification, assistance, and** referral of victims of GBV within the municipal network to combat violence against women
- **Consultancy for the development of a communication campaign** for GBV prevention and reduce barriers for access of social services due to domestic violence
- **Carrying out of annual training workshops targeted at professionals** that provide prevention and assistance services for GBV survivors
- **Consultancy to provide diagnostic and collect geographic information** on population including their vulnerability to climate-related risks to be used strategy of inclusion in Cadastro Unico
- **Consultancy on flows and protocols for services for persons at risk and with violated rights** (such as LGBT).

82. **Education:**

- **Consultancy to support the adaptation of instruction materials** to distance learning provided by the MoS.
- **Consultancy to support the production of a guidebook on school management** to establish guidelines to principals on financial, personnel, administrative and pedagogical management at school level, including the restructuring of the Evaluation Protocol (an assessment created by SMED to document the reasons for repetition at the student level).
- **Consultancy to support the establishment of a legal framework for the participation of private schools in the education census** to allow the MoS to better monitor student enrollment in the municipality, especially in ECE.
- **Process evaluation and efficiency analysis of accelerated learning programs.** A consultancy will assess the implementation process and efficiency of accelerated learning programs for primary education (*Se Liga e Acelera*) and actions already in place in lower secondary to inform the expansion/implementation of the accelerated learning program at lower secondary.
- **Mapping and analysis of main factors that contribute to late entry of students in primary education.** A consultancy will investigate the factors associated with late entry in primary education in Salvador (for example, retention in ECE), including the *Primeiro Passo* Program.
- **Diagnosis of (a) reasons for low school attendance and (b) incidence of pregnancy among girls with age-grade distortion,** through integration of information from SMA and other internal systems at SMED (Agents of Education database and school information).

83. **Health:**

- **Assessment of needs of medium and high complexity health services** and procedures in the MoS



- **Assessment of the municipal’s health care network delivery capacity**, including development of a methodology and knowledge transfer.
- **Costing analysis of medium and high complexity health services and procedures** provided by the municipal and private health care networks, including development of a methodology and knowledge transfer.
- **Strengthening of municipal health information systems**, including (a) implementation of the emergency regulation module in the Sistema Vida+; (b) availability of patient information in every facility, investigations in a timely and efficient manner, and standardization of patient administration and management procedures across health units; and (c) provision of consistent information for auditing and evaluation purposes.
- **Development of the monitoring and control systems to address needs** raised by existing and new epidemic situations, including climate-induced proliferation of diverse pathogens and vector-borne diseases.
- **Training for municipal health professionals**, mainly but not only PHC teams, aiming to develop and strengthen capacities to deliver quality and resolute health services.

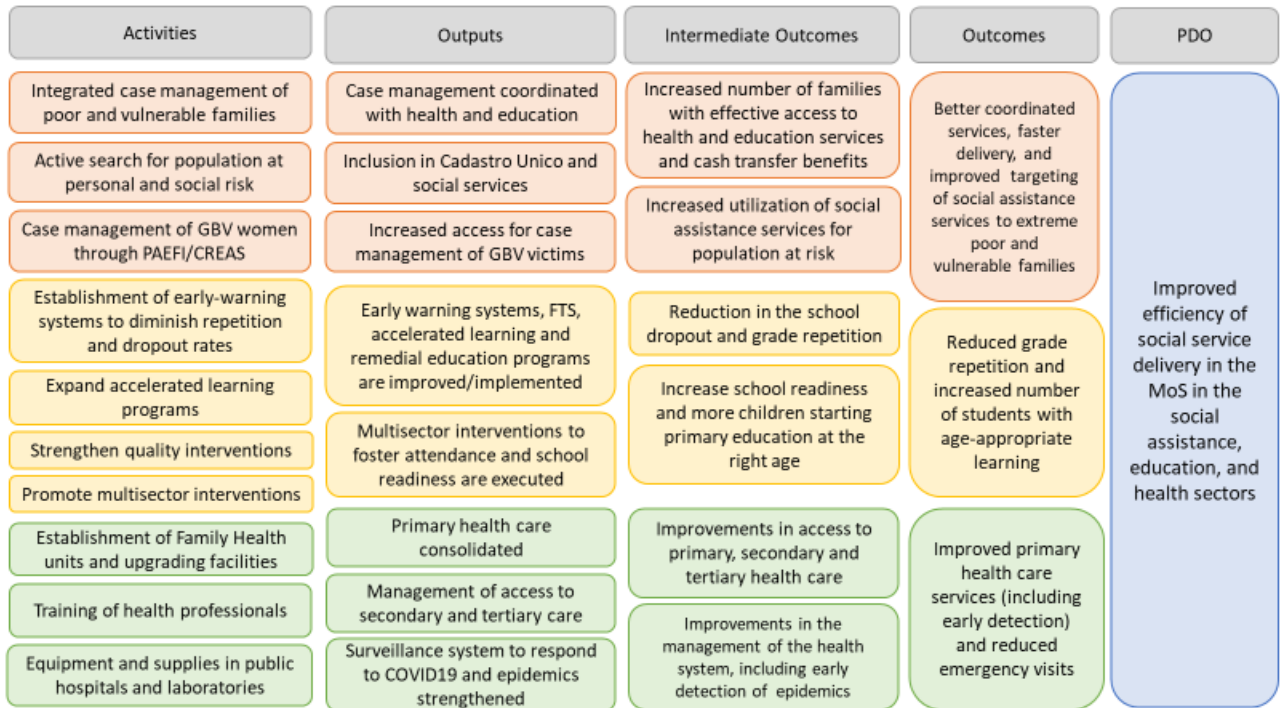
### C. Project Beneficiaries

84. **The proposed project is expected to benefit the general population of the Salvador Metropolitan area who use public education, health, and social assistance services.** For social assistance, the focus is on socially vulnerable families, beneficiaries of the *Bolsa Familia* Program, especially households headed by women, and population groups at social and personal risk. Beneficiaries also include around 330,00 families in the municipality’s *Cadastro Único* database for whom SEMPRE will reach out through targeted interventions including the PAIF. In education, the proposed project’s direct beneficiaries include 25,000 students currently enrolled in municipal day cares and preschools as well as 97,000 students in municipal primary schools. In health, the proposed project will directly benefit about 70 percent of the city’s population who does not have private health insurance.





D. Results Chain



E. Rationale for Bank Involvement and Role of Partners

85. **The World Bank has global experience in supporting government efforts to improve the poor's access to quality social services through efficient, fiscally sustainable measures.** Having considerably increased investments to strengthen the basic capacities for social services delivery during the First Salvador Social Project, Salvador would need to adopt qualitatively different measures to continue its efforts in the next phase. These include a more explicit focus on evidence-based decision-making in education and more efficient and strategic ways of organizing service delivery through the municipal health and social assistance networks. The World Bank's technical support can strengthen the culture of evidence-based decision-making and encourage the adoption of new ways of organizing service delivery in the MoS. The World Bank can also share good practices in education, health, social assistance, and fiscal management from elsewhere both in and outside Brazil.

F. Lessons Learned and Reflected in the Project Design

86. **A common lesson that emerges from previous operations, including the First Salvador Social Project, is the importance of keeping the indicators' design simple, even if they are differentiated at the sectoral level.** The design of this proposed project follows several subnational operations in social sectors in Brazil that the World Bank has financed since the mid-2000s, including the First Salvador Social Project. For the proposed project, the MoS and the World Bank continues to agree on a common thematic argument across sectors, consistent with the MoS priorities for improving social service delivery.



87. **Another lesson is that technical assistance components need to be realistic and flexible in order to ensure full implementation.** The technical assistance component of this proposed project was already revised to a smaller financial amount while keeping flexibility for the MoS to determine the specific technical assistance activities for World Bank financing. This proposed project includes a list of specific activities and a preliminary Procurement Plan has been prepared to facilitate early implementation of the technical assistance component.

### III. IMPLEMENTATION ARRANGEMENTS

#### A. Institutional and Implementation Arrangements

88. **Project implementation will continue to be coordinated by Casa Civil, the institution responsible for the execution of the first project, as well as policy advice, management of intersectoral activities, monitoring of the implementation of the strategic plan, and management of external financing.** Specifically, the MoS set up a PMU exclusively for the implementation of the proposed project in Casa Civil (Decree 28.919, September 26, 2017). The PMU is headed by a Director General and will include specialists to handle financial management (FM), procurement, environmental and social issues, and monitoring and evaluation (M&E), including PBC verification. The PMU works with the Directorate for Strategic Projects (*Diretoria de Projetos Estratégicos*, DSP) and the Directorate for Strategic Planning (*Diretoria de Planejamento Estratégico*, DPE) to exploit the capacity for policy coordination and monitoring of implementation of the strategic plan. The DPE has strong experience in coordination of sector policies, verification and monitoring of sector policy targets, and revision of policies and targets. As the proposed project objective and indicators are aligned with the SSP, the implementation leverages the existing capacity in Casa Civil.

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

90. **Component 2 will be implemented by the PMU while SMS, SMED, and SEMPRE will provide inputs for technical assistance activities (for example, 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.

91. **Casa Civil will also be responsible for the Project to be implemented in accordance with the Environmental and Social Commitment Plan (ESCP), as further described in Section D below.** Casa Civil will ensure that all measures necessary are taken, with the frequency specified in the ESCP, to collect, compile, and report on: (a) the status of implementation of the ESCP; (b) conditions, if any, which interfere or threaten to interfere with the implementation of the ESCP; and (c) corrective and preventive measures taken or required to be taken to address such conditions.

#### B. Results Monitoring and Evaluation Arrangements

92. **The proposed project will continue utilizing MoS' systems for M&E of project indicators.** The DPE currently monitors the implementation of the SSP and relies on sector secretariats reporting on their specific



activities. The SSP monitors key project indicators such as PDO indicators, as part of the alignment of the proposed project and the MoS policy directions. The PMU will be responsible for monitoring multisector integrated initiatives.

### C. Sustainability

93. **The proposed project builds on the policy directions established in the SSP, the achievements from the first Salvador Social Project, and the MoS' demonstrated capacity to monitor the implementation of sector activities through the DPE and the DPS.** Moreover, the staffing of the PMU includes existing MoS administrative, fiduciary, and environmental and social specialists and the contracting of additional personnel as regular positions in the MoS, reducing the risk of personnel rotation. The proposed project will also strengthen existing capacity to articulate social policies and activities across sectors, aiming to establish operational processes that can be maintained and replicated after the end of the project.

## IV. PROJECT APPRAISAL SUMMARY

### A. Technical, Economic and Financial Analysis

94. **Public sector provision is justified based on the high social returns of the investment and the reduction in poverty and inequality associated with it.** Social services in Salvador are predominantly public and the project aims to support systemic improvements in the delivery of quality social services for all. In addition, other factors provide an economic rationale for public sector financing of social services because they generate positive externalities and likely efficiency gains. For example, healthier individuals acquiring better education would contribute to society because they are likely more engaged and responsible citizens and better parents. This might also increase the overall level of productivity and growth in the economy. In addition, there is imperfect information that makes the population unaware of the benefits of basic health care, returns of investments in education, and the social assistance support to vulnerable families. Even if they are aware, financial constraints might prevent them from financing these investments in the credit market. Also, public social investments that improve the poor's access to quality services have the potential to promote equality of opportunities because vulnerable groups benefit more from public service provision.

95. **The achievement of the PDO is expected to continue providing substantial economic and social benefits through improved educational quality and better health and social assistance services.** The education component aims to improve the quality of preprimary, primary, and lower secondary education in a sustainable manner. The health component aims to increase the access to quality primary, specialized, and hospital care with improved systemic efficiency in the governance and management of the municipal network. An increase in access to a quality and strengthened basic social assistance network is the objective of the social assistance component. From the economic point of view, the project will have a direct positive impact on the lifetime earnings of the beneficiaries through an increase in their labor productivity. From a social perspective, the project will raise human capital endowments having a positive impact on growth and therefore reducing poverty rates. Its impact on society as a whole goes beyond the individual outcomes, since a more educated and healthy population has less crime, higher democratic participation, environmental consciousness, and so on.



96. **The economic analysis of the proposed project aims to assess: (a) the development impact in terms of expected net benefits; (b) rationale for public sector financing; and (c) World Bank value added.** The social assistance subcomponent supports the strengthening of the basic social assistance network through the expansion of *Cadastró Único*, the government social registry on the vulnerable population and on early childhood development, including a parenting engagement program. The education subcomponent aims to reduce age-grade distortion and dropout rates with interventions designed to reduce the flow of overage students and strengthen processes to monitor students and school performance more effectively. The health subcomponent aims to augment PHC coverage and also the use of technology to implement a biometric data system, keeping records of all public health users in a single database. On gender, the goal is to strengthen the municipal intersectoral gender policies, especially relating to GBV.

97. **The economic analysis presents estimations on the expected improvements in the quality of the proposed project subcomponents.** The following estimates are based on rigorous impact evaluation results of similar implemented programs. From an economic perspective, this project is expected to have a direct positive impact on the lifetime earnings of the beneficiaries through an increase in their productivity. From a social standpoint, the project will raise human capital endowment with a positive impact on growth and, therefore, a reduction in poverty rates.

#### **Subcomponent 1.1: Social Assistance**

98. ***Cadastró Único* is the registry that works as an entry door into the government social safety net.** It collects data on low-income families helping the Government identify potential beneficiaries and eligibility for social services and benefits.<sup>43</sup> It is used for better targeting of social programs and also to avoid overlapping programs for the same family. Ultimately, *Cadastró Único* makes available for the Government a wide variety of social characterization information on the living conditions of its poor population so that it can be used for better policy targeting and understanding of the context of poverty. The immediate economic results of the expansion of *Cadastró Único* are intangible. With *Cadastró Único* expansion, more of the vulnerable population may have access to existing social assistance programs once they meet eligible criteria. And also, the Government has more information available and is able to design tailor-made policy or policy expansions aiming to tackle poverty.

99. ***Bolsa Familia* can also promote intersectoral coordination of social assistance, health, and education services.** Difficulties in accessing education and health services may mask situations of vulnerability and social risk. When noncompliance with conditionalities occurs in *Bolsa Familia*, it triggers monitoring of the family by social services. Despite efforts and improvements, the MoS still needs to strengthen this service. Cancellation of cash benefits only occurs if a family with suspended benefits is being monitored by social services (recorded in the System of Conditionalities [*Sistema de Condicionales*, SICON]) and if, over 12 months of follow-up, the family continues to default on the conditionalities. As of November 2019, 2,803 families in *Bolsa Familia* had their benefit suspended due to lack of compliance on health and education; only 12 families were assisted by social services. The project intends to strengthen this case management strategy and develop integrated approach.

100. **On the home visit program for early childhood, prior meta-analyses have demonstrated that there is an average effect size for early cognitive skills.** Measured outcomes have shown an improvement for interventions that were either a single-approach home visit or a parent education program. The results are consistent with other

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<sup>43</sup> Families that have a per capita income of under half on a minimum wage.



meta-analyses of early interventions, which generally suggest a range of significant impacts that vary from 0.1 to 0.4 on cognitive or emotional achievements.<sup>44</sup> A meta-analysis that took into account another 102 studies on home visiting programs declares that there is robust evidence of an increase in the quality of the home environment.<sup>45</sup> Also, there is enough evidence on the improvements in parenting utilizing a range of other measures. Home visiting programs were found to be effective in ‘ameliorating child behavioral problems, improving child intellectual development, improving the detection and management of postnatal depression, enhancing the quality of social support for mothers, and reducing the frequency of unintentional injury’.

**101. Regarding family-oriented policies, investing in the formation of noncognitive skills of the child's caregivers affects the quality of the stimuli that the child receives at home, improving cognitive and non-cognitive skills.** Several studies have documented a domino effect on children’s development due to changes in the home environment. Investing in early childhood promotes the development of skills. Because skills beget skills, in the long term, there is a rise in local human capital resulting in improved economic growth, higher life expectancy, lower teenage pregnancies, and smaller high school dropout rates.<sup>46</sup> Individual returns to increased educational attainment have potential dynamic effects of an overall increase in productivity, resulting in improved economic growth.

### Subcomponent 1.2: Education

**102. This subcomponent aims to improve education attendance and retention by reducing the proportion of students who are overaged for the grade they attend.** Age-grade gaps are related to school disengagement, which ultimately leads to school dropout.<sup>47</sup> The World Bank released a report in 2018 showing the links between age-grade distortion and the ‘Ninis’ (youth ages between 15 and 24 that neither work nor study) in Latin America.<sup>48</sup> When compared to other students, delayed students experience some academic disadvantage in motivation, engagement, and performance while the age-appropriate students fare best.<sup>49</sup>

**103. There is a relationship between age-grade distortion and low school performance and evidence that one individual may affect performance of the whole class.**<sup>50</sup> The dispersion of age-grade distortion affects the overall results of a class in different ways: the higher the age-grade dispersion is, the smaller the mean proficiency of the class. Grade repetition is also associated with greater inattentive, anxious, and disruptive classroom

<sup>44</sup> Cannon, Kilburn, Karoly, Mattox, Muchow, and Buenaventura, 2018, “Investing Early: Taking Stock of Outcomes and Economic Returns From Early Childhood Programs.” *Rand Health Quarterly* (4): 6.

<sup>45</sup> Kendrick, Elkan, Hewitt, Dewey, Blair, Robinson, Williams, and Brummell, 2000, “Does Home Visiting Improve Parenting and the Quality of the Home Environment? A Systematic Review and Meta-Analysis.” *Archives of Disease in Childhood* 82 (6): 443–451.

<sup>46</sup> Cunha, and Heckman, 2007, “The Technology of Skill Formation.” *American Economic Review* 97 (2): 31–47; Heckman, 2008, “Schools, Skills, And Synapses.” *Economic Inquiry* 46 (3): 289–324.

<sup>47</sup> Fritsch, Vitelli, and Rocha, 2014, “Defasagem Idade-Série em Escolas Estaduais de Ensino Médio do Rio Grande do Sul.” *Revista Brasileira de Estudos Pedagógicos* 95 (239): 218-236.

<sup>48</sup> World Bank, 2018, *Skills and Jobs: An Agenda for Youth*. Washington, DC: World Bank.

<sup>49</sup> Martin, 2009. “Age Appropriateness and Motivation, Engagement and Performance in High School: Effects of Age-within-cohort, Grade Retention and Delayed School Entry.” *Journal of Educational Psychology* 101: 101–114.

<sup>50</sup> See Ferrao, Beltrao, Fernandes, Santos, Suarez, and Andrade, 2001, “Sistema Nacional de Avaliação da Educação Básica: objetivos, características e contribuições na escola eficaz.” *Revista Brasileira de Estudos de População* 18: 111–130; and Machado, Firpo, and Gonzaga, 2013, “Relação entre proficiência e dispersão de idade na sala de aula: a influência do nível de qualificação do professor.” *Pesquisa e Planejamento Econômico* 43 (3): 419-446.



behavior.<sup>51</sup> Age-grade distortion is also linked to school repetition, which has an economic cost. Grade repetition is found to be a robust predictor of school dropout, poor academic achievement, and lower rates of post-secondary education participation.<sup>52</sup>

### Subcomponent 1.3: Health

104. **This subcomponent supports improvements in health services delivery by expanding primary health care through the FHS.** There is evidence that countries with a robust primary care orientation have better and more equitable health outcomes than the ones whose systems are oriented toward specialty care. Primary care facilitates more efficient management of health problems, with early detection of NCDs, starting treatment before more costly interventions such as specialty-oriented services or hospitalization are required.<sup>53</sup>

105. **Higher coverage of public health services is associated with better health status of the population.** PHC can also make considerable improvements in child health outcomes.<sup>54</sup> A multi-country cross-sectional study with data for 102 low- and middle-income countries indicated that impact on health was improved first and foremost by increased service coverage in public health provision, followed by enhanced access to primary care.<sup>55</sup> The results showed that higher coverage of public health services (that is, improved portable water sources, skilled birth attendance, and vaccines immunization) was significantly associated with longer life expectancy, lower IMR, and under-five mortality. Similarly, a panel data analysis (1990–2002) for Brazilian states showed that an increase in FHS coverage by 10 percent was associated with on average a 4.6 percent decrease in IMR. The study controlled for other variables such as water supply, living conditions, doctor and hospital supply, and women’s level of education. On the same note, for more recent data in Brazil for 2005–2012, another panel analysis found that an increase of 1 primary care physician per 10,000 population was associated with 7.08 fewer infant deaths per 10,000 LB.

106. **Biometrics implementation to track and centralize information can also improve significantly the efficiency of the health system.** For instance, such a system has already been implemented in the State of Minas Gerais, Brazil. A comparable electronic information system resulted in savings to the health care system of US\$20.1 million from June 2006 to October 2011. With an original investment of US\$9 million, the cost-benefit ratio was estimated at 2.24 to 1.<sup>56</sup> If it is assumed the referral system in Salvador will have comparable performance to the one in Minas Gerais, the projected average annual savings is US\$7.2 million.

### Gender Aspects

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<sup>51</sup> Martin, 2011, “Holding Back and Holding Behind: Grade Retention and Students’ Non-Academic and Academic Outcomes.” *British Educational Research Journal* 37: 739–763.

<sup>52</sup> Martin, 2011, *ibid.*

<sup>53</sup> Hsieh, Wu, and Wu, 2013, “Universal Coverage for Primary Health Care is a Wise Investment: Evidence from 102 Low- and Middle-Income Countries.” *Asia Pacific Journal of Public Health*.

<sup>54</sup> See Macinko, Guanais, Fatima, and Souza, 2006, “An Evaluation of the Impact of the Family Health Program on Infant Mortality in Brazil, 1990–2002.” *Journal of Epidemiology and Community Health* 60: 13–19; and Russo, Scott, Sivey, and Dias, 2019, “Primary Care Physicians and Infant Mortality: Evidence from Brazil.” *PLoS ONE* 14 (5): 1-16.

<sup>55</sup> Hsieh, et al. 2013, *ibid.*

<sup>56</sup> Alkmin, Figueira, Marcolino, and Ribeiro, 2012, “Improving Patient Access to Specialized Health Care: the Telehealth Network of Minas Gerais, Brazil.” *Bull World Health Organization*, 90 (5): 373-378.



107. **The project also aims to strengthen the municipal intersectoral gender committee.** 2016 data collected for a gender-based study on women’s productivity registered that 22 percent of the women in Salvador affected by a domestic violence situation reported that their partner's violent behavior interfered with their work.<sup>57</sup> The same study estimated that women from the Northeast Region of Brazil missed, on average, 18 working days a year because of domestic violence, which was the equivalent of more than US\$10 million per year.

108. **GBV from an economic perspective affects four main areas:** (a) direct costs to employers caused by absenteeism, staff turnover, and lost productivity; (b) indirect costs, defined as the employer tax share of public sector costs to provide services to victims and perpetrators of domestic violence; (c) direct and opportunity costs to victims, perpetrators, family, and friends; and (d) the shared impact of domestic violence in the broader community, including intergenerational costs. Similarly, the costs to women from domestic violence are rooted in a domino effect where the inability to work results in income forgone by victims, diminished profits for business, and decreased tax revenue to the Government.<sup>58</sup>

## B. Fiduciary

### (i) Financial Management

109. **The World Bank performed an FM assessment to determine whether the implementing agency, Casa Civil, has acceptable FM and disbursement arrangements in place to adequately control, manage, account for, and report on project funds.** Based on the FM Casa Civil assessment, the FM arrangements for this proposed project meet the World Bank’s minimum fiduciary requirements and are considered acceptable.

110. **Overall, the evaluation found that:** (a) at the country level, the federal FM laws and regulations applicable to subnationals provide a strong FM framework for subnational executing agencies; and (b) at the municipality level, the fiscal transparency, accounting, reporting, internal controls, and external audit in the MoS are considerate adequate but require improvement in specific areas. The assessment also identified the following FM risks: (a) insufficient and or untimely funds availability; (b) lack of expenditures to support the expected PBCs disbursements; and (c) deficient internal control processes. The activities under the technical assistance component and the implementation support strategy include a number of actions to address these limitations.

### (ii) Procurement

111. **Procurement for the proposed project will be conducted per the ‘World Bank Procurement Regulations for IPF Borrowers’ dated July 1, 2016, for the supply of goods, works, and non-consulting and consulting services.** Each participating secretariat is responsible for the procurement aspects of their respective activities and for managing the contracts of Component 1. Procurement activities under the technical assistance component will be carried out by the PMU in Casa Civil with support from the CEML Procurement Commission. The secretariats will provide the necessary technical inputs (for example, terms of reference [TOR]) to allow the PMU to carry out the procurement process with due diligence. The PMU will be responsible for coordinating and consolidating all

<sup>57</sup> Carvalho, and Oliveira, 2016, *Relatório Executivo II: Primeira Onda - Violência Doméstica e seu Impacto no Mercado de Trabalho e na Produtividade das Mulheres*. Universidade Federal do Ceará.

<sup>58</sup> Laing and Bobic. 2002, “Economic Costs of Domestic Violence.” *Australian Domestic and Family Violence*.



procurement actions pertaining to the proposed project, with the ability to have information and reports that reflect the status of each bid conducted separately.

112. **A procurement assessment of the capacity of each secretariat to implement procurement actions was carried out to review the organizational structure for implementing the proposed project and the interaction between the PMU and secretariats.** All secretariats have well-functioning procurement teams, with experience in procuring goods and services, and in the first Salvador Social Project they gained some experience with World Bank regulations. Civil works have been handled by well-qualified procurement staff and technical assistants. Also, the experience on selecting consulting services is increasing. Mos has updated the Project Procurement Strategy for Development (PPSD), and based on the PPSD, a Procurement Plan for the project will be prepared and submitted to the World Bank.

**C. Legal Operational Policies**

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

**D. Environmental and Social**

113. **Environmental risks were considered substantial, mainly, due to the challenges in handling and disposing of health wastes and guaranteeing proper occupational health and safety conditions for municipal health workers during the critical conditions created by the COVID-19 pandemic.** The project will not finance the construction of new education and health facilities but may fund the acquisition and installation of new equipment for health facilities and minor construction works, such as refurbishment of health and education facilities. These activities may cause temporary and limited impacts and risks, which can be properly mitigated. The potential environmental impacts and risks associated with the other activities funded by the project (for example, social assistance, education, technical assistance) are, predominantly, low.

114. **The risks created by the COVID-19 pandemic and the inclusion of specific activities to respond to the COVID-19 health emergency are the determinants of the environmental risk rating.** The major environmental risks are associated with possible improper handling, transportation, storage and disposal of medical waste generated in the health care centers; shortage or improper use of PPE within medical units; and lack of experience and poor training of health workers to respond to the COVID-19 conditions. These aspects can result in deficient implementation of environmental, health, and safety measures and protocols. The potential generation of large volumes of infected medical wastes aggravates the situation and poses potential risks, also, to the community. **The borrower is preparing a comprehensive ESMF to assess the environmental and social risks and impacts related to the project and prepare the required environmental and social instruments as foreseen in the ESCP and the SEP of the project.** The ESCP and SEP were both disclosed by MoS on July 10, 2020, and by the Bank on July 14, 2020.<sup>59</sup> The ESMF will cover the six relevant environmental and social standards of the World Bank

<sup>59</sup> <http://casacivil.salvador.ba.gov.br/index.php/10-servicos/52-projeto-salvador-social>.





Environmental and Social Framework (ESS 1: Assessment and Management of Environmental and Social Risks and Impacts; ESS 2: Labor and Working Conditions; ESS 3: Resource Efficiency and Pollution Prevention and Management; ESS 4: Community Health and Safety; ESS 8: Cultural Heritage; ESS 10: Stakeholder Engagement and Information Disclosure).

115. **The ESMF will comprise a comprehensive screening and funding eligibility procedures, management, monitoring, and mitigation measures.** From the environmental perspective, the ESMF will assess, in detail, waste management and disposal conditions and general occupational health and safety aspects. The ESMF will also include an Infection Prevention and Control and Waste Management Procedures (IPC&WMP), specific for the medical facilities and activities supported by the project, considering the health risks posed by the COVID-19 pandemic. The IPC&WMP shall include specific measures to ensure biosecurity and to reduce the risk of contagion to health workers and the community. It will be developed in line with the Good International Industry Practice including relevant World Health Organization's Guidelines on COVID-19 response and the World Bank guidelines on health and safety, in a manner acceptable to the World Bank. Finally, the borrower will review and/or update the health facilities waste management plans of all medical facilities supported by the project, in a manner acceptable to the World Bank.

116. **Project activities for the improvement of social assistance, education, and health services for the access of the poor and more vulnerable population of the MoS pose no direct, permanent, or irreversible impacts and entail predictable and manageable and moderate social risks.** Activities include: (a) technical assistance such as studies, development of strategies, protocols and tools; (b) purchase of equipment; trainings; implementation of information and communication technologies; and (c) minor refurbishment works for the improvement of social protection, education, and health services including support to the COVID-19 responses such as renting shelters (hotels, inns) for temporary accommodation of families awaiting emergency assistance and that need social isolation; and cash transfers for income supplementation building upon on already long-dated established programs. Social risks of the project relate to: (a) the possibility that tools, procedures, and processes for reaching out to disadvantaged or vulnerable groups with gender lens may not be successful; and (b) weak communication, including lack of key messages regarding benefits related to the overall project objectives and specifically on the COVID-19 response, beneficiaries' eligibility criteria and rights, and responsibilities across the social protection programs. Particularly related to the COVID-19 response, implementation of information and communication technologies to address COVID-19 challenges in the health sector and support to poor families can benefit from tailored measures to ensure they are socially responsive and have positive pro-poor outcomes.

117. **Project design tackles most of these social risks.**

- (a) Targeted beneficiaries are poor and more disadvantaged and vulnerable social groups.
- (b) Specific studies, diagnostics, development and implementation of poverty maps, strategies and protocols that will be financed by the project will aim to improve targeting of the most poor and vulnerable peoples. The project includes active search strategies and promotes the inclusion of extreme poor, populations living in disaster risk-prone areas, homeless, elderly and disabled, female heads of single-parent households, victims of violence and traditional population, including indigenous peoples.



- (c) The project intends to extend capacity-building efforts to the whole municipal network for GBV prevention and fighting, including the education and health services and professionals; support an intersectoral protocol for identification and referral of GBV victims; strengthen the municipal intersectoral gender committee; and include studies on the social and economic impacts of GBV and an impact evaluation of municipal GBV prevention and fighting actions and programs.
- (d) Families receive municipal services, including cash transfer during the COVID-19 response, in an integrated manner among service providers of the social assistance network through the 28 CRAS
- (e) The project will contain a suitable communication plan under the SEP. This plan has tailored measures for the education, health, and social assistance services, including communications to be used for the COVID-19 response.

118. **Social assessment of the ESMF will include the following key aspects:** (a) the digital divide and the challenges faced by vulnerable peoples in accessing and using information and communication technology; (b) relevant social features: demographic representativeness of social minorities, family composition, income levels, social networks and community organization, participation and leadership for decision-making and conflict resolution, availability of services and trust in state institutions, accessibility and mobility patterns; and (c) patterns of social exclusion based on racial, ethnic, linguistic or religious or discrimination basis.

119. **The ESMF of the project will be finalized, consulted, and disclosed by the borrower within one month of project effectiveness.**

120. **Consultations will be carried out (preferably through virtual channels due to the context of COVID-19) as envisaged under the SEP.** Its draft also includes an improvement of the existing GRM, to be finalized and disclosed within one month of project's effectiveness and implemented throughout project implementation.

121. **Citizen engagement.** As in the first Salvador Social Project, the proposed second project will continue engaging citizens in two ways: sectoral citizen engagement instruments and the Municipal General Ombudsman (*Ouvidoria Geral do Município*, OGM). Regarding the first, all Brazilian municipalities have sector entities that involve stakeholders where complaints and other issues are raised, such as the Municipal Health Council or the Municipal School Boards. Second, the OGM has a range of instruments to facilitate the submission of complaints and other concerns both at the individual and community levels, including ombudsmen directly placed in sector secretariats. These ombudsman offices are responsible, among other things, for receiving claims, complaints, positive feedback, and suggestions from citizens and then bringing them to the attention of the responsible bodies. Citizen grievances resolution in line with the GRM of the project provisions will be closely monitored to duly close the feedback loop.

## V. GRIEVANCE REDRESS SERVICES

122. **Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS).** The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB



non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate GRS, please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit [www.inspectionpanel.org](http://www.inspectionpanel.org).

## **VI. KEY RISKS**

123. **The overall risk to achieve the project's results is assessed as Moderate.** The familiarity of the MoS with World Bank-financed projects, including implementation of the First Salvador Social Project, and continuation of the social reform agenda at the municipal level justifies the risk assessment and would help mitigate some of the identified risks. Given Brazil's current fiscal distress during the COVID-19 pandemic, and upcoming municipal elections, the political and macroeconomic risks are substantial. As mentioned earlier, the environmental and social risk is also assessed as substantial, taking into account that the proposed project would entail civil works related to rehabilitation, reforms, and/or maintenance of existing facilities. The substantial risk in the "Other" category is related to COVID-19, which creates additional uncertainty given infection rates in Brazil and Salvador are not falling as quickly as in other countries and cities and the potential impact this could have on the project's performance. A prolonged expansion of the disease could force a new period of lockdowns or reduction in the provision of government services such as education or primary health for an extended period of time.



**VII. RESULTS FRAMEWORK AND MONITORING**

**Results Framework**

**COUNTRY: Brazil**

**Salvador Social Multi-Sector Service Delivery Project II**

**Project Development Objectives(s)**

To improve the efficiency of social service delivery in the Municipality of Salvador in the social assistance, education, and health sectors.

**Project Development Objective Indicators**

Indicator Name	PBC	Baseline	Intermediate Targets			End Target
			1	2	3	
<b>Support for strategic actions to improve service delivery</b>						
Decentralized Municipal Management Index IGD-M (number) (Number)		0.76	0.73	0.74	0.78	0.80
Age-grade distortion rates at Lower Secondary Education (Percentage)		42.50	39.00	36.00	33.00	30.00
Proportion of hospital admissions for Ambulatory Care Sensitive Conditions (ACSC) (Percentage)		26.60	26.20	26.00	25.70	25.50



**Intermediate Results Indicators by Components**

Indicator Name	PBC	Baseline	Intermediate Targets			End Target
			1	2	3	
<b>Support for strategic actions to improve service delivery</b>						
Percentage of families in suspension of benefits due to non-compliance of conditionalities assisted by social assistance sector (Percentage)	PBC 1	1.00	8.00	18.00	30.00	50.00
Number of social assistance units offering Cadastro Unico services (Number)	PBC 2	8.00	15.00	18.00	24.00	35.00
Performance Index of CRAS / Average CRAS (Number)	PBC 3	2.28	2.50	3.00	3.25	3.50
Performance Index of CREAS / average CREAS (Number)	PBC 4	2.95	3.00	3.20	3.50	3.75
Rate of monitoring of health conditionalities (Percentage)		67.00	63.00	68.00	70.00	72.00
Rate of monitoring of education conditionalities (Percentage)		87.00	77.00	79.00	85.00	90.00
Registration of homelessness population in Cadastro Unico (Number)		2,200.00	2,700.00	3,200.00	3,700.00	4,000.00
Updated Records in Cadastro Unico (Percentage)		76.00	72.00	75.00	78.00	80.00
Percentage of social workers enrolled in the municipal plan of continuous education (Percentage)		0.00	15.00	30.00	40.00	50.00
Number of adult women victims of domestic violence attended by the Protection and Comprehensive Service to Families and Individuals		78.00	102.00	150.00	250.00	350.00



Indicator Name	PBC	Baseline	Intermediate Targets			End Target
			1	2	3	
(PAEFI) (Number)						
Percentage of children enrolled in acceleration programs at primary education that progress at least 2 grades (Percentage)	PBC 5	53.00	55.00	58.00	60.00	65.00
Number of students enrolled in full-time education (Number)	PBC 6	5,820.00	6,820.00	8,000.00	9,000.00	10,000.00
Number of children from 0 to 3 years old with home visits on cognitive and socioemotional stimulation provided by SMED early childhood interventions (Percentage)		0.00	100.00	200.00	500.00	800.00
Age-grade distortion rates at Primary Education (Percentage)		24.10	22.00	20.00	18.00	16.00
Percentage of children enrolled in accelerated learning programs at lower secondary education that progress at least 2 grades (Percentage)		0.00	35.00	40.00	45.00	50.00
Attendance rates of students who completed the accelerating programs (Percentage)		0.00	70.00	75.00	80.00	85.00
Percentage of accelerated learning student groups (both in primary and lower secondary education) with adequate number of supporting staff (Percentage)	PBC 7	0.00	60.00	65.00	80.00	85.00
Percentage of students in remedial education programs to reduce repetition with at least with 80% of attendance. (Percentage)	PBC 8	0.00	70.00	75.00	80.00	85.00



Indicator Name	PBC	Baseline	Intermediate Targets			End Target
			1	2	3	
Age-grade distortion rate at the first grade (Percentage)		7.50	5.90	5.40	5.00	4.70
Proportion of Primary Health Care coverage (Percentage)		50.20	58.20	59.50	60.50	61.70
Proportion of ill-defined causes of deaths (IDCD) (Percentage)		93.50	94.00	94.50	94.70	95.00
Percentage of medium complexity health procedures contracted out (Percentage)	PBC 9	66.00	66.00	68.00	72.00	80.00
Response time to provide hospitals beds for emergency patients through the municipal regulation system (percentage) (Percentage)		63.00	67.00	69.00	71.00	73.00
Response time to provide hospitals beds for COVID-19 patients through the municipal regulation system (percentage) (Percentage)		68.00	73.00	73.00	73.00	73.00
Number of home-based visits provided by multidisciplinary home-care teams (Number)	PBC 10	1,046.00	4,320.00	6,910.00	10,360.00	14,680.00
Proportion of low risk (green) or no risk (blue) patients cared in the Intermediate Emergency Care Units (UPAs) (Percentage)	PBC 11	81.60	81.00	80.00	78.00	75.00
Percentage of patients accessing the municipal healthcare facilities with clinical information recorded in the municipal Electronic Medical Record System (Percentage)	PBC 12	59.80	70.00	83.00	88.00	95.00
<b>Technical Assistance</b>						
Implementation of an integrated		No	No	No	No	Yes



Indicator Name	PBC	Baseline	Intermediate Targets			End Target
			1	2	3	
operational system for SUAS and Cadastro Unico (Yes/No)						
Number of social media and communication campaigns to inform and educate on GBV prevention and increase knowledge of social services available for domestic violence victims (Number)		0.00	1.00	2.00	3.00	4.00
Grievance Redress Mechanism. Rate of complaints on Project related sectors that are addressed within normatives (Percentage)		1.19	15.00	20.00	25.00	30.00

**Monitoring & Evaluation Plan: PDO Indicators**

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Decentralized Municipal Management Index IGD-M (number)	The Index is used to monitor the integrated offer of social assistance, education, and health services for families beneficiaries of Bolsa Família program and includes other three factors reflecting the management of the Unified Social	Annual	Social data reports from SENARC, Ministry of Citizenship	IGD-M calculated using 5 factors: Number calculated by multiplying four Factors=Factor I (simple average of TAC - Registration Update Rate, TAFE - School	SENARC, Ministry of Citizenship





	Assistance System (SUAS).			Attendance Rate, TAAS - Health Tracking Rate) x Factor II (adherence to the Unified Social Assistance System (SUAS) x Factor III (information on the presentation of proof of expenditure of IGD-M resources) x Factor IV (information on the total approval of proof of expenditure on IGD-M resources).	
Age-grade distortion rates at Lower Secondary Education	Ratio given between the number of students overaged (with two or more years of delay) at the final years of elementary school and the number of total students in the final years of elementary school	Annual	National School Census	Data collected by INEP	INEP/MEC
Proportion of hospital admissions for Ambulatory Care Sensitive Conditions (ACSC)	Proportion of the hospital admissions for ACSC, their length of stay and readmissions, which could be prevented by primary health care interventions	Annual	Hospital Information System (SIH)	Number of hospital admissions for ambulatory care sensitive conditions, in a determined venue and period/Total number of hospital admissions in determined venue and	Municipal Secretariat of Health (SMS)



period x 100					
<b>Monitoring &amp; Evaluation Plan: Intermediate Results Indicators</b>					
Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Percentage of families in suspension of benefits due to non-compliance of conditionalities assisted by social assistance sector	Percentage of families with benefit suspended in the period assisted by social assistance according to protocols from federal government	Annual	System of Conditionalities (SICON), SENARC, Ministry of Citizenship	Ratio given between the number of families assisted divided by the number of families suspended in benefits, average of the months	SEMPRE
Number of social assistance units offering Cadastro Unico services	Number of social assistance equipment with registration service offer per year ascertained by the interviewer's proof in the SUAS Registration System, CADSUAS.	Annual	CADSUAS, SNAS, Ministry of Citizenship	Professional / interviewer registration information that makes up the human resources team of equipment assistance each year CadSUAS for the last 12 months.	SEMPRE, SNAS, Ministry of Citizenship
Performance Index of CRAS / Average CRAS	Average CRAS performance indexes assessed by physical structure, human resources and services/benefits	Annual	SUAS Census, SNAS, Ministry of Citizenship, Federal Government	Synthetic indicator calculated by the simple arithmetic mean of the sum of the levels reached in the dimensions: physical structure, human resources and	SEMPRE



				services/benefit of CRAS	
Performance Index of CREAS / average CREAS	Average CREAS performance indexes assessed by physical structure, human resources and services/benefits	Annual	SUAS Census, SNAS, Ministry of Citizenship	Synthetic indicator calculated by the simple arithmetic mean of the sum of the levels reached in the dimensions: physical structure, human resources and services of CREAS	SEMPRE
Rate of monitoring of health conditionalities	The indicator measure access of preventive health care through children immunization and pre-natal care visits for poor and extreme poor families beneficiaries of social program	Annual	Management System of Bolsa Família Program in Health, Ministry of Health, and System of Conditionalities - SICON, Ministry of Citizenship	Number reported via SICON calculated by the ratio given between number of beneficiaries with health profile and the total population with health profile in the municipality	SEMPRE
Rate of monitoring of education conditionalities	The indicator measure access and retention of school-aged children in school from poor and extreme poor families beneficiaries of social	Annual	Attendance System, Ministry of Education, and System of Conditionalities	Number reported via the SICON calculated by ratio given between the number of school-age children beneficiaries in school from beneficiary	SEMPRE



	program.		es -SICON/ Ministry of Citizenship	families of the Bolsa Familia Program in the municipality	
Registration of homelessness population in Cadastro Unico	Number of families classified as homeless population enrolled in Cadastro Unico.	Annual	Cadastro Unico, Ministry of Citizenship	Cumulative number of people included in the Cadastro Único System with specific marking as homeless population	SEMPRE
Updated Records in Cadastro Unico	It measures proportion of updating records in Cadastro Unico social registry for families with per capita income below ½ minimum wage in the municipality of Salvador	Annual	Cadastro Unico V7 system, SENARC and Social Information Report, Ministry of Citizenship	Number reported by the Federal Government calculated by the control of updating the registration of families with per capita income up to half the minimum wage in the Single Registry in the municipality inserted in the System	SEMPRE
Percentage of social workers enrolled in the municipal plan of continuous education	Development of continuing education plan and training of social workers developed in accordance with the Permanent Education Program of the Municipality.	Annual	Progress Report	Progress report with development of the plan and training activities carried out	SEMPRE
Number of adult women victims of domestic violence attended by the Protection and Comprehensive Service to	Number of adult women victims of domestic violence attended by the Protection	Annual	SNAS, Ministry of Citizenship	Cumulative number reported in the RMA system provided by	SNAS/ Ministry of Citizenship



Families and Individuals (PAEFI)	Service and Specialized Care for Families and Individuals (PAEFI) registered in the SUAS Monthly Care Record Tool (RMA).			SNAS, Ministry of Citizenship	
Percentage of children enrolled in acceleration programs at primary education that progress at least 2 grades	Ratio given between the number of children enrolled in accelerated learning programs in primary education who advance at least 2 grade and the total number of enrolled in accelerated learning programs in primary education. An advancement in grade is considered in relation to the original grade.	Annual	Instituto Ayrton Senna	Extraction of the Panorama System report, containing the performance of students who participated in the program during the school year	SMED
Number of students enrolled in full-time education	The total number of students in primary and lower secondary education of the municipal network enrolled in full time education.	Annual	INEP	Data collection by INEP	SMED
Number of children from 0 to 3 years old with home visits on cognitive and socioemotional stimulation provided by SMED early childhood interventions	Ratio given by the number of children from 0 to 3 years old who participate in the cognitive and socioemotional stimulation provided by SMED interventions in early childhood.	Annual	SMED	Based on reports compiled by SMED on the number of families assisted.	SMED



Age-grade distortion rates at Primary Education	Ratio given between the number of students in age-grade distortion in the Early Years of Elementary School at the municipal network and the number of total number of students in the Early Years of Elementary School at the municipal network.	Annual	National School Census/INEP	Data collection by INEP	INEP/MEC
Percentage of children enrolled in accelerated learning programs at lower secondary education that progress at least 2 grades	Ratio given between the number of children enrolled in accelerated learning programs in the final years of elementary school at the municipal network who advance at least 2 years and the total number of students in the Final Years in Age distortion enrolled in accelerated learning programs at the municipal network.	Annual	SMED	Data extracted from a system to be defined, containing the performance of students who participated in the program during the school year.	SMED
Attendance rates of students who completed the accelerating programs	Ratio given between the number of frequent students graduating from flow regularization programs at the municipal network and the total number of graduating students from flow regularization programs at	Annual	SMED	List of students extracted from the systems used in the acceleration programs for Initial and Final Years and frequency extracted from the Monitoring and Evaluation System -	SMED



	the municipal network.			SMA / SMED	
Percentage of accelerated learning student groups (both in primary and lower secondary education) with adequate number of supporting staff	Ratio given between the number of student groups of accelerated learning programs at the municipal network with an adequate number of supporting staff and the total of student groups of accelerated learning programs. Adequate number of supporting staff is defined as the 1 for every 8 student groups of accelerated learning programs.	Annual	SMED	Report	SMED
Percentage of students in remedial education programs to reduce repetition with at least with 80% of attendance.	Ratio given by the number of students in the remedial education programs to reduce grade repetition with at least 80% attendance and the number of students in the remedial education programs to reduce grade repetition at the municipal network.	Annual	SMED	Issuance of reports of attendance at school reinforcement actions carried out at night, issued by the SMED team, based on the Monitoring and Evaluation System - SMA	SMED
Age-grade distortion rate at the first grade	Ratio given between the number of students in distortion enrolled in the first year of elementary school at the municipal network and the total	Annual	National School Census	Data collection from INEP	INEP/Ministry of Education



	number of students enrolled in the first year at the municipal network,				
Proportion of Primary Health Care coverage	Proportion of population in a territory receiving continuing, comprehensive and preventive health care services (e.g., family practice, internal medicine, obstetrics/gynecology, or pediatrics) that are the first point of health care for a patient in an ambulatory setting.	Annual	National Health Facilities Census (CNES), Brazilian Institute of Geography and Statistics (IBGE)	Number of PHC teams x 3450 /Total number of population x 100. PHC teams include: Family Health Strategy - FHS teams; PHC teams that adhere to the Program for Improving Primary Care Access and Quality - PMAQ-AB and comply with a set of parameters required by the Ministry of Health; and other teams similarly organized.	Municipal Secretariat of Health (SMS)
Proportion of ill-defined causes of deaths (IDCD)	Investigation of ill-defined causes of deaths to improve vital registration (VR) and support decision-making process in health. The investigation and its analysis enable the identification of the sequence of events leading to death, therefore defining the underlying cause of death	Annual	Mortality Information System (SIM)	Number of deaths with well-defined causes (excluding foetal deaths)/Total number of deaths x 100	Municipal Secretariat of Health (SMS)
Percentage of medium complexity health procedures contracted out	Percentage of provision and actual delivery of medium	Annual	Ambulatory Information	Number of medium complexity health	Municipal Secretariat of





	complexity health procedures by the private sector that are offered through the municipal regulation system.		System (SIA)	procedures scheduled through the municipal regulation system/Total number of medium complexity health procedures actual delivered through the municipal regulation system x 100	Health (SMS)
Response time to provide hospitals beds for emergency patients through the municipal regulation system (percentage)	Percentage of patients, from intermediate Emergency Care Units (UPAs), demanding hospital beds referred to hospitals within 24-hours	Annual	Emergency Regulation System (SUREM)	Number of patients from the Intermediate Emergency Care Units accessing hospital beds within 24-hours through the municipal regulation system/Total number of patients from the Intermediate Emergency Care Units demanding hospital beds through the municipal regulation system x 100	Municipal Secretariat of Health (SMS)
Response time to provide hospitals beds for COVID-19 patients through the municipal regulation system (percentage)	Percentage of COVID-19 patients, from intermediate Emergency Care Units, demanding hospital beds referred to hospitals within 24-hours	Annual	Emergency Regulation System (SUREM)	Number of COVID-19 patients from the emergency care units accessing hospital beds within 24-hours through the municipal regulation system/Total	Municipal Secretariat of Health (SMS)



				number of COVID-19 patients from the emergency care units demanding hospital beds through the municipal regulation system x 100	
Number of home-based visits provided by multidisciplinary home-care teams	Number of home-based visits provided by EMAD, aiming at health promotion, prevention, treatment, rehabilitation and palliation	Annual	Primary Health Care Information System (e-SUS)	Number of home-based visits provided by Multidisciplinary Home Care Teams (EMAD)	Municipal Secretariat of Health (SMS)
Proportion of low risk (green) or no risk (blue) patients cared in the Intermediate Emergency Care Units (UPAs)	Proportion of primary health care patients attended in intermediate emergency units. Measures the solvability of the caretaking in primary care: multiprofessional articulation and services network.	Annual	Progress Report issued by the Municipal Commission (Comissão de Acompanhamento e Fiscalização dos Contratos de Gestão), in charge of the monitoring and control of the Management Agreements	Number of low-risk (green) or no-risk (blue) patients attended in the UPAs/Total number of patients attended in the UPAs X 100	Municipal Secretariat of Health (SMS)



			between the municipality and health providers.		
Percentage of patients accessing the municipal healthcare facilities with clinical information recorded in the municipal Electronic Medical Record System	Percentage of patients attended in the municipal health care facilities with clinical information recorded in the municipal Electronic Medical Records System. Expresses actual utilization of the system to provide better health care, better clinical decision-making and improve efficiency and lower health care costs.	Annual	Progress Report and Management Information System (Sistema Vida+)	Number of clinical appointments and other health services recorded in the municipal Electronic Medical Record System within the municipal healthcare network/Total number of clinical appointments and other health services within the municipal healthcare network x 100	Municipal Secretariat of Health (SMS)
Implementation of an integrated operational system for SUAS and Cadastro Unico	Development and implementation of a management system for SUAS and Cadastro Unico information described in Project Progress Report of the stages: conceptual design, operational design, implementation and utilization.	Annual	Progress Report	Progress report information on status of development and implementation	SEMPRE



Number of social media and communication campaigns to inform and educate on GBV prevention and increase knowledge of social services available for domestic violence victims	Communication campaigns reported in the Progress Report	Annual	Progress Report	Number of campaigns carried out per year as informed in the Progress Report	SEMPRE
Grievance Redress Mechanism. Rate of complaints on Project related sectors that are addressed within normatives	The indicator is measured as the number of complaints on social assistance, education, and health sectors addressed on time according to the OGM normative divided by the total number of complaints in those sectors expressed as a percentage.	Annual	Ouvidoria Geral do Município	Number of complaints on social assistance, education, and health sectors addressed on time / total number of complaints in those sectors.	Ouvidoria Geral do Município

**Performance-Based Conditions Matrix**

<b>PBC 1</b>	Percentage of families in suspension of benefits due to non-compliance of conditionalities assisted by social assistance sector			
<b>Type of PBC</b>	<b>Scalability</b>	<b>Unit of Measure</b>	<b>Total Allocated Amount (USD)</b>	<b>As % of Total Financing Amount</b>
Intermediate Outcome	Yes	Percentage	1,250,000.00	3.00
<b>Period</b>	<b>Value</b>		<b>Allocated Amount (USD)</b>	<b>Formula</b>
Baseline	1.00			
FY21	8.00		0.00	
FY22	18.00		300,000.00	



FY23	30.00		400,000.00	
FY24	50.00		550,000.00	
<b>PBC 2</b>	Number of social assistance units offering Cadastro Unico services			
<b>Type of PBC</b>	<b>Scalability</b>	<b>Unit of Measure</b>	<b>Total Allocated Amount (USD)</b>	<b>As % of Total Financing Amount</b>
Intermediate Outcome	Yes	Number	1,100,000.00	3.00
<b>Period</b>	<b>Value</b>		<b>Allocated Amount (USD)</b>	<b>Formula</b>
Baseline	8.00			
FY21	15.00		0.00	
FY22	18.00		300,000.00	
FY23	24.00		350,000.00	
FY24	35.00		450,000.00	
<b>PBC 3</b>	Performance Index of CRAS / Average CRAS			
<b>Type of PBC</b>	<b>Scalability</b>	<b>Unit of Measure</b>	<b>Total Allocated Amount (USD)</b>	<b>As % of Total Financing Amount</b>
Intermediate Outcome	Yes	Number	1,200,000.00	3.00
<b>Period</b>	<b>Value</b>		<b>Allocated Amount (USD)</b>	<b>Formula</b>
Baseline	2.28			
FY21	2.50		0.00	
FY22	3.00		400,000.00	



FY23	3.25		400,000.00	
FY24	3.50		400,000.00	
<b>PBC 4</b>	Performance Index of CREAS / average CREAS			
<b>Type of PBC</b>	<b>Scalability</b>	<b>Unit of Measure</b>	<b>Total Allocated Amount (USD)</b>	<b>As % of Total Financing Amount</b>
Intermediate Outcome	Yes	Number	1,200,000.00	3.00
<b>Period</b>	<b>Value</b>		<b>Allocated Amount (USD)</b>	<b>Formula</b>
Baseline	2.95			
FY21	3.00		0.00	
FY22	3.20		400,000.00	
FY23	3.50		400,000.00	
FY24	3.75		400,000.00	
<b>PBC 5</b>	Percentage of children enrolled in accelerated learning programs at primary education that progress at least 2 grades			
<b>Type of PBC</b>	<b>Scalability</b>	<b>Unit of Measure</b>	<b>Total Allocated Amount (USD)</b>	<b>As % of Total Financing Amount</b>
Intermediate Outcome	Yes	Percentage	4,750,000.00	5.00
<b>Period</b>	<b>Value</b>		<b>Allocated Amount (USD)</b>	<b>Formula</b>
Baseline	53.00			
FY21	55.00		0.00	
FY22	58.00		1,900,000.00	



FY23	60.00		2,850,000.00	
FY24	65.00		0.00	
<b>PBC 6</b>	Number of students enrolled in full-time education			
<b>Type of PBC</b>	<b>Scalability</b>	<b>Unit of Measure</b>	<b>Total Allocated Amount (USD)</b>	<b>As % of Total Financing Amount</b>
Intermediate Outcome	Yes	Number	1,900,000.00	5.00
<b>Period</b>	<b>Value</b>		<b>Allocated Amount (USD)</b>	<b>Formula</b>
Baseline	5,820.00			
FY21	6,820.00		0.00	
FY22	8,000.00		0.00	
FY23	9,000.00		0.00	
FY24	10,000.00		1,900,000.00	
<b>PBC 7</b>	Percentage of accelerated learning student groups (both in primary and lower secondary education) with adequate number of supporting staff			
<b>Type of PBC</b>	<b>Scalability</b>	<b>Unit of Measure</b>	<b>Total Allocated Amount (USD)</b>	<b>As % of Total Financing Amount</b>
Intermediate Outcome	Yes	Percentage	4,750,000.00	5.00
<b>Period</b>	<b>Value</b>		<b>Allocated Amount (USD)</b>	<b>Formula</b>
Baseline	0.00			
FY21	60.00		0.00	



FY22	65.00		1,900,000.00	
FY23	80.00		2,850,000.00	
FY24	85.00		0.00	
<b>PBC 8</b>	Percentage of students in remedial education programs to reduce repetition with at least with 80% of attendance			
<b>Type of PBC</b>	<b>Scalability</b>	<b>Unit of Measure</b>	<b>Total Allocated Amount (USD)</b>	<b>As % of Total Financing Amount</b>
Intermediate Outcome	Yes	Percentage	2,850,000.00	5.00
<b>Period</b>	<b>Value</b>		<b>Allocated Amount (USD)</b>	<b>Formula</b>
Baseline	0.00			
FY21	70.00		0.00	
FY22	75.00		0.00	
FY23	80.00		0.00	
FY24	85.00		2,850,000.00	
<b>PBC 9</b>	Percentage of medium complexity health procedures contracted out			
<b>Type of PBC</b>	<b>Scalability</b>	<b>Unit of Measure</b>	<b>Total Allocated Amount (USD)</b>	<b>As % of Total Financing Amount</b>
Intermediate Outcome	Yes	Percentage	18,920,000.00	12.00
<b>Period</b>	<b>Value</b>		<b>Allocated Amount (USD)</b>	<b>Formula</b>
Baseline	66.00			
FY21	66.00		0.00	





FY22	68.00		9,420,000.00	
FY23	72.00		9,500,000.00	
FY24	80.00		0.00	
<b>PBC 10</b>	Number of home-based visits provided by Multidisciplinary Home Care Teams (EMAD)			
<b>Type of PBC</b>	<b>Scalability</b>	<b>Unit of Measure</b>	<b>Total Allocated Amount (USD)</b>	<b>As % of Total Financing Amount</b>
Intermediate Outcome	Yes	Number	18,920,000.00	12.00
<b>Period</b>	<b>Value</b>		<b>Allocated Amount (USD)</b>	<b>Formula</b>
Baseline	1,046.00			
FY21	4,320.00		0.00	
FY22	6,910.00		9,420,000.00	
FY23	10,360.00		9,500,000.00	
FY24	14,680.00		0.00	
<b>PBC 11</b>	Proportion of low risk (green) or no risk (blue) patients cared in the Intermediate Emergency Care Units (UPAs)			
<b>Type of PBC</b>	<b>Scalability</b>	<b>Unit of Measure</b>	<b>Total Allocated Amount (USD)</b>	<b>As % of Total Financing Amount</b>
Intermediate Outcome	Yes	Percentage	18,920,000.00	12.00
<b>Period</b>	<b>Value</b>		<b>Allocated Amount (USD)</b>	<b>Formula</b>
Baseline	81.60			
FY21	81.00		0.00	



FY22	80.00		0.00	
FY23	78.00		9,420,000.00	
FY24	75.00		9,500,000.00	
<b>PBC 12</b>	Percentage of patients accessing the municipal healthcare facilities with clinical information recorded in the municipal Electronic Medical Record System			
<b>Type of PBC</b>	<b>Scalability</b>	<b>Unit of Measure</b>	<b>Total Allocated Amount (USD)</b>	<b>As % of Total Financing Amount</b>
Intermediate Outcome	Yes	Number	18,927,500.00	12.00
<b>Period</b>	<b>Value</b>		<b>Allocated Amount (USD)</b>	<b>Formula</b>
Baseline	59.80			
FY21	70.00		0.00	
FY22	83.00		9,427,500.00	
FY23	88.00		9,500,000.00	
FY24	95.00		0.00	

**Verification Protocol Table: Performance-Based Conditions**

<b>PBC 1</b>	Percentage of families in suspension of benefits due to non-compliance of conditionalities assisted by social assistance sector
<b>Description</b>	Percentage of families with benefit suspended in the period assisted by social assistance according to protocols from federal government



<b>Data source/ Agency</b>	System of Conditionalities (SICON), SENARC, Ministry of Citizenship
<b>Verification Entity</b>	SENARC/Ministry of Citizenship, SICON System, Federal Government
<b>Procedure</b>	Information on the percentage of families assisted among the universe of families in suspension of benefits (informed via SICON), made available by the Information Report published by the Ministry of Citizenship. The verification follow guidelines of data collection and supervision as described in the guidelines (See <i>Guia de acompanhamento das Condicionalidades do Programa Bolsa Família</i> , Ministry of Citizenship, 2020)
<b>PBC 2</b>	Number of social assistance units offering Cadastro Unico services
<b>Description</b>	Number of social assistance units (28 CRAS, 7 CREAS e 4 CentroPop) with registration service per year ascertained by the interviewer's proof in the SUAS Registration System, CADSUAS.
<b>Data source/ Agency</b>	SUAS Registry System (CADSUAS), SNAS Cadastro Unico V7 system, SENARCS, Ministry of Citizenship
<b>Verification Entity</b>	SNAS, Ministry of Citizenship
<b>Procedure</b>	Information from the social assistance units team reported in the CADSUAS management system, with information provided by SEMPRE. CADSUAS is the SUAS registration system, which contains all information related to the provision of Social Assistance services in the municipality. The system monitors the local offer and compliance with the linked standards.
<b>PBC 3</b>	Performance Index of CRAS / Average CRAS
<b>Description</b>	Average CRAS performance indexes assessed by physical structure, human resources and services/benefits
<b>Data source/ Agency</b>	SUAS Census, SNAS, Ministry of Citizenship, Federal Government
<b>Verification Entity</b>	SNAS, Ministry of Citizenship
<b>Procedure</b>	SUAS census survey data collected by SNAS/Ministry of Citizenship every year, verified and results published every year available in < <a href="http://aplicacoes.mds.gov.br/snas/vigilancia/index5.php">http://aplicacoes.mds.gov.br/snas/vigilancia/index5.php</a> >



<b>PBC 4</b>	Performance Index of CREAS / average CREAS
<b>Description</b>	Average CREAS performance indexes assessed by physical structure, human resources and services/benefits
<b>Data source/ Agency</b>	SUAS Census, SNAS, Ministry of Citizenship
<b>Verification Entity</b>	SNAS, Ministry of Citizenship
<b>Procedure</b>	SUAS census survey data collected by SNAS/Ministry of Citizenship every year, verified and results published every year available in < <a href="http://aplicacoes.mds.gov.br/snas/vigilancia/index5.php">http://aplicacoes.mds.gov.br/snas/vigilancia/index5.php</a> >
<b>PBC 5</b>	Percentage of children enrolled in accelerated learning programs at primary education that progress at least 2 grades
<b>Description</b>	Ratio given between the number of children enrolled in accelerated learning programs in primary education who advance at least 2 grade and the total number of enrolled in accelerated learning programs in primary education. An advancement in grade is considered in relation to the original grade.
<b>Data source/ Agency</b>	Institute Ayrton Senna
<b>Verification Entity</b>	SMED, with validation by the World Bank
<b>Procedure</b>	From the data extracted from the Panorama system, SMED organizes the information containing the performance of students who participated in the program during the school year, including the grade of origin and destination of students in the acceleration programs and calculates the percentage of students who jump 2 grades in relation to the total number of students enrolled in the programs.
<b>PBC 6</b>	Number of students enrolled in full-time education
<b>Description</b>	Number of primary and lower secondary students enrolled full time education in the municipal network of Salvador, as measured by INEP.
<b>Data source/ Agency</b>	INEP
<b>Verification Entity</b>	SMED, with validation of the World Bank
<b>Procedure</b>	The total number of students in primary and lower secondary education of the municipal network enrolled in full time



	school is obtained from the School Census published annually by INEP.
<b>PBC 7</b>	Percentage of accelerated learning student groups (both in primary and lower secondary education) with adequate number of supporting staff
<b>Description</b>	Ratio given between the number of student groups of accelerated learning programs at the municipal network with an adequate number of supporting staff and the total of student groups of accelerated learning programs. Adequate number of supporting staff is defined as the 1 for every 8 student groups of accelerated learning programs.
<b>Data source/ Agency</b>	SMED
<b>Verification Entity</b>	Third Party Entity
<b>Procedure</b>	SMED retrieves the information of the number of staff supporting student groups of accelerated learning programs at the municipal network.
<b>PBC 8</b>	Percentage of students in remedial education programs to reduce repetition with at least with 80% of attendance
<b>Description</b>	Ratio given by the number of students in the remedial education programs to reduce grade repetition with at least 80% attendance and the number of students in the remedial education programs to reduce grade repetition at the municipal network.
<b>Data source/ Agency</b>	SMED
<b>Verification Entity</b>	Third Party Entity
<b>Procedure</b>	SMED retrieve the attendance information of students who participate in remedial education activities in the evening, through the Monitoring and Evaluation System (SMA). SMED calculates the ratio of students with 80 percent or more attendance to the total number of students participating in the program.
<b>PBC 9</b>	Percentage of medium complexity health procedures contracted out
<b>Description</b>	Percentage of provision and actual delivery of medium complexity health procedures by the private sector that are offered through the municipal regulation system.
<b>Data source/ Agency</b>	Ambulatory Information System (SIA)



<b>Verification Entity</b>	Secretariat of Health
<b>Procedure</b>	Number of medium complexity health procedures scheduled through the municipal regulation system/Total number of medium complexity health procedures actual delivered through the municipal regulation system x 100.
<b>PBC 10</b>	Number of home-based visits provided by Multidisciplinary Home Care Teams (EMAD)
<b>Description</b>	Number of home-based visits provided by EMAD, aiming at health promotion, prevention, treatment, rehabilitation and palliation
<b>Data source/ Agency</b>	Primary Health Care Information System (e-SUS)
<b>Verification Entity</b>	Secretariat of Health
<b>Procedure</b>	Number of home-based visits provided by Multidisciplinary Home Care Teams (EMAD).
<b>PBC 11</b>	Proportion of low risk (green) or no risk (blue) patients cared in the Intermediate Emergency Care Units (UPAs)
<b>Description</b>	Proportion of primary health care patients attended in intermediate emergency units. Measures the solvability of the caretaking in primary care: multiprofessional articulation and services network.
<b>Data source/ Agency</b>	Progress Report issued by the Municipal Commission (Comissão de Acompanhamento e Fiscalização dos Contratos de Gestão) in charge of the monitoring and control of the Management Agreements between the municipality and health providers.
<b>Verification Entity</b>	Secretariat of Health
<b>Procedure</b>	Number of low-risk (green) or no-risk (blue) patients attended in the UPAs/Total number of patients attended in the UPAs. x100.
<b>PBC 12</b>	Percentage of patients accessing the municipal healthcare facilities with clinical information recorded in the municipal Electronic Medical Record System
<b>Description</b>	Percentage of patients attended in the municipal health care facilities with clinical information recorded in the municipal Electronic Medical Records System. Expresses actual utilization of the system to provide better health care, better clinical decision-making and improve efficiency and lower health care costs.
<b>Data source/ Agency</b>	Management Information System (Sistema Vida+)



<b>Verification Entity</b>	Secretariat of Health
<b>Procedure</b>	Number of clinical appointments and other health services recorded in the municipal Electronic Medical Record System within the municipal healthcare network/Total number of clinical appointments and other health services within the municipal healthcare network x 100.

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## **ANNEX 1: Implementation Arrangements and Support Plan**

**COUNTRY: Brazil**

### **Salvador Social Multi-Sector Service Delivery Project II**

#### **Project Institutional and Implementation Arrangements**

1. As in the first Salvador Social Project, the second project will be implemented by Casa Civil and will have three municipal secretariats as executing partners (SMS, SMED, and SEMPRES). Casa Civil will be responsible for the overall coordination through a PMU that will oversee the management, coordination, and M&E of all the proposed project activities and will undertake the primary fiduciary responsibilities for the proposed project. Casa Civil is the institution responsible for policy advice, management of intersectoral projects, monitoring of the implementation of the strategic plan, and management of external financing. It will undertake the primary fiduciary responsibilities for the proposed project. These responsibilities include: (a) preparing and obtaining approval of the proposed project FM arrangements; (b) coordinating and supervising the proposed project implementation; (c) submitting disbursement requests and documentation of expenditures to the World Bank; (d) preparing and submitting the proposed project unaudited interim financial reports (IFRs) to the World Bank; (e) preparing and providing all financial documentation and project reports requested by external auditors and World Bank staff; and (f) preparing, updating, and ensuring that all project executors follow the Project Operational Manual (POM).
2. The PMU will coordinate with the DSP and the DPE to utilize Casa Civil capacity for policy coordination and sector monitoring of implementation of the strategic plan. The DPE has strong experience in coordination of sector policies, verification of sectoral compliance with the MoS' strategic plan, monitoring of sectoral policy targets, and revision of policies and targets.
3. The PMU is headed by a Director General, responsible for official communications with the World Bank, and includes dedicated specialists to handle FM, procurement, social and environmental aspects, and M&E. The Director General is responsible for coordination with sector secretariats participating in the proposed project. Component 1 will be implemented under the coordination of the PMU while the proposed activities will be carried out by the sector secretariats (SEMPRES, SMS, and SMED) and other agencies involved (such as the OGM). Each secretariat will be responsible for the execution of sector activities following MoS processes and World Bank regulations. Sector secretariats will receive technical support from the PMU to ensure compliance with World Bank procurement rules across CLs.
4. The technical assistance under Component 2 will be implemented by the PMU with technical inputs from sector secretariats and will include the Municipal Secretariat of Management to support activities that involve personnel management and strengthening of management of public resources. The MoS has also created a Casa Civil Procurement Commission (*Comissão de Licitação da Casa Civil*, CLCS) to facilitate the implementation of Component 2. The PMU will provide technical support to sector secretariats in the fiduciary processes required to implement the proposed project activities. The CLCS will also contribute to increase the harmonization of procurement processes across sectors as the MoS increasingly uses external financing. Sector CLs and the CLCS will be subject to fiduciary training to align and adapt procurement processes to be compliant with World Bank rules.





5. **Staffing.** Staff are municipal civil servants under the respective statutory law. The project's FM staff has previous experience in executing World Bank-funded operations (first Salvador Social Project). However, additional staff will be hired to strengthen the internal audit function. Detailed staff duties and tasks will be updated in the POM.

**Planning, budgeting, and accounting.** The MoS follows: (a) Accounting Brazilian Norms Applied to the Public Sector (*Normas Brasileiras de Contabilidade Aplicadas ao Setor Público*, NBCASP); (b) Law 4320/64 that establishes certain high-level accounting principles; and (c) the Accounting Manual Applied to the Public Sector (*Manual de Contabilidade Aplicada ao Setor Público*, MCASP), issued under Law 10180 of February 6, 2001, and Decree 3589 of September 6, 2001. The proposed project requires adherence to the NBCASP and the revised MCASP, issued under *Portaria* 467 of the Secretary of the Treasury (*Secretaria do Tesouro Nacional*, STN) of August 6, 2009. The municipality is following STN's schedule to adopt MCASP. It is expected that International Public Sector Accounting Standards (IPSAS) will be fully adopted by 2024. The project annual financial statements will be prepared in accordance with Brazil's accounting standards and relevant IPSAS using a computerized accounting system.

6. The budget cycle includes planning and implementation of all government activities, which are to be reflected in the PPA, the Guidelines Law (*Lei de Diretrizes Orçamentárias*), and the Annual Budget Law (*Lei Orçamentária Annual*, LOA). The Finance Secretariat (*Secretaria do Estado da Fazenda*, SEFAZ) has the responsibility to maintain the municipality's accounting records, including those of the proposed project. Casa Civil has a financing unit subordinated to SEFAZ that will be responsible for making the respective payments within the limits of the authority provided by the LOA.

7. The proposed project's budgeting and accounting transactions will be processed through the municipality's public municipal accounting system (*Sistema Integrado de Planejamento e Gestão Fiscal*, SIGEF). All payments will follow the official commitment (*empenho*), verification (*liquidação*), and payment (*pagamento*) routine. All project costs will be recorded according to the federal and municipal chart of accounts. The use of SIGEF will also facilitate the consolidation of information on project transactions. SIGEF information will be the basis for the preparation of the project's unaudited IFRs and for monitoring physical project progress and contract management. The World Bank evaluated the robustness of SIGEF and concluded that it can provide financial information to support the World Bank-financed project.

8. Reconciliations of all government accounting records with commercial bank account statements are performed at least once every month. The FM unit in SEFAZ calculates and consolidates daily cash balances in the treasury single account system. This unit also conducts reconciliation and clearance of suspense accounts and advances at least quarterly. Other municipality agencies/enterprises, through their financial and administrative sectors, perform similar tasks at the sector level. No balance is left out in SIGEF.

9. **Internal controls.** The main objective of the Office of the Municipality Controller General (*Controladoria Geral do Município*, CGM) is to support the municipality's direct and indirect agencies on legal procedural compliance for contracting public expenditures and complying with the public information access law. The CGM is focused on ex ante actions. The CGM has the mandate to audit all the municipality's 31 agencies belonging to the executive branch. It also examines the agencies' annual accounts and SEFAZ certifies them. Furthermore, the CGM is responsible for maintaining a transparency portal that was designed to facilitate citizens' access to information regarding state officials' management of public resources ([www.transparencia.salvador.ba.gov.br](http://www.transparencia.salvador.ba.gov.br)).

10. The CGM will continue to undertake the relevant project internal control activities, through reviewing bidding processes and financial execution of medium-risk value contracts. The internal audit reviews performed



by the CGM are currently limited in amount, relevance, and risk (vulnerability). They mostly encompass compliance, performance, and financial audits based on national and international practices. However, due to CGM staffing constraints and additional activities to respond to COVID-19, a qualified and experienced internal auditor will be recruited with TORs acceptable to the World Bank and will provide support to the PMU as well as to the other implementing agencies, within one month after the project effectiveness date.

11. SIGEF features inbuilt controls that help ensure that transactions are properly authorized and that payments are made only for due circumstances (that is, where goods or service are confirmed as delivered). All transaction processing uses the municipality's institutions, processes, and systems that provide for segregation of duties, supervision, quality control reviews, and reconciliations. The process flows appear to be clear and well understood by personnel.

12. The current POM will be updated to reflect the detailed staff duties, procedures, and guidelines for disbursements, payments, approvals, commitments, payments, and reporting.

13. The PBC procedures will form part of the POM and will describe the list of eligible materials to be financed under the grant, and the procedures for procuring materials. The eligible expenditure categories will be defined in the PBC manual. The PBC manual will also include the indicators, the respective roles and responsibilities, the application and evaluation process, the funding modalities, and the monitoring arrangements.

14. The MoS will also utilize its own systems for administrative, budgetary, and financial management to support the implementation of the proposed project. For instance, the SIGEF will support the monitoring of budgetary and financial execution and includes modules for monitoring procurement activities. The MoS also has a Price Registry System (*Sistema de registro de preços*) to control, audit and evaluate procurement of recurrent services (*serviços sistêmicos*).

### Financial Management

15. **The overall FM residual risk** rating after mitigation measures are applied is **Moderate**. The assessment also identified the following project risks: (a) insufficient and/or untimely funds availability; (b) lack of expenditures to support the expected PBCs disbursements; and (c) deficient internal control processes. The impact on the achievement of the PDO would be Substantial. Risk mitigants to improve the FM arrangements were agreed with Casa Civil, specifically: (a) to include the Project in the budget plan for the following years with close monitoring of budget execution of eligible expenditures; (b) to adjust the IFRs to reflect the phase 2 of the Project; (c) and (d) to hire an experienced internal auditor to assist with the review of compliance, performance and financial audits of the Project within the PMU.

16. Overall, the evaluation found that: (a) at the country level, the federal FM laws and regulations applicable to subnationals provide a strong FM framework for subnational executing agencies; and (b) at the municipality level, the fiscal transparency, accounting, reporting, internal controls, and external audit are considerate adequate, but require improvement in specific areas.

17. The assessment also identified the following project risks: (a) insufficient and/or untimely funds availability; (b) lack of expenditures to support the expected PBCs disbursements; and (c) deficient internal control processes. The impact on the achievement of the PDO would be Substantial. Mitigating measures are described in the FM action plan.



**18. Funds flow.** The proposed funds flow and disbursement arrangements are streamlined within the proposed project, to facilitate execution, avoid unnecessary incremental operational arrangements, and rely as much as possible on existing country and municipality public financial management systems. All payments, for both components, will be made by SEFAZ using SIGEF once payment obligations have been incurred, verified, and properly documented. To make payments, the system requires that funds be committed by source, making possible the tracking of loan disbursements to the proposed project expenditures.

**19. Disbursement arrangements.** The disbursement arrangements for this project considered the current FM and procurement assessments of Casa Civil, the project's flow of funds, the cash flow needs of the project and borrower's experience with World Bank-financed operations. The disbursement of project funds will be processed in accordance with World Bank's procedures as stipulated in the Legal Agreement and Disbursement and Financial Information Letter. Withdrawal applications and necessary supporting documentation will be submitted to the World Bank electronically through the Client Connection website. Simplified procedures governing the PBC will be developed in the POM.

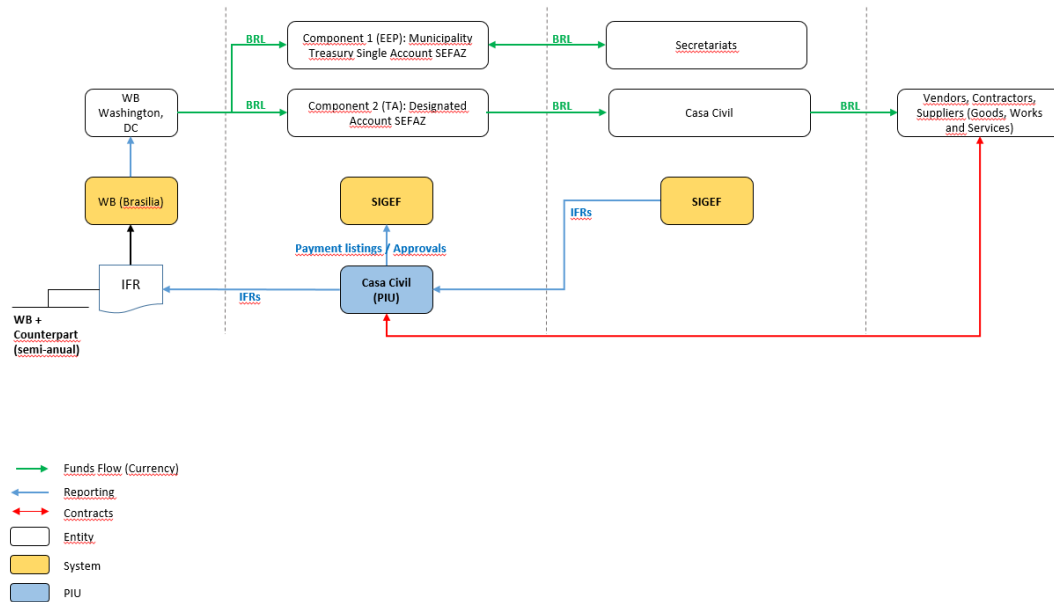
**20.** The disbursement methods that would be used under this project will be based on the Disbursement Guidelines for IPF, dated February 2017. The following disbursement methods may be used to withdraw funds from the loan for all categories: (a) reimbursement, (b) advance, and (c) direct payment, with the advance method being the primary disbursement method. The ceiling of the Designated Account (Brazilian reais equivalent) will be variable based on the cash flow requirements supported by the necessary information. The flow of funds will be made through advances to the Designated Account to be opened in R\$ (Brazilian reais) at *Banco do Brasil*, in Salvador, in the name of the MoS. The PMU will report on the use of advances through IFRs.

**21.** Disbursements would be report based (that is, based on IFRs) to be submitted regularly on a semester basis, as stated below, which would include a PBC compliance which will be verified by the World Bank every semester in accordance with the verification protocols, as included in the POM.

**22.** Retroactive financing will be allowed to this project up to an aggregate amount not to exceed 20 percent of the loan amount for payments made for expenditures one year before the signing date of the Loan Agreement, in line with applicable IPF policies.

**23.** The minimum application size for direct payments and reimbursements will be US\$500,000 equivalent. The project will also have four months after the closing date to document expenditures incurred before the closing date.

*Figure 1.1.*



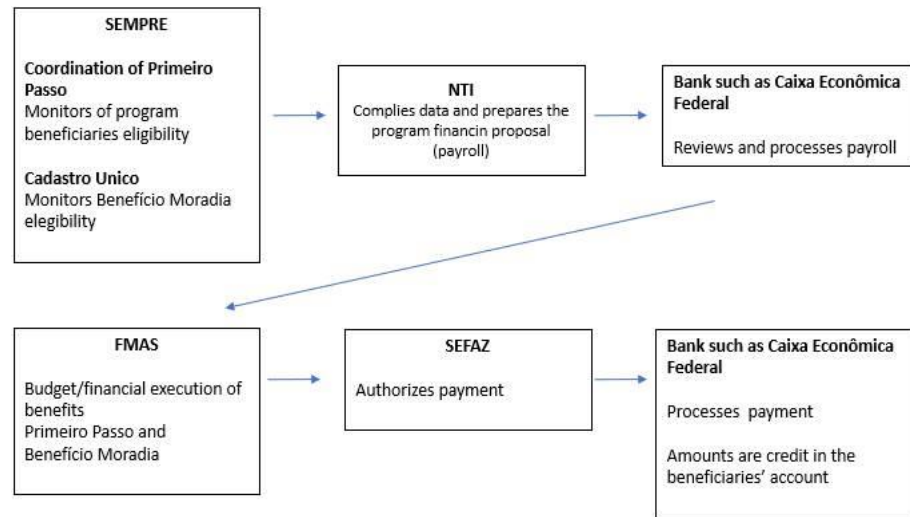
24. Disbursement procedures include the following:

- Each secretariat prepares the annual budget proposal, which is formally approved through the LOA. Upon the same budget approval and execution process and upon suppliers providing the goods and services and related invoices, project executors submit payment requests to SEFAZ, which will then process the payments directly to the supplier's bank account.
- **PBC.** In addition to the above routines, each secretariat has to prove the achievement of its PBCs and report the paid eligible expenditures (not *liquidadas*) under the agreed PBC.
- Casa Civil submits to the World Bank consolidated IFRs as mentioned, (generated by SIGEF) including report of applicable PBC achievement assuring review of independent verification agency approval and World Bank approval, attaching bank reconciliation for the Designated Account and the respective bank statement. Counterpart funds will be accounted and reported, as the amounts executed under any project components but not claimed for reimbursement under the project.

25. The flow of funds for the cash transfers and related social protection programs are as follows:



Figure 1.2. Flow of Funds for Cash Transfers



- SEMPRE (through the respective Program Coordination Unit) is responsible to include or exclude the beneficiaries into both program systems
- Each month SEMPRE prepares and sends a Program Financing Proposal (PFP), through the Information Technology Unit, containing the name of the beneficiaries (payroll) to the Federal Bank (*Caixa Econômica Federal*, CEF) for processing.
- The Municipality Social Assistance Fund (*Fundo Municipal de Assistência Social*, FMAS—responsible for the execution of the respective programs budgets) reviews and authorizes SEFAZ to transfer funds to the CEF.
- Once the PFP is approved by SEFAZ, a bank order (*ordem bancaria*) is issued and funds are committed at SIGEF to a specific related program account in the CEF.
- SEMPRE/FMAS monitors the balance of the respective account in the CEF and the eligible beneficiaries (on the payroll) then withdraws their monthly benefits from each program account using electronic benefit cards (EBCs).
- The EBCs are distributed to eligible beneficiaries according to the list established by SEMPRE.
- Upon entering the program, beneficiaries must pick up these cards at the nearest CEF agency (or lottery).
- They are notified through SEMPRE and must pick up their cards and withdraw funds within a 90-day period.
- Once this transfer is made from SEFAZ to the beneficiaries' accounts at the CEF, it is considered as expensed.
- Only the amounts claimed by the beneficiaries will be eligible for loan reimbursements, for financing loan purposes.
- The contract between SEMPRE and the CEF stating the reporting requirements, as well as penalties, will be clearly spelled out, and the CEF will provide a payroll-type list of disbursements made to beneficiaries under the programs.
- Funds that are not withdrawn by the beneficiary within a 90-day period should be called back FMAS respective program accounts.



**26. Component 1.** For this component, disbursements will be primarily made through the reimbursement method, based on the achievement of agreed PBCs and documentation of expenditures made under the agreed PBCs in the period. Funds will be disbursed to the MoS Single Treasury Account or if necessary, advances to the Designated Account will be approved for the PBCs expected for the next period. The World Bank may finance up to 100 percent of eligible expenditures under the PBCs, procured in accordance with the World Bank's Procurement Regulations and applicable Anti-Corruption Guidelines for this proposed project.

**27.** Disbursements would be report based (that is, based on IFRs), which would include a PBC spending report stating spending status of the PBCs, and verified by the World Bank every semester in accordance with the verification protocols, and included in the proposed POM. Casa Civil will submit to the World Bank a withdrawal application for reimbursement in the amount correspondent to the allocation of the PBCs achieved per semester as shown in the Disbursement Schedule.

**28.** All PBCs in this proposed project are scalable and the World Bank will disburse the amount corresponding to the degree of achievement of at least minimum target defined for respective PBC targets in case of underperformance.

**29.** The amounts reduced due to underperformance of PBCs can be attained by achieving the PBC targets in future years. The undisbursed amount allocated to the correspondent PBC, in the previous period, will be added to the next planned disbursed amount and disbursement authorized only in case of achievement of the PBC for the subsequent period.

**30.** If the MoS fails to provide enough eligible expenditures with respect to all disbursements for a PBC that has been met (or that has been partially met), then the undisbursed amount due to lack of eligible expenditures will be available to be requested by Casa Civil in the subsequent application when enough eligible expenditures are presented to the World Bank.

**31. Financial reporting.** Casa Civil, with the support of the financial coordinator, will ensure the timely production of semi-annual unaudited IFRs to be submitted within 45 days after the end of each reporting period. These IFRs prepared in the currency of the MoS will be produced from SIGEF , following the proposed project design, and will consolidate the proposed project's financial data for all components. Therefore, the format and content of the IFRs, on a cash accounting basis, agreed with the MoS will cover the following items:

- **IFR 1A.** Sources and Uses of Funds by disbursement category, with evidence of the World Bank's share in the financing of expenditures, cumulative (project-to-date, year-to-date, and for the period) versus actual expenditures, including a variance analysis
- **IFR 1B.** Uses of Funds by Project Activity or component and subcomponent, cumulative (project-to-date, year-to-date, and for the period) versus actual expenditures, including a variance analysis
- **IFR 1-C.** Achievement of PBCs
- **IFR 1-D.** Designated Account bank reconciliation and a forecast

**32. External auditing.** The external audit will be undertaken by the state Supreme Audit Institution responsible for auditing municipalities accounts (*Tribunal de Contas dos Municípios do Estado da Bahia*).<sup>60</sup> following an agreed TOR acceptable to the World Bank, and in accordance with International Standards on

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<sup>60</sup> Court of Accounts of the Municipalities of the State of Bahia (*Tribunal de Contas dos Municípios do Estado da Bahia*).



Auditing (issued by the International Auditing and Assurance Standards Board of the International Federation of Accountants [IFAC]) (or national auditing standards if, as determined by the World Bank, these do not significantly depart from international standards). The audited financial statements will also be prepared in accordance with accounting standards acceptable to the World Bank (that is, IPSAS issued by the International Public Sector Accounting Standards Board of the International Federation of Accountants [IFAC-IPSASB] or national accounting standards where, as determined by the World Bank, they do not significantly depart from international standards). The auditors will be required to issue an opinion on the proposed project's IFRs and produce a Management Letter, where any internal control weaknesses will be identified, contributing to the strengthening of the control environment. The auditor's report will be submitted to the World Bank no later than six months after the end of the fiscal year. The World Bank will review the audit report and will periodically determine whether the audit recommendations are satisfactorily implemented. The World Bank also requires that the MoS disclose the audited financial statements in a manner acceptable to the World Bank and following the World Bank's formal receipt of these statements from the MoS, the World Bank will also make them available to the public in accordance with the World Bank Policy on Access to Information. The scope of the audit TOR will include, but not be limited to: (a) fully reviewing the IFRs and use of the Designated Account; (b) reviewing the appropriate observance of the FM arrangements included in the POM, the Project Appraisal Document, the Loan Agreement, and any other official World Bank documentation; (c) reviewing the use of SIGEF and other FM monitoring systems; (d) ensuring internal control arrangements are adequate; (e) observing agreed disbursement arrangements; and (f) ensuring that amounts disbursed were used for goods, works, and services eligible which are supported by the disbursement of loan proceeds.

**33.** All supporting records will be maintained at the PMU for at least: (a) two years after the closing date; or (b) one year after the World Bank has received the audited financial statements covering the period during which the last withdrawal from the Loan Account was made, whichever is later.

**34. Conditions or nonstandard/significant financial covenants (that is relevant issues to be included in the legal documents).** There are no FM-related conditions for the Board and/or effectiveness.

## **Procurement**

**35.** Procurement for the proposed project will be carried out in accordance with the World Bank Procurement Regulations for IPF Borrowers dated July 2016 and the provisions stipulated in the Legal Agreement. The various items under different expenditure categories are described in general terms in the following paragraphs. For each contract to be financed by the loan, the different procurement methods or consultant selection methods, the need for prequalification, estimated costs, prior review requirements, and time frame will be agreed between the borrower and the World Bank in the Procurement Plan. World Bank's standard procurement documents will govern the procurement of World Bank-financed Open International Competitive Procurement. For procurement involving National Open Competitive Procurement, the borrower will use standard procurement documents acceptable to the World Bank that will be included in the POM.

**36. Procurement of works.** Works procured under the project will include, among others, small restorations of schools and investments in health/education/social facilities in selected areas of the city.



**37. Procurement of goods.** Goods procured under the project will include, among others, software packages, communications services, educational materials, vehicles, IT equipment, and other tools required to put in place an integrated client system control. It may be carried out in accordance with the method known as '*Pregão Eletrônico*', as set forth in the Brazilian Law No. 10.520, dated July 17, 2002, provided: (a) documents are acceptable to the World Bank, in accordance with the Procurement Regulations; (b) documents include anti-corruption clauses; (c) the process is carried out under an e-procurement system previously approved by the World Bank; and (d) the thresholds are as defined in the Procurement Plan.

**38. Procurement of non-consulting services.** Non-consulting services under the project will include, among others, capacity-building support to the implementation and beneficiaries' agencies; monitoring, reporting, and evaluation-related services; events of various natures, among which training, workshops, and seminars; logistics such as hotel services, catering, and travel services; printing services, videoconferencing materials, brochures, magazines, intranet, and videos; communication and education campaigns and events; and so on. Procurement under this category may be carried out in accordance with the method known as '*Pregão Eletrônico*', as set forth in the Brazilian Law No. 10.520, dated July 17, 2002, provided: (a) documents are acceptable to the World Bank, in accordance with the Procurement Regulations; (b) documents include anti-corruption clauses; (c) the process is carried out under an e-procurement system previously approved by the World Bank; and (d) the thresholds are as defined in the Procurement Plan.

**39. Selection of consultants.** Consulting services under the project will include technical assistance and advisory services of various natures and purposes, including engineering services; studies, projects, diagnostics, and impact assessments; software and system development-related services; and so on. The following methods will be used for selecting consulting firms depending on the nature and complexity of assignments, attractiveness to foreign firms, and need for international expertise: Quality- and Cost-Based Selection, Least-Cost Selection, Selection under a Fixed Budget, Selection Based on the Consultants' Qualification, Single-Source Selection both for consulting firms and individual consultants, and Selection of Individual Consultants. Contracts estimated to cost US\$300,000 equivalent and more will be advertised internationally. Short lists of consultants for services estimated to cost less than US\$1,500,000 equivalent per contract may be composed entirely of national consultants.

**40.** Operational costs are office supplies, per diem, staff-related expenses, incidentals, and other project implementation-related expenses which would be financed by the project and will be procured using any implementing agency's administrative procedures acceptable to the World Bank and outlined in the POM.

**41. Others.** The procurement procedures and standard bidding documents to be used for each procurement method, as well as model contracts for works and goods to be procured, are presented in the POM.

**42. Procurement assessment.** The World Bank team performed a procurement assessment to evaluate the capacity of the agencies involved to implement procurement actions for the project. Procurement activities will be carried out by Municipal Secretariats of Social Promotion, Education, Health, and Casa Civil—the PMU's central unit for execution, coordination, and monitoring of procurement affairs and for the overall coordination and monitoring. The responsibilities of the agencies will include, but not be limited to, procurement planning, implementation and monitoring, ensuring of quality of bidding documents, and participation in bid evaluations. The World Bank reviewed the organizational structure for project implementation and the interaction between the project's staff responsible for technical aspects and PMU; staff skills; quality and adequacy of supporting and control systems; and suitability of the laws, rules, and regulations applicable. The assessment determined that the





procurement focal staff designated for the project should be kept on the PMU team with exclusivity to assist project implementation on the agencies, especially in the PMU. In addition, a procurement consultant with experience in World Bank’s procedures should be hired on an ad hoc basis to assist during critical stages of the procurement processes. Based on this assessment the procurement risk is Moderate. The action plan detailed in table 1.1 was proposed to address and/or mitigate risks during the project’s implementation:

*Table 1.1. Procurement Action Plan*

Act	Description	Action	Time Frame
1	Lack of Salvador Municipality experience in projects financed by the World Bank	<ul style="list-style-type: none"> <li>Hiring of an ad hoc procurement specialist to support the PMU and agencies’ staff</li> <li>Strengthening the capacity of agencies, through ongoing World Bank support and specific acquisition training</li> </ul>	By effectiveness
3	Quality of TORs and technical specifications	<ul style="list-style-type: none"> <li>Obtaining expert advice on the definitions of the TORs and technical specifications</li> <li>Technical no-objections to technical documents to be issued by the World Bank</li> </ul>	By implementation
4	Weak and imprecise cost estimates	<ul style="list-style-type: none"> <li>Look for budgeting based on data that reflect the market and not just on official tables issued by various spheres of government.</li> </ul>	By implementation
5	Companies involved in fraud and corruption issues	<ul style="list-style-type: none"> <li>Maintain a strict control over the companies and individuals that are present in the different control lists in federal, state, and municipal scope and even in lists of international financing institutions.</li> </ul>	By implementation
6	Contract management	<ul style="list-style-type: none"> <li>Members of the team with responsibility for the formal control of the execution of contracts, controlling and monitoring the progress of the contracts, also the milestones for their development, such as deadlines and readjustments (when applicable).</li> </ul>	By implementation

43. It was agreed that an approximate amount of US\$100,000 will be made available under project proceeds to finance some procurement capacity deemed appropriate and previously approved by the World Bank.

44. The procurement arrangements for the project were set up considering the MoS’ own systems in place. The agencies are responsible for elaboration of the TOR and technical specifications. For the technical assistance component, the PMU is responsible for elaborating the bidding documents and requests for proposals and conducting the procurement/selection processes. The project team will count on a focal point from the PMU to be responsible for developing the project’s procurement packages, including among other activities: (a) consolidating the procurement packages for consulting services; (b) issuing requests for expressions of interest, requests for proposals, and procurement notices; (c) conducting opening and negotiations sessions, when applicable; and (d) consolidating evaluations and inputs from the technical evaluation.



45. All bidding documents and respective contracts regardless of the procurement method are required to have the anticorruption clause as a condition for eligibility of expenditures.

46. The Procurement Plan will be updated in agreement with the World Bank on an annual basis or as required to reflect the actual project implementation needs and improvements in institutional capacity.

47. In addition to the prior review supervision to be carried out from World Bank offices, the capacity assessment of the implementing agency has recommended yearly supervision missions to visit the field to carry out post review of procurement actions.

**Implementation Support Plan**

48. The following implementation support strategy reflects the preliminary estimates of skill requirements, timing, and resource requirements over the life of the project. The implementation support plan will be reviewed periodically to ensure that it continues to meet the implementation support needs of the project. Table 1.2 indicates the World Bank team’s implementation support plan and the required skill mix. Table 1.3 indicates skill mix and team composition.

*Table 1.2. Implementation Support Plan and Skill Mix*

<b>Time Needed</b>	<b>Focus</b>	<b>Skills</b>
0–30 months	<ul style="list-style-type: none"> <li>Setting up additional expertise on medical equipment and technical expertise at the PMU, project management systems including fiduciary, environmental and social aspects, and M&amp;E</li> <li>Staff capacity building of the PMU</li> </ul>	<ul style="list-style-type: none"> <li>Core team, particularly FM, procurement, environmental and social aspects, M&amp;E</li> </ul>

*Table 1.3. Skill Mix and Annual Level of Effort*

<b>Skills Needed</b>	<b>No. of Staff Weeks</b>	<b>Number of Missions</b>	<b>Comments</b>
Task team leader(s)	12	Two per year	Task Team Leader and Co-Task Team Leader Staff in Brasilia
Procurement specialist	3	Two per year including field travel	Staff in Brasilia, Brazil
FM specialist	3	Two per year including field travel	Staff in Brasilia, Brazil
Social specialist	3	Two per year including field travel	Staff in Brasilia, Brazil
Environmental specialist	3	Two per year including field travel	Staff in Brasilia, Brazil



**ANNEX 2: Detailed Results Chain**

**COUNTRY: Brazil**  
**Salvador Social Multi-Sector Service Delivery Project II**

*Table 2.1. Social Assistance*

<b>Activities/Outputs</b>	<b>Intermediate Indicators</b>	<b>Outcomes</b>	<b>Impact</b>
<ul style="list-style-type: none"> <li>• Enable coordination among programs, services, and benefits for the integrated care of families in noncompliance with conditionalities of the <i>Bolsa Familia</i> Program</li> <li>• Improve quality of information on family monitoring systems, case management, and referrals provided by the areas of education and health</li> </ul>	<ul style="list-style-type: none"> <li>• Case management of families noncompliant of conditionalities for <i>Bolsa Familia</i> Program</li> <li>• Health accompaniment rate of the <i>Bolsa Familia</i> Program</li> <li>• School attendance follow-up rate of the <i>Bolsa Familia</i> Program</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthening integration and multisectoral coordination of social services for extreme poor families to promote human development</li> </ul>	Strengthen integrated multisectoral monitoring of families to promote human development
<ul style="list-style-type: none"> <li>• Develop active search to the coverage of specific groups (homeless population and other specific groups)</li> <li>• Integration of the <i>Cadastro Único</i> with other management systems as management tool</li> </ul>	<ul style="list-style-type: none"> <li>• Number of social assistance units offering <i>Cadastro</i> services</li> <li>• Number of active search visits made by the <i>Cadastro Único</i> team</li> <li>• Rate of updated for <i>Cadastro Único</i></li> <li>• Management system with <i>Cadastro Único</i> developed</li> </ul>	<ul style="list-style-type: none"> <li>• Consolidation of the <i>Cadastro Único</i> for the inclusion of population groups at social and personal risk and integration of data and information systems for use as a management tool</li> </ul>	
<ul style="list-style-type: none"> <li>• Operational organization to act in disaster/emergency and post-emergency situations</li> <li>• Implementation of standardized instruments of social assistance services to ensure the reference and counter reference of the services provided by PAIF and PAEFI and the articulation between programs, projects, and benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Performance Index CRAS, ID CRAS average</li> <li>• Integrated emergency response protocols developed</li> <li>• Continuous training of social workers</li> <li>• Number of benefits possible by direct transfer of income in emergency situations</li> <li>• Number of families served by the PAIF</li> </ul>	<ul style="list-style-type: none"> <li>• Consolidation of the institutional capacity and organizational structure of SEMPRE</li> </ul>	
<ul style="list-style-type: none"> <li>• Adapt and reform the CREAS network and high</li> </ul>	<ul style="list-style-type: none"> <li>• CREAS/ID CREAS performance index</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance access to services of medium</li> </ul>	



Activities/Outputs	Intermediate Indicators	Outcomes	Impact
<p>complexity services to meet the minimum standard of adequate operational functionality, according to the classification of social assistance services of the Federal Government</p> <ul style="list-style-type: none"> <li>• Implementation of care and referral protocols for women victims of violence or risk of death to reference a unified care network in the municipality</li> <li>• Conducting continuous training workshops with professionals from the network to combat domestic violence in the use of care and referral protocols and in topics related to domestic violence and gender</li> </ul>	<ul style="list-style-type: none"> <li>• Number of adult women victims of domestic violence assisted by PAEFI</li> <li>• Development of an intersectoral unified protocol for identification, assistance, and referral of victims of GBV within the municipal network to combat violence against women</li> <li>• Carrying out training workshops targeted at professionals that provide prevention and assistance services for GBV survivors during the whole project's implementation</li> </ul>	<p>and high complexity services of special social protection network</p>	

Table 2.2. Education

Activities/Outputs	Intermediate Indicators	Outcomes	Impact
<ul style="list-style-type: none"> <li>• Consolidation and expansion of accelerated learning programs in primary and lower secondary education</li> <li>• Establishment of a remedial education program for students at risk of repetition</li> <li>• Strengthening and expansion of early-warning systems to diminish repetition and dropout rates</li> <li>• Strengthening and expansion of initiatives to provide access to crèche and socio and psychomotor stimulation</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage of children enrolled in accelerated learning programs at primary and lower-secondary education that progress at least 2 grades</li> <li>• Number of supporting staff for accelerated learning programs within a minimum turnover rate</li> <li>• Percentage of students in the remedial education programs to reduce repetition with at least with 80% of attendance</li> <li>• Attendance rates of students after completing the accelerated learning programs</li> </ul>	<ul style="list-style-type: none"> <li>• Improvements in the approval rates of students in accelerated learning programs</li> <li>• Reduction in repetition and school dropout rates</li> <li>• Improvements in attendance rates</li> <li>• Improvements in pedagogical management at the school level</li> <li>• Improvements in school readiness for children aged 0-3</li> </ul>	<p>Increase education efficiency by reducing age-grade distortion</p>



<p>for children not enrolled in crèches</p> <ul style="list-style-type: none"> <li>• Consolidation of a management for learning program at the school level (principals and pedagogical coordinators)</li> <li>• Expansion of full-time schools to foster learning and student attendance.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of households with children from 0 to 3 years old who participate in cognitive and socioemotional stimulation provided by SMED early childhood interventions</li> <li>• Number of students enrolled in full-time schools</li> </ul>		
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*Table 2.3. Health*

<b>Activities/Outputs</b>	<b>Intermediate Indicators</b>	<b>Outcomes</b>	<b>Impact</b>
<ul style="list-style-type: none"> <li>• Expansion and consolidation of the PHC coverage to provide comprehensive care, ranging from promotion and prevention to treatment, rehabilitation, and palliative care, in coordination with other levels of care</li> <li>• Management of access to secondary (polyclinics) and tertiary (hospital and emergency care units) care through municipal’s regulatory body and systems</li> <li>• Expansion and improvement of the municipal home care program</li> <li>• Training of the municipal health professionals, including (a) M&amp;E and health facilities management; (b) PHC response, with special attention to, but not limited to, NCDs and maternal and child health; and (c) disease outbreaks and epidemics response</li> <li>• COVID-19 pandemic response and strengthening of the</li> </ul>	<ul style="list-style-type: none"> <li>• Proportion of Primary Health Care coverage</li> <li>• Proportion of ill-defined causes of deaths (IDCD)</li> <li>• Percentage of medium complexity health procedures contracted out</li> <li>• Response time to provide hospitals beds for emergency patients through the municipal regulation system (percentage)</li> <li>• Response time to provide hospital beds for COVID-19 patients through the municipal regulation system (percentage)</li> <li>• Number of home-based visits provided by multidisciplinary home care teams (EMAD)</li> </ul>	<ul style="list-style-type: none"> <li>• Improvement of access to primary, secondary, and tertiary care, through the organization of municipal health service provision and links.</li> <li>• Improvement of quality of care management, through the organization of the patient flows, individual registration and identification, and management of medical records.</li> <li>• Improvement of the municipal capacity to monitor and control ill health and strengthening of the decision-making process to take proper and evidence-based actions. PDO indicator: Proportion of hospital admissions for Ambulatory Care Sensitive Conditions (ACSC)</li> </ul>	<p>Increase the early detection of ill health, including COVID-19 related, and improving coordination among the three levels of care</p>



Activities/Outputs	Intermediate Indicators	Outcomes	Impact
municipal surveillance through the expansion and timely provision of ICU beds, acquisition of medical equipment and supplies to health units and laboratories; implementation of communication tools and technologies; and strengthening of surveillance systems and epidemiological investigation capacity			
<ul style="list-style-type: none"><li>• Expansion of risk assessment and classification for delivery of care</li><li>• Improvement of the 'Waiting List for Health Care' system</li><li>• Expansion of use of electronic medical records for care provision and monitoring (including the UPAs)</li><li>• Consolidation and introduction of information technologies and management tools aiming at improving efficiency and effectiveness of care in the health municipal system</li></ul>	<ul style="list-style-type: none"><li>• Proportion of low risk (green) or no risk (blue) patients cared in the Intermediate Emergency Care Units (UPAs)</li><li>• Percentage of patients accessing the municipal healthcare facilities with clinical information recorded in the municipal Electronic Medical Record System</li></ul>		



**ANNEX 3: Performance Based Conditions Disbursement and Verification Protocol**

Brazil

**Salvador Social Multi-Sector Delivery Project II**

*Table 3.1. Estimated PBCs Disbursement and Allocated Amount per Category*

PBC		Amount in US\$ Million				
		FY21	FY22	FY23	FY24	FY25
1	Percentage of families in suspension of benefits due to of conditionalities assisted by social assistance sector		0.30	0.40	0.55	
2	Number of social assistance units offering Cadastro Unico services		0.30	0.35	0.45	
3	Performance Index of CRAS / Average CRAS		0.40	0.40	0.40	
4	Performance Index of CRAS / Average CRAS		0.40	0.40	0.40	
5	Percentage of children enrolled in accelerated learning programs at primary education that progress at least 2 grades		1.90	2.85		
6	Number of students enrolled in full-time education				1.90	
7	Percentage of accelerated learning student groups (both in primary and lower secondary education) with adequate number of supporting staff		1.90	2.85		
8	Percentage of students in remedial education programs to reduce repetition with at least with 80% of attendance				2.85	
9	Percentage of medium complexity health procedures contracted out		9.42	9.50		
10	Number of home-based visits provided by Multidisciplinary Home Care Teams (EMAD)		9.42	9.50		
11	Proportion of low risk (green) or no risk (blue) patients cared in the Intermediate Emergency Care Units (UPAs)			9.42	9.50	
12	Percentage of patients accessing the municipal healthcare facilities with clinical information recorded in the municipal Electronic Medical Record System		9.43	9.50		
<b>Total per year PBCs</b>		0	33.47	45.17	16.05	0
<b>Front-End Fee</b>		0.31				
<b>COVID-19 Eligible Expenditures (including Retroactive)</b>		25.00	0	0	0	0
<b>Technical Assistance</b>		0	1.00	1.00	1.00	2.00
<b>Total</b>		25.31	34.47	46.17	17.05	2.00
<b>Total Cumulative</b>		25.31	59.78	105.95	123.00	125.00



Table 3.2. Subcomponents and Description of Expenditures

Subcomponent Activity and Cost	Of which, PBC Based and Pure Input Based	Program Budget Lines	Description and Amount of Expenditures	
			Procurable Inputs	Non-Procurable Inputs
1.1.1 Strengthening integration and multi-sector coordination of case management of extreme poor families promoting human development	Input based PBC 1: Percentage of families in suspension of benefits due to noncompliance of conditionalities assisted by social assistance sector	Special Social Protection Services for early childhood ( <i>Programa de Proteção Social para Primeira Infância Primeiro Passo</i> ); Implementation of the Bolsa Família Program ( <i>Implementação do Programa Bolsa Família</i> ); Capacity building of SUAS workers ( <i>Capacitação dos Profissionais do Sistema Único de Assistência Social</i> ); Maintenance of units Cadastro Unico and BF program ( <i>Manutenção das Unidades de Atendimento do CADÚNICO e do Programa Bolsa Família</i> )	Consultancy services (individual and firm); Non-consultancy services; Training, Workshops (including logistics); IT equipment systems and services; Outsourced services	Works (construction); Cash transfers; Services and operational costs
1.1.2 Expansion of Cadastro Unico to include the most vulnerable groups and its use as a planning tool for social programs	Input based PBC 2: Number of social assistance units offering Cadastro Unico services	Implementation of new units of Cadastro Único and Bolsa Família program ( <i>Implantação de Novas Unidades de Atendimento do CADUNICO e do Programa Bolsa Família</i> ); Capacity building of SUAS workers ( <i>Capacitação dos Profissionais do Sistema Único de Assistência Social</i> ); Maintenance of units Cadastro Único and BF program ( <i>Manutenção das Unidades de Atendimento do CADÚNICO e do Programa Bolsa Família</i> )	Consultancy services (individual and firm); IT equipment, systems and services; Non-consultancy services, training; Goods, Outsourced services	Services and operational costs
1.1.3 Continue improvement of institutional capacity and organizational structure of SEMPRE	Input based PBC 3: Performance Index of CRAS / Average CRAS	Special Social Protection Services for early childhood ( <i>Programa de Proteção Social para Primeira Infância Primeiro Passo</i> ); Eventual and Assistance Benefits ( <i>Concessão de oferta de Benefícios Eventuais e Assistenciais</i> ); Implementation of Basic Social Protection Services ( <i>Implementação dos Serviços de Proteção Social Básica</i> ); Maintenance of Technical and Administrative Services – Basic Social Protection ( <i>Manutenção dos Serviços Técnicos e administrativos – Proteção Social Básica</i> );	Consultancy services (individual and firm); Non-consultancy services; Training, events, workshops (including logistics); Goods;	Services and operational costs; Grants; Cash Transfers





Subcomponent Activity and Cost	Of which, PBC Based and Pure Input Based	Program Budget Lines	Description and Amount of Expenditures	
			Procurable Inputs	Non-Procurable Inputs
		Reforms of Social Assistance units ( <i>Reforma de Equipamentos de Socioassistenciais</i> ); Maintenance of Social Assistance units ( <i>Manutenção dos equipamentos socioassistenciais</i> ); Capacity building of SUAS workers ( <i>Capacitação dos Profissionais do Sistema Único de Assistência Social</i> )	IT equipment, systems and services; Outsourced services	
1.1.4 Strengthening the medium and high complexity services of the special social protection network	Input based			
	PBC 4: Performance Index of CREAS / average CREAS	Eventual and Assistance Benefits ( <i>Concessão de oferta de Benefícios Eventuais e Assistenciais</i> ); Special social services for children and youth ( <i>Serviços de Proteção Social Especial para Crianças e Adolescentes</i> ); Special Social Protection Services for the Elderly, People with Disabilities, Adults and Family ( <i>Serviço de Proteção Social Especial para idosos, pessoas com deficiência, adultos e famílias</i> ); Operationalization of Protection Services and Specialized Assistance to the Family and Individuals ( <i>Operacionalização do Serviço de Proteção e Atendimento Especializado à Famílias e Indivíduos</i> ); Renovation of social assistance units ( <i>Reforma dos Equipamentos de Socioassistenciais</i> ); Maintenance of social assistance units ( <i>Manutenção dos equipamentos socioassistenciais</i> ); Capacity building of SUAS workers ( <i>Capacitação dos Profissionais do Sistema Único de Assistência Social</i> ); Maintenance of Technical and Administrative Services – Especial Social Protection ( <i>Manutenção dos Serviços Técnicos e Administrativos – Proteção Social Especial</i> )	Consultancy services (individual and firm); Non-consultancy services; Training, workshops (including logistics); Goods; IT equipment systems and services (technical and administrative); Works; Outsourced services	Services and operational costs; Cash, benefits, grants
1.2.1: Reducing the stock of overage students in Salvador in primary and lower secondary education	Input based			
	PBC 5: Percentage of children enrolled in acceleration programs at primary education that	Expansion of Day Cares ( <i>Pé na Escola Creche</i> ); Expansion of Preschools ( <i>Pé na Escola Pré Escola</i> ) Promotion to Confessional, Communal, and Philanthropic Schools ( <i>Fomento às Escolas Confessionais, Comunitárias e Filantrópicas</i> ); Internal and external standardized student learning evaluation ( <i>Sistemática de Avaliação Interna e Externa</i> );	Operational costs of accelerated learning programs (pedagogical materials);	



Subcomponent Activity and Cost	Of which, PBC Based and Pure Input Based	Program Budget Lines	Description and Amount of Expenditures	
			Procurable Inputs	Non-Procurable Inputs
	progress at least 2 grades	Students Flow Regularization ( <i>Regularização de Fluxo</i> ); Basic Education Development ( <i>Desenvolvimento da Educação Básica</i> )	Outsourced service: learning evaluations	
	PBC 7: Percentage of accelerated learning student groups (both in primary and lower secondary education) with adequate number of supporting staff	Students Flow Regularization ( <i>Regularização de Fluxo</i> ); Youth and Adult Education Development ( <i>Desenvolvimento da Educação de Jovens e Adultos</i> ); Expansion of Day Cares ( <i>Pé na Escola Creche</i> ); Expansion of Preschools ( <i>Pé na Escola Pré Escola</i> ); Promotion to Confessional, Communal, and Philanthropic Schools ( <i>Fomento às Escolas Confessionais, Comunitárias e Filantrópicas</i> ); Basic Education Development ( <i>Desenvolvimento da Educação Básica</i> )	Operational costs of accelerated learning programs (pedagogical materials); Vocational education and training courses for accelerated learning programs in lower-secondary; Tuition/buying ECE places in private institutions; Operational costs (outsourced) of early-warning systems to reduce school dropout	
1.2.2: Reducing the flow of overage students	PBC 6: Number of students enrolled in full-time education	Construction and reconstruction of schools ( <i>Construção e Reconstrução de Novas Unidades de Ensino</i> ); Basic Education Development ( <i>Desenvolvimento da Educação Básica</i> ); Development of the full-time education policy to schools ( <i>Desenvolvimento de Política de Educação Integral nas Unidades de Ensino</i> )	Consultancy services; Small renovations to expand full-time schools; Operational costs of early-warning systems to reduce school dropout ( <i>Agentes da Educação</i> )	



Subcomponent Activity and Cost	Of which, PBC Based and Pure Input Based	Program Budget Lines	Description and Amount of Expenditures	
			Procurable Inputs	Non-Procurable Inputs
	PBC 8: Percentage of students in remedial education programs with 80% of attendance	Internal and external standardized student learning evaluation ( <i>Sistemática de Avaliação Interna e Externa</i> ); Basic Education Development ( <i>Desenvolvimento da Educação Básica</i> ); Structured System for Primary and Lower Secondary Education ( <i>Sistema Estruturado para o Ensino Fundamental</i> ); Equipping of Primary and Lower Secondary Schools ( <i>Aparelhamento das Escolas Municipais de Ensino Fundamental</i> ); Maintenance of Primary and Lower Secondary Schools ( <i>Manutenção das Unidades de Ensino Fundamental</i> ); Development of the full-time education policy to schools ( <i>Desenvolvimento de Política de Educação Integral nas Unidades de Ensino</i> )	Outsourced service to prepare and conduct learning evaluations	Operational costs
1.3.1: Strengthening health service delivery capacity and management capacity and health surveillance to respond to health demands and epidemics	Input based			
	PBC 9: Percentage of medium complexity health procedures contracted out	Reorganization of Medium and High Complexity Health Network ( <i>Reorganização da Rede de Saúde de Média e Alta Complexidade</i> ); Implementation of the Public Health Management System ( <i>Implementação do Sistema de Gestão em Saúde Pública - Saúde Eficiente</i> ); Modernization and Expansion of the Technological Structure of the Municipal Health Secretariat ( <i>Modernização e Ampliação do Parque Tecnológico da SMS</i> )	Goods and services	Services and operational costs
	PBC 10: Number of home-based visits provided by Multidisciplinary Home Care Teams (EMAD)	Primary Health Care Promotion ( <i>Promoção das Ações Básicas de Saúde</i> ); Reorganization of Medium and High Complexity Health Network ( <i>Reorganização da Rede de Saúde de Média e Alta Complexidade</i> ); Implementation of the Emergency Healthcare Network ( <i>Implementação da Rede de Urgência e Emergência</i> )	Goods and services, training	Services and operational costs
1.3.2: Improvement of clinical management of health care ensuring continuity	Input based			
	PBC 11: Proportion of low risk (green) or no risk (blue) patients cared	Implementation of the Emergency Healthcare Network ( <i>Implementação da Rede de Urgência e Emergência</i> ); Primary Health Care Promotion ( <i>Promoção das Ações Básicas de Saúde</i> ); Construction of Primary Health Care units	Works, goods and services	



Subcomponent Activity and Cost	Of which, PBC Based and Pure Input Based	Program Budget Lines	Description and Amount of Expenditures	
			Procurable Inputs	Non-Procurable Inputs
across primary, secondary, and tertiary levels	in the Intermediate Emergency Care Units (UPAs)	<i>(Construção e Implantação de novas Unidades de Saúde da Família)</i>		
	PBC 12: Percentage of patients accessing the municipal healthcare facilities with clinical information recorded in the municipal Electronic Medical Record System	Implementation of the Public Health Management System <i>(Implementação do Sistema de Gestão em Saúde Pública - Saúde Eficiente)</i> ; Modernization and Expansion of the Technological Structure of the SMS <i>(Modernização e Ampliação do Parque Tecnológico da SMS)</i> ; Primary Health Care Promotion <i>(Promoção das Ações Básicas de Saúde)</i> ; Reorganization of Medium and High Complexity Health Network <i>(Reorganização da Rede de Saúde de Média e Alta Complexidade)</i> ; Implementation of the Emergency Healthcare Network <i>(Implementação da Rede de Urgência e Emergência)</i> .	Goods and services; Training	Services and operational costs
1.4: Support to COVID-19 emergency	Input based	COVID-19 Pandemic Response Social Assistance <i>(Enfrentamento a Pandemia da COVID-19 FMAS)</i> ; Sistemization, control and dissemination of SUAS services <i>(Sistematização, Controle e Divulgação dos Serviços Oferecidos na Rede SUAS)</i> ; Special Social Protection Services for early childhood <i>(Programa de Proteção Social para Primeira Infância Primeiro Passo)</i> ; Eventual and Assistance Benefits <i>(Concessão de oferta de Benefícios Eventuais e Assistenciais)</i> ; Special Social Protection Services for Children and Youth <i>(Serviços de Proteção Social Especial para Crianças e Adolescentes)</i> ; Special Social Protection Services for the Elderly, People with Disabilities, Adults and Family <i>(Serviço de Proteção Social Especial para idosos, pessoas com deficiência, adultos e famílias)</i> ; Implementation of Basic Social Protection Services <i>(Implementação dos Serviços de Proteção Social Básica)</i> ; Maintenance of Technical and Administrative Services <i>(Manutenção dos Serviços Técnicos e Administrativos – SEMPRES)</i> ;	Works; Goods; Consultancy services; IT systems and services; Training	Cash Transfers; Services and operational costs



Subcomponent Activity and Cost	Of which, PBC Based and Pure Input Based	Program Budget Lines	Description and Amount of Expenditures	
			Procurable Inputs	Non-Procurable Inputs
		<p>Maintenance of Municipal Fund for Elderly (<i>Manutenção do Fundo Municipal da Pessoa Idosa</i>);</p> <p>Operationalization of Protection Services and Specialized Attendance to Families and Individuals (<i>Operacionalização dos Serviços de Proteção e Atendimento Especializado à Família e Indivíduos</i>);</p> <p>COVID-19 Pandemic Response Education (<i>Enfrentamiento a Pandemia da COVID-19 FME</i>);</p> <p>Expansion of Day Cares (<i>Pé na Escola Creche</i>);</p> <p>Expansion of Preschools (<i>Pé na Escola Pré Escola</i>);</p> <p>Promotion to Confessional, Communal, and Philanthropic Schools (<i>Fomento às Escolas Confessionais, Comunitárias e Filantrópicas</i>);</p> <p>COVID-19 Pandemic Response Health (<i>Enfrentamiento a Pandemia da COVID-19 FMS</i>);</p> <p>Implementation of the Public Health Management System (<i>Implementação do Sistema de Gestão em Saúde Pública - Saúde Eficiente</i>);</p> <p>Reorganization of Medium and High Complexity Health Network (<i>Reorganização da Rede de Saúde de Média e Alta Complexidade</i>);</p> <p>Modernization and Expansion of the Technological Structure of the SMS (<i>Modernização e Ampliação do Parque Tecnológico da SMS</i>);</p> <p>Primary Health Care Promotion (<i>Promoção das Ações Básicas de Saúde</i>);</p> <p>Implementation of the Emergency Healthcare Network (<i>Implementação da Rede de Urgência e Emergência</i>);</p> <p>Epidemiology Control and Monitoring (<i>Promoção das Ações de Controle e Vigilância Epidemiológica</i>)</p>		