

**INTEGRATED SAFEGUARDS DATA SHEET  
APPRAISAL STAGE**

**Report No.: ISDSA16016**

**Date ISDS Prepared/Updated:** 18-Nov-2015

**Date ISDS Approved/Disclosed:** 08-Sep-2015

**I. BASIC INFORMATION**

**1. Basic Project Data**

<b>Country:</b>	Kazakhstan	<b>Project ID:</b>	P152625
<b>Project Name:</b>	Social Health Insurance Project: Improving Access, Quality, Efficiency and Financial Protection (P152625)		
<b>Task Team Leader(s):</b>	Carlos Marcelo Bortman		
<b>Estimated Appraisal Date:</b>	08-Sep-2015	<b>Estimated Board Date:</b>	28-Jan-2016
<b>Managing Unit:</b>	GHN03	<b>Lending Instrument:</b>	Investment Project Financing
<b>Sector(s):</b>	Health (100%)		
<b>Theme(s):</b>	Health system performance (100%)		
<b>Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)?</b>			No
<b>Financing (In USD Million)</b>			
Total Project Cost:	200.00	Total Bank Financing:	180.00
Financing Gap:	0.00		
<b>Financing Source</b>			<b>Amount</b>
Borrower			20.00
International Bank for Reconstruction and Development			180.00
Total			200.00
<b>Environmental Category:</b>	B - Partial Assessment		
<b>Is this a Repeater project?</b>	No		

**2. Project Development Objective(s)**

The proposed Project Development Objective is to improve accessibility, quality, and efficiency of health service delivery, and reduce the financial risk of the population due to serious health problems.

**3. Project Description**

The proposed project would support implementation of the National Mandatory Social Health

Insurance System (SHIS) and further adjustments of the Unified National Health System to properly respond to the new population needs and requirements. The SHIS, to be fully operational by 2020, will be introduced under the Concept for Social Development of the Republic of Kazakhstan by 2030, approved by the Government of the Republic of Kazakhstan.

The proposed Project will use an Investment Project Financing instrument. All the activities have been organized in the following three components: (1) support implementation of a national mandatory social health insurance system; (2) introduce reforms to improve access, quality, and efficiency of health service delivery alongside the introduction of a national social health insurance system; and (3) project management and monitoring and evaluation. It is expected that the proposed Project would require 5 years (2016–20) to be completed, with most of the investment to be implemented in years 3, 4 and 5.

Component 1. Supporting implementation of the National Social Health Insurance System (US\$56 million). This component will support the design and implementation of the SHI system. Component activities will be divided into two subcomponents:

Subcomponent 1.1. Establishing and strengthening the organizational and institutional structure of SHI. The SHI Law is expected to be passed by Parliament in early 2016 paving the way for the roll-out of the National SHI system. The proposed SHI Law will create an entirely new set of institutions including a SHI Fund (SHIF) as well as other bodies such as the United Commission on Health Care Quality to support the implementation of SHI.

Subcomponent 1.2. Strengthening purchasing and payment arrangements under SHI. Kazakhstan has already embarked on wide-ranging purchasing reforms, including provider payment reforms which are at different stages of implementation. This sub-component will support the fine-tuning and strengthening of current reforms as well as the introduction of new reforms as needed.

This component will finance technical assistance (including twinning contracts), training, goods, services, and operational costs.

Component 2. Improving access, quality, and efficiency of health service delivery to support implementation of the new the National Social Health Insurance System (US\$132 million). This component will support the strengthening of population services, primary and secondary prevention, and first phase implementation of 16 regional master plans. Component activities will be divided in three subcomponents:

Subcomponent 2.1. Optimization of the network of rendering healthcare services. This subcomponent would support implementation of an integrated network for rendering healthcare services meeting the current and strategic needs of the population, ensuring the strengthening of public health and the continuity of health care delivery. The subcomponent would (a) facilitate the processes of strengthening public health and formation of a healthy lifestyle, and (b) support restructuring of the network of health care organizations on the basis of master plans, taking into account the priority development of primary health care (PHC)

Subcomponent 2.2: Improving the quality of healthcare services. This subcomponent would support the improvement of the quality of healthcare services and the provision of patient safety. The

subcomponent is aimed at the formation of the continuity of standards and tools of quality from development to introduction in practical health care with involvement of professional associations and patients. This subcomponent will expand of the existing backlog in the accreditation of health care organizations, development of clinical guidelines/clinical protocols (CG/CP), conduct of Health Technology Assessments (HTAs), and rational use of medicines.

Subcomponent 2.3 - Development of human resources for health care. The purpose of this component is to develop an effective human resources (HR) policy for the sector, which ensures the provision of high-quality health services. This will be achieved by building the key components of the elements of medical education in accordance with the needs of the health system.

This component will finance technical assistance (including twinning contracts), training, goods, works, services, and operational costs.

Component 3. Project Management, Monitoring and Evaluation, and Communications Strategy (US \$12 million). This component aims to support a Project Management Unit (PMU) to provide day-to-day project management, including fiduciary and administrative tasks of the Project, as well as monitoring, evaluation, and reporting.

This component will finance technical assistance, communications services, goods, non-consulting services, training, auditing, and incremental operating costs.

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

Component 2 might involve minor civil works at the already established healthcare facilities around the country. The project will also finance the replacement of the equipment and provision of the additional equipment in these facilities.

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

Ekaterina Romanova (GSURR)

Rustam Arstanov (GENDR)

<b>6. Safeguard Policies</b>	<b>Triggered?</b>	<b>Explanation (Optional)</b>
Environmental Assessment OP/BP 4.01	Yes	Regional master plans under the Subcomponent 2.1 will include at least 8 “Hospital Reshaping Scheme” projects which might consist of civil works. These civil works may include demolition/ construction activities leading to the noise/ vibration, generation of construction waste, occupational and community health and safety issues such as asbestos. Since the exact scope and location of civil works is not known, the environmental framework was developed by the borrower to define environmental screening and assessment procedures as well as the implementation arrangements. Once the exact scope and location are identified, the site environmental impact assessment (EIA)/ environmental management plans (EMPs) or checklists (depending on the probability and severity of

		potential risks) will be developed by the borrower. In addition, the project will finance the provision of the medical equipment and a replacement of the outdated equipment and a special consideration should be given to the replacement and disposal of medical equipment which uses radioactive materials (e.g. Co 60) for medical examination and treatment. The project might also entail some positive changes in waste management practices in healthcare facilities around the country.
Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	No	
Physical Cultural Resources OP/BP 4.11	No	No involvement of cultural buildings where health centers may be located is anticipated.
Indigenous Peoples OP/BP 4.10	No	
Involuntary Resettlement OP/BP 4.12	No	No land acquisition --temporary or permanent -- is anticipated.
Safety of Dams OP/BP 4.37	No	
Projects on International Waterways OP/BP 7.50	No	
Projects in Disputed Areas OP/BP 7.60	No	

## II. Key Safeguard Policy Issues and Their Management

### A. Summary of Key Safeguard Issues

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

The project might include minor civil works in an already existing healthcare facilities including removal/ demolition of partition-walls inside the building, roof replacement, windows and doors replacement, and remodeling. Environmental issues associated with the above interventions are minor, short-lived, and primarily limited to the project sites (except for movement of equipment and materials to/from the site). These issues are primarily: dust, noise, disposal of waste material and/or older equipment, some traffic disruption (depending upon specific location), worker safety (e.g. welding operations) etc. In addition, the project will finance the provision of the medical equipment and a replacement of the outdated equipment. In this respect a special consideration should be given to the replacement and disposal of medical equipment which uses radioactive materials (e.g. Co 60) for medical examination and treatment. The project might also entail some positive changes in waste management practices in healthcare facilities around the country. All associated impacts are addressed with good engineering and construction practices and with mitigation measures specified in the project Environmental Management Framework (EMF) sub-

project specific Environmental Management Plans to be applied by contractors with close supervision of compliance by the Project Implementation Unit.
<b>2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:</b>
The project is expected to bring long-term positive changes in the medical waste management practices in terms of classification and disposal of the medical waste.
<b>3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.</b>
N/A
<b>4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.</b>
Since the scope and locations of the project interventions are not known before the Appraisal, the Borrower has developed an Environmental Management Framework that describes i) screening procedure and typical environmental mitigation measures for activities that involve civil works ii) step-by-step procedure for classification and disposal of the medical waste based on the international best practices and RoK regulations, and iii) step-by-step procedure for the disposal of radioactive medical equipment and materials based on the RoK Regulations. The PIU has an assigned staff member responsible for environmental management of the project. In addition, in each region the construction engineer responsible for civil works will also share responsibility for environmental management.
<b>5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.</b>
The project will positively affect a broad range of stakeholders including patients and the employees of the medical facilities. The EMF will be consulted by means of public hearings in the city of Astana where affected groups such as doctors and public employees in healthcare sector will have an opportunity to give their opinion on environmental impacts and proposed mitigation measures. The EMF was disclosed on September 22 at the website of the Ministry of Healthcare and Social Protection. Various stakeholders including NGO's and representatives of the regional medical institutions have provided their comments and proposals via email. These comments were recorded and included to the final EMF which was then re-disclosed on the website. Site specific EMPs will be consulted upon at the sub-project locations once the facility-specific designs become available.

### **B. Disclosure Requirements**

<b>Environmental Assessment/Audit/Management Plan/Other</b>	
Date of receipt by the Bank	29-Aug-2015
Date of submission to InfoShop	13-Oct-2015
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	00000000
"In country" Disclosure	
Kazakhstan	22-Sep-2015
<i>Comments:</i>	
<b>If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.</b>	

**If in-country disclosure of any of the above documents is not expected, please explain why:**

### ***C. Compliance Monitoring Indicators at the Corporate Level***

<b>OP/BP/GP 4.01 - Environment Assessment</b>			
Does the project require a stand-alone EA (including EMP) report?	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]	NA [ <input type="checkbox"/> ]
If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]	NA [ <input type="checkbox"/> ]
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]	NA [ <input type="checkbox"/> ]
<b>The World Bank Policy on Disclosure of Information</b>			
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]	NA [ <input type="checkbox"/> ]
Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]	NA [ <input type="checkbox"/> ]
<b>All Safeguard Policies</b>			
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]	NA [ <input type="checkbox"/> ]
Have costs related to safeguard policy measures been included in the project cost?	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]	NA [ <input type="checkbox"/> ]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]	NA [ <input type="checkbox"/> ]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]	NA [ <input type="checkbox"/> ]

### **III. APPROVALS**

Task Team Leader(s):	Name: Carlos Marcelo Bortman	
<b><i>Approved By</i></b>		
Practice Manager/ Manager:	Name: Enis Baris (PMGR)	Date: 18-Nov-2015