INTEGRATED SAFEGUARDS DATA SHEET
CONCEPT STAGE

Report No.: ISDSC7448

Date ISDS Prepared/Updated: 05-Feb-2014

Date ISDS Approved/Disclosed: 07-Feb-2014

I. BASIC INFORMATION

A. Basic Project Data

Country:	India	**Project ID:**	P148531
Project Name:	Uttarakhand Health Systems Development Project (P148531)		
Task Team Leader:	Somil Nagpal		
Estimated Appraisal Date:		**Estimated Board Date:**	10-Sep-2014
Managing Unit:	SASHN	**Lending Instrument:**	Investment Project Financing
Sector(s):	Health (75%), Non-compulsory health finance (15%), Public administration-Health (10%)		
Theme(s):	Health system performance (50%), Child health (20%), Injuries and non-communicable diseases (20%), Other Financial Sector Developmen t (10%)		

Financing (In USD Million)			
Total Project Cost:	125.00	Total Bank Financing:	100.00
Financing Gap:	0.00		

Financing Source	**Amount**
BORROWER/RECIPIENT	25.00
International Development Association (IDA)	100.00
Total	125.00

Environmental Category:	B - Partial Assessment
Is this a Repeater project?	No

B. Project Objectives

The proposed PDO is to support Uttarakhand in progressing towards Universal Health Coverage, as measured by improvement in access to and quality of health services and in providing health financial risk protection .

Specifically, the project would focus on improving access to health services for the predominantly

remote population of the state, through strengthening public and private health-delivery systems; promoting greater stewardship and managerial capacity in the state directorate; improving information systems; augmenting monitoring and research; and extending coverage of RSBY beyond hospitalization to include primary healthcare services.

A key area the project supports is innovative mechanisms for Uttarakhand to engage with private health care providers, expanding their role in meeting the unmet access needs of the state's population. A greater involvement of the private sector would create additional human resource availability for the public health system as a whole, also providing an opportunity to redeploy existing public staff in a more efficient and effective manner.

C. Project Description

Taking into account evidence around the shifting trends in morbidity and mortality, the Project would support the stewardship role and capacity of the state's Department of Medical Health and Family Welfare (DoMHFW) for improving health outcomes through multi-sectoral actions; innovations in developing and engaging the private sector; institutional strengthening; and improved management of health services.. Interventions support the state's plans for scaling up health system reform initiatives and making progress towards universal health coverage. Special focus would be on improving access to quality health services for the geographically dispersed and remote populations in the state, and finding innovative ways to engage with the private sector. The project also aims to reduce financial risk and make affordable, high quality healthcare available to all of the state's citizens.

The proposed project will have two components as follows:

(i) Stewardship and system improvement component that aims to address system-wide challenges in strategic planning, data generation and management, health communication, human resources management and development, procurement and supply chain management and multisectoral coordination (US$ 35 million). The project will build upon the foundations of the previous Bank project in the state. It will work closely with the present structure of the National Rural Health Mission (NRHM), which is the flagship initiative of the national government, providing additional financial resources to strengthen the state's health delivery infrastructure, with a focus on public health, maternal and immunization services, and disease control programs. The project will expand the existing financial protection scheme for inpatient care (RSBY) to incorporate primary care services related to child health and NCDs.

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The project will maximize the use of available human resources and expand the manpower available to provide health services by engaging the private sector, as described in the second component below. At the state level, this component will strengthen the program management capacity for the health system as a whole, by hiring contractual expertise to augment and supplement the available human resources in specific areas where skills and expertise are not adequately available in the state's health system, and yet vital for the state's stewardship and strategic management functions. This includes expertise in areas such as health economics, hospital administration, quality assessment, health informatics, operational research, health communications, epidemiology and biostatistics, logistics management, project management, and contract management.

This component will also be used to make investments in designing and implementing information systems, to support research studies in public health including impact evaluations of project interventions, and to promote capacity building initiatives aimed at human resources across all levels

of the health system.

(ii) Innovations in engaging the private sector component would augment the state's capacity in improving access to health services, particularly for remote populations, and in strengthening of primary care. The component would improve upon the current PPP practices in the state to enhance the reach and quality of health care service delivery, integrate primary care coverage into the state's health insurance program (RSBY), as also address the capacity building needs of the health system. This component , will have three key sub-components: (a) Outsourcing of community health centers (CHCs) (US$45 million); (b) Expanding RSBY to include primary care (US$35 million); and (c) Performance-based contracting for mobile medical units for basic as well as specialist care (US$10 million). These are further detailed below.

The state has already commenced outsourcing the operations of its CHCs on a pilot basis, wherein the selected private operator is required to bring in the complete team of human resources (including medical officers as well as specialist doctors) for running the outpatient and inpatient services at the CHC, and is also responsible for maintenance of the infrastructure. With some innovations and improvements in contract design and management, such outsourcing of CHCs holds great potential for augmenting the state's pool of human resources and thus improving the quality of care in remote areas for which the existing human resources are insufficient and/or unwilling and the health facilities remain barely operational with only skeletal staff.

The RSBY sub-component is unprecedented in the country's context and will focus on designing, implementing and evaluating benefit packages around childhood and adolescent health as well as case management of non-communicable diseases in primary care settings. By focusing on children's health and NCDs, the project will tackle two key priorities for the GoUK and essential determinants of catastrophic health expenditure for the poor.

The outsourced mobile medical units, already being piloted in the state, also hold potential for improving access to primary medical care, particularly if closely integrated with the state's plans for a medical helpline and telemedicine services to complement the same. The 'Specialist Mobile Units', again a first-time innovation, would require the private operator to deploy teams comprising of a medical specialist, nurse, laboratory technician and a driver, following a hub-and-spoke model. These teams would be headquartered in semi-urban locations for part of the week, and in the remaining days, they would reach out to PHCs and CHCs within their geographic jurisdiction, as per a predetermined schedule. This will ensure that specialists are available to manage elective services at the local level, minimizing the need for referral and transportation costs.

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

Uttarakhand is the 27th state of the Republic of India and was carved out of Uttar Pradesh in 2000 with the primary objective of bringing development to hill region of the state. The state is bordering Himachal Pradesh in the north-west and Uttar Pradesh in the South and has international borders with Nepal and China. There are 13 districts in Uttarakhand. The state can be also divided into three distinct geographical regions, the High mountain, the Mid-mountain, and the Terai. Hills account for over 90 percent of its area, and forests cover two-thirds, with numerous small, scattered communities which makes inaccessibility a crucial aspect in Uttarakhand.

Uttarakhand's population has reached approximately 10,116,752 in 2011 with an increase of 19.17 percent from the past decade. District-wise, there is enormous variation in the density of population

with Haridwar, US Nagar and Dehradun having a high density of above 500 persons per square km; while on the other hand there are districts like Uttarkashi, Chamoli and Pithoragarh where the population density is quite low with less than 50.

E. Borrowers Institutional Capacity for Safeguard Policies

The earlier Bank project in the state successfully implemented an Environment Management Plan, and instituted systems for effective healthcare waste management, including development of guidelines, training and capacity building and monitoring. The proposed project will build upon this achievement of Phase I and work closely with the present structure of the NRHM to mainstream occupational health and safety measures and sound waste management practices. There may be need to systematically provide additional rounds of training to all levels of healthcare staff and relevant officials. These requirements are, however, clearly defined in the Government of India's Infection Management and Environmental Plan (IMEP) which is a mandatory requirement, along with the GOI's legal requirement under the BioMedical Waste Management Rules.

F. Environmental and Social Safeguards Specialists on the Team

Ruma Tavorath (SASDI)

II. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/ BP 4.01	Yes	The Government of India has comprehensive national regulations on Occupational safety and good practices for infection control and waste management (BioMed Rules, IMEP and IPHS Guidelines) which the project will need to comply with. The project will institute systems to ensure that public and private sector and mobile services are in compliance with national regulations related to infection control and infectious waste management. The project can provide further value-add by including and mainstreaming environmental due diligence measures into the revised systems for implementing, monitoring and reporting related to healthcare service delivery. Any changes in the project design or project activities related to physical investments will require re-visiting the environmental risks and Environmental Safeguards category.
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	

Indigenous Peoples OP/BP 4.10	Yes	The project aims to enhance access and equity of health services to all underserved populations of the state. The project supports interventions to strengthen state health systems to expand universal health coverage, ensuring affordable and high-quality health care for all. Project design will take into account the findings of the Social Assessment, Stakeholder and Gender Consultations to ensure that appropriate strategies are built in. Monitoring and evaluation mechanisms will ensure the regular tracking of progress and impact of project interventions on women and vulnerable populations.
Involuntary Resettlement OP/BP 4.12	No	
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	

III. SAFEGUARD PREPARATION PLAN

A. Tentative target date for preparing the PAD Stage ISDS: 15-May-2014

B. Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing[1] should be specified in the PAD-stage ISDS:

NA

IV. APPROVALS

Task Team Leader:	Name: Somil Nagpal	
Approved By:		
Regional Safeguards Coordinator:	Name: Zia Al Jalaly (RSA)	Date: 06-Feb-2014
Sector Manager:	Name: Julie McLaughlin (SM)	Date: 07-Feb-2014

[1] Reminder: The Bank's Disclosure Policy requires that safeguard-related documents be disclosed before appraisal (i) at the InfoShop and (ii) in country, at publicly accessible locations and in a form and language that are accessible to potentially affected persons.