

**INTEGRATED SAFEGUARDS DATA SHEET  
CONCEPT STAGE**

Report No.: AC511

**Date ISDS Prepared/Updated: March 4, 2004**

**I. BASIC INFORMATION**

**A. Basic Project Data**

Country: Romania	Project ID: P078971
Project Name: HEALTH SECTOR REFORM II	Task Team Leader: Silviu Calin Radulescu
Estimated Appraisal Date: August 21, 2004	Estimated Board Date: March 17, 2005
Managing Unit: ECSHD	Lending Instrument: Adaptable Program Loan
Sector: Health (100%)	Theme: Health system performance (P)
Safeguard Policies Specialists in the task team: D. Eckertz	
Loan/Credit amount (\$m.): IBRD: 20	
Other financing amounts by source:	(\$m)
FOREIGN MULTILATERAL INSTITUTIONS (UNIDENTIFIED)	20

**B. Project Objectives [from section 3 of PCN]**

The project will have the following objective: *provide more accessible services, of increased quality and with improved health outcomes for those requiring maternity and newborn care, emergency medical care and rural primary health care.* The principal beneficiary groups would be the users of services targeted for improvement by the project: pregnant women and newborn, rural populations, and those needing emergency services. This objective is consistent with the overall program objectives defined at the beginning of APL phase 1.

In addition to the obvious benefits of reducing maternal and infant mortality, general mortality in rural areas, and overall improvement of quality of care, this project would demonstrate the impact of the rationalization approach across a vertical program throughout Romania. This would support more extensive implementation of rationalization plans developed in Phase I.

Proposed project performance indicators would include:

1. Decreased perinatal mortality rate
2. % of deliveries attended at appropriate level of care
3. Increased occupancy and reduced length of stay in maternity services
4. % of rural population reporting difficulties in access
5. Increased utilization rate of primary care services in rural areas
6. Reduced differences in utilization rate of primary and emergency care according to residence and income status
7. Improved survival rates of major emergencies arriving alive at the hospital emergency department

8. Improved response times and dispatch effectiveness through x (number to be determined) dispatch centers linked to both the new 112 system and the related ambulance services

### **C. Project Description [from section 4 of PCN]**

This investment project would be the second phase of an agreed program. It is closely linked to the overall program objectives and builds on activities initiated in the first phase. The project would be implemented over a three year period, and the responsible agency would be the Ministry of Health, who has established project implementation capacity. This would be the third World Bank financed project managed by the same unit that has acquired significant experience, in particular on procurement and fiduciary procedures. This has resulted in selection of the unit to manage large projects supported by other financiers (e.g. GFATM grant).

Needed investments exceed the indicative size of the Bank loan (US\$20 million), but discussions have been initiated with EIB and EBRD regarding parallel and co-financing possibilities.

The project components are as follows:

**1. Health Policy Development and Monitoring of Health Sector Performance Component:** will support the development of National Health Accounts, and improve the capacity of the Ministry of Health to monitor health sector performance, through regular surveys and other analytical techniques. It will also provide continued technical assistance in the development and implementation of regional health care rationalization plans.

**2. Maternity and Neonatal Care Component:** will fund facility rehabilitation for maternity and neonatal care units, as well as medical and other equipment necessary for high quality neonatal and maternity services. Technical assistance and training will be provided to ensure implementation of best international practices, building on already existing partnerships between the Government and WHO, UNICEF and UNFPA.

**3. Primary Health Care Component:** will focus on medical services in rural areas. Access to PHC services in rural and remote areas, as well as the need to provide 24-hour emergency coverage in these areas are of particular concern to the MOH. Using service plans developed in the Phase I, workable model(s) will be selected and scaled up to a substantial proportion of the rural population. The component will also support better coordination of health and social services.

**4. Emergency Care Services Component:** would help develop and implement integrated automated ambulance dispatch capability and upgrade hospital emergency areas. Both interventions are essential to maximizing the impact of the investments that have been made to date, and the effectiveness of the emergency medical services system generally.

**5. Project management Component:** would support the operation of the Project Management Unit, continuing the existing arrangements for management of the first phase project.

### **D. Project location (if known)**

*[Guideline: If the location is not yet identified, please indicate if there are alternative locations under consideration or how the location is to be determined during project preparation]*

Approximately 120 health facilities located throughout Romania.

## E. Borrower's Institutional Capacity for Safeguard Policies [from PCN]

[Guideline: Based on past experience and other available information]

The Borrower has an appropriate legal framework and institutional capacity in place to elaborate an environmental management plan and supervise its implementation. The Project Management Unit of the Ministry of Health, which has been established under the first Health Project currently under implementation, will lead project preparation and co-ordinate safeguard measures with other stakeholders.

## II. SAFEGUARD POLICIES THAT MIGHT APPLY

Applicable?	Safeguard Policy If Applicable, How Might It Apply?
<input checked="" type="checkbox"/>	<a href="#">Environmental Assessment (OP/BP 4.01)</a>
<input type="checkbox"/>	<a href="#">Natural Habitats (OP/BP 4.04)</a>
<input type="checkbox"/>	<a href="#">Pest Management (OP 4.09)</a>
<input type="checkbox"/>	<a href="#">Involuntary Resettlement (OP/BP 4.12)</a>
<input type="checkbox"/>	<a href="#">Indigenous Peoples (OD 4.20)</a>
<input type="checkbox"/>	<a href="#">Forests (OP/BP 4.36)</a>
<input type="checkbox"/>	<a href="#">Safety of Dams (OP/BP 4.37)</a>
<input type="checkbox"/>	<a href="#">Cultural Property (draft OP 4.11 - <a href="#">OPN 11.03</a>)</a>
<input type="checkbox"/>	<a href="#">Projects in Disputed Areas (OP/BP/GP 7.60)*</a>
<input type="checkbox"/>	<a href="#">Projects on International Waterways (OP/BP/GP 7.50)</a>

### Environmental Assessment Category:

A  B  C  FI  TBD (to be determined)

## III. SAFEGUARD PREPARATION PLAN

A. Target date for the Quality Enhancement Review (QER), at which time the PAD-stage ISDS would be prepared.

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\* By supporting the proposed project, the Bank does not intend to prejudice the final determination of the parties' claims on the disputed areas

- B. For simple projects that will not require a QER, the target date for preparing the PAD-stage ISDS

August 2004

- C. Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing<sup>1</sup> should be specified in the PAD-stage ISDS.

The project envisages limited minor construction, such as remodeling, renovation and refitting of existing buildings, and the provision of equipment to health facilities. Safeguard issues relating to the planned rehabilitation of health facilities will be addressed in the context of project preparation studies and surveys of the health facilities to be included under the project as follows:

- (1) The national environmental laws and regulations applicable to the project will be reviewed during the project design studies;
- (2) Environmental issues related to the construction works at the selected sites or, if the sites are not selected by Appraisal, the process for identifying these, will be established in the context of the forthcoming health facility survey. The survey, financed from the PHRD grant, will include an assessment of the environmental issues related to construction and rehabilitation of health facilities, and will identify the scope of mitigation measures to be included in the contract documents for the civil works. It will also review the current practices for handling, transportation and disposal of medical wastes at the selected facilities, and assess the nature and scope of required mitigation measures, such as for dust, noise, and construction waste including asbestos.
- (3) Establishment of an Environmental Management Plan (EMP) with appropriate implementation arrangements will be established for addressing the safeguard issues. The EMP will cover:
  - measures for mitigation of dust and noise during construction, and proper handling and disposal of any asbestos containing materials and other construction wastes;
  - devise procedures for improvements in the current practices for handling, transportation and disposal of medical wastes at the selected facilities, such as improving building rehabilitation designs, training health care workers, or provision of additional facilities and equipment; and
  - if the selected buildings are found to have historical value, procedures for the project to provide for addressing cultural property issues by including appropriate instructions (in accordance with Romanian regulations) in the bidding documents for the civil works.

The EMP will be developed by project appraisal, planned for August 2004, and be discussed in public consultation with stakeholders.

#### IV. APPROVALS

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<sup>1</sup> 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.

*Signed and submitted by:*

**Task Team Leader:**

**Silviu Calin Radulescu**

**Date 3/4/04**

*Approved by:*

**Regional Safeguards Coordinator:**

**Name**

**Date**

**Comments**

**Sector Manager:**

**Name**

**Date**

**Comments**