INTEGRATED SAFEGUARDS DATA SHEET
ADDITIONAL FINANCING

Report No.: ISDSA12561

Date ISDS Prepared/Updated: 31-Mar-2015

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I. BASIC INFORMATION

1. Basic Project Data

Country:	Tajikistan	**Project ID:**	P153975
		Parent Project ID:	P126130
Project Name:	Additional Financing to TJ Health Services Improvement Project (P153975)		
Parent Project Name:	Tajikistan Health Services Improvement Project (HSIP) (P126130)		
Task Team Leader(s):	Wezi Marianne Msisha		
Estimated Appraisal Date:	02-Apr-2015	**Estimated Board Date:**	25-Jun-2015
Managing Unit:	GHNDR	**Lending Instrument:**	Investment Project Financing
Sector(s):	Health (53%), Other social services (47%)		
Theme(s):	Health system performance (36%), Child health (32%), Population and reproductive health (12%), Injuries and non-communicable disease s (12%), Rural services and infrastructure (8%)		
Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)?	No		
Financing (In USD Million)			
Total Project Cost:	10.20	Total Bank Financing:	10.00
Financing Gap:	0.00		

Financing Source	**Amount**
BORROWER/RECIPIENT	0.20
International Development Association (IDA)	5.50
IDA Grant	4.50
Total	10.20

Environmental Category:	B - Partial Assessment

Is this a Repeater project?	No

2. Project Development Objective(s)

A. Original Project Development Objectives – Parent

The Project Development Objective (PDO) is to contribute to the improvement of the coverage and quality of basic primary health care (PHC) services in rural health facilities in selected districts.

B. Proposed Project Development Objectives – Additional Financing (AF)

The revised Project Development Objective (PDO) is to contribute to the improvement of the coverage and quality of basic primary health care (PHC) services in selected districts.

3. Project Description

The proposed additional financing to the HSIP would extend activities that already constitute the original Project as follows:

Component 1: Performance-based Financing. This component would support the implementation of a performance-based financing (PBF) pilot at the PHC level in one additional rayon (district) in Khatlon Oblast and one rayon in RRS. The costs associated with the first level verification and independent verification of the PBF scheme would also be covered. Additional technical assistance to support the implementation of comprehensive PHC financing reforms, including fine tuning the model for implementing PBF in central rayon health centers and city PHC facilities would also be financed. Lastly, to strengthen social accountability and improve outcomes, discussions between communities and PHC providers of feedback received through citizen scorecards (CSCs) would be undertaken and facilitated by local non-government organizations (NGOs).

Component 2: Primary Health Care Strengthening.
Sub-component 2.1: Quality Improvement. This sub-component would: (i) expand the activities aimed at improving the skills and competencies of PHC personnel through training in the six-month Family Medicine program and continuous medical education on clinical protocols on maternal and child health (MCH) care, and selected non-communicable diseases (NCDs).

Sub-component 2.2: Physical Infrastructure Improvements. The sub-component would support the improvement of PHC facility infrastructure through reconstruction of additional rural health centers and provision of basic medical equipment to additional primary health care facilities in the existing eight Project districts and two new districts, according to previously agreed criteria . Minor rehabilitation of and provision of teaching equipment to the Khatlon and Sogd Family Medicine Training Centers would also be supported.

Component 3: Project Management, Coordination and Monitoring & Evaluation. The component would support the expenses associated with the implementation and management of the Project at the central, regional and district levels. These would include recurrent costs, office equipment and furniture, vehicles for Project supervision, consultant salaries, travel expenses, study tours to enhance the knowledge on PBF, PHC reforms and management, and training for the Coordination Group (CG) members and project implementation staff at regional and district levels, monitoring and evaluation, and project audits. All activities would also cover the two new districts included through

the AF.

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

The HSIP is currently being implemented in eight out of 68 cities and rayons (districts) four districts each in Khatlon and Sogd Oblasts (Regions) in Tajikistan. The Additional Financing to the HSIP would extend the same project activities to one additional district in Khatlon Oblast and one district in the Rayons of Republican Subordination (RRS). The two new additional districts will cover a population of 245,271.

The Project would support civil works to improve the physical infrastructure of selected Rural Health Centers, to upgrade them to basic levels of functionality to be able to provide satisfactory health services in accordance with the Project Development Objective. A preliminary assessment indicates that the facilities are substantially degraded and would need significant rehabilitation and civil works to improve the availability of basic utilities and services including water, sewerage, sanitation and electricity. Older building structures may contain asbestos, which would require sound management during dismantling and disposal. While there is no foreseen substantial increase in the quantities of medical waste, or change in waste types or composition, site specific assessments would be undertaken to determine appropriate waste disposal options, which will be provided to facilitate the sound management of infectious waste. Given the above environmental issues related to the proposed project activities, OP4.01 is being triggered.

5. Environmental and Social Safeguards Specialists

Angela Nyawira Khaminwa (GSURR)

Rustam Arstanov (GENDR)

6. Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	Environmental issues related to construction and rehabilitation of healthcare facilities and waste management (construction debris, asbestos and infectious waste) necessitate triggering OP 4.01.
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	No	There are no Indigenous Peoples, as defined in OP 4.10, in the project areas.
Involuntary Resettlement OP/BP 4.12	No	Civil works will take place on the existing footprint of these facilities and the project will not finance any activities that will result in land acquisition, and/or restriction in access to physical assets, resources or services.

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:

OP 4.12 is not triggered as no related impacts are expected. Safeguard issues and impacts did not change in their nature and their scope from the parent project. The project would support civil works to improve the physical infrastructure of Rural Health Centers (RHC), to upgrade them to basic levels of functionality to be able to provide satisfactory health services in accordance with the Project Development Objective (PDO). While there is no foreseen expansion of the constructed area or substantial increase of capacity, the current situation of the facilities are quite degraded and will need significant rehabilitation and civil works to improve availability of basic utilities and services including water, sanitation and electricity. An environmental assessment of sample facilities indicates that none of them have access to safe and adequate drinking water. Water is brought carried in buckets from neighborhood residential areas and office buildings. The water is then boiled prior to use, using water heaters. Sewage systems are inadequate, and are essentially non-concrete pits dug out in the RHC backyards. Once filled, such pit lavatories are covered up and new pits are dug, resulting in potential gradual soil and groundwater contamination. Most RHCs have restricted power access and utilize potbelly stoves which are expensive to operate and inefficient with poor heat retention. The use of quality fine blend coal is poor which results in harmful indoor air emissions and, charcoal-black deposition inside buildings all of which is harmful for staff and patients. Due to the shortage of coal, firewood is used as an alternative, resulting in degradation of neighboring bushes and forests. Most of these older building structures may contain asbestos, which would require sound management during dismantling and disposal. Waste disposal facilities are inadequate, and all categories of healthcare waste are collected in first aid boxes and burned in pits located within the premises. New pits are routinely dug, after others are filled, further resulting in soil and air contamination (mercury, dioxins and furans) and hazards due to scattered sharps. While there is no foreseen substantial increase in quantities of medical waste, or change in waste types or composition as a result of refurbishment, the new constructions will still aim to address environmentally sound ways of disposing infectious waste generated from healthcare services. Site specific assessments would be undertaken to determine the characteristics and suitability of existing waste disposal facilities.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:

Localized soil and water contamination due to poor sanitation and inadequate waste management.
Toxic air emissions due to poor incineration/burning practices of unsegregated waste.
Contamination due to poor management of construction waste and indiscriminate disposal of asbestos.
No such impacts with regard to social safeguards.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse

impacts.

The project will not finance any activities that will result in land acquisition, and/or restriction in access to physical assets, resources or services.

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.

The MOHSP has undertaken an assessment of a sample of the additional 16 RHC facilities totaling in 28 facilities and has prepared an updated EMF. The EMF defines critical mitigatory measures to be taken to address environmental impacts prior to and during the construction phase. These include issues related to design, water supply, sanitation and sewerage, power supply and waste management including construction debris and asbestos. Worker safety during construction, occupational safety and healthcare waste management during facility operations are also addressed in the EMF. Site-specific Environment Management Plans will be prepared and approved when the detailed facility architectural design plans are available and prior to commencement of civil works and mobilization of equipment to the site and EMP requirements will be included into the civil works bidding documents. In addition to regular monitoring and supervision requirements during and after construction, the EMF also requires a third-party independent assessment to be carried out 8 months prior to the end of the Project life.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

The project's main beneficiaries are the general population and specifically, women and children. The stakeholders will include healthcare workers, and staff from the MOHSP and the RHCs, the Environmental and construction management agencies which will be involved in providing clearances and undertaking the civil works, the neighborhood communities residing near the RHCs and those who utilize the services of the RHCs.

The MOH has translated and re-disclosed an updated EMF on their website and in the central level and regional health department offices on March 19, 2015. As consultations were held with relevant public sector agencies, CO (Community Organizations), NGOs and medical professionals starting from April 29, 2013 to get feedback on the EMF of the parent project and because the nature and the scope of activities will not change as a result of the re-structuring, it was agreed with the regional safeguards adviser (RSA) that public consultations are not required for the updated EMF. However, public consultations will be required for the site specific EMPs with the affected communities to discuss proposed facility design, scheduling of construction hours, habitat/ecosystem management and waste management. These will include neighboring communities, patients, residents, healthcare staff and workers, local businesses and neighboring shops and local authorities. Grievance mechanisms need to be instituted to ensure that communities can provide feedback or voice their concerns, if any.

There are no persons who will be affected by Involuntary Resettlement. The project will focus on poorer rural women as a major beneficiary group through emphasis on maternal health services in the Primary Health Center facilities in underserved areas in the country. The improvements in infrastructure will also enhance the experience of visiting the PHCs for women due to availability of facilities like toilets, waiting areas etc. On the supply side, focus on improving nurse training and post-graduate experience would also target women in the area of service delivery, as the majority of nurses in Tajikistan are women. Children and infants are also a specific target beneficiary group. The Project Development Objective indicators show the strong focus on outcomes related to children's health. The focus on underserved rural areas will directly target

children from poorer families. Improved child health will have a direct positive impact on benefiting women who are the primary care givers, as well as school attendance rates.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	12-Mar-2015
Date of submission to InfoShop	25-Mar-2015
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	////
"In country" Disclosure	
Tajikistan	19-Mar-2015
Comments: The updated EMF was publicly disclosed on March 19, 2015 on the MoHSP website: http://www.health.tj/ru and at the Khatlon & Sogd Oblast Health Departments.	
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.	
If in-country disclosure of any of the above documents is not expected, please explain why:	

C. Compliance Monitoring Indicators at the Corporate Level

OP/BP/GP 4.01 - Environment Assessment			
Does the project require a stand-alone EA (including EMP) report?	Yes [×]	No [ ]	NA [ ]
If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?	Yes [×]	No [ ]	NA [ ]
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	Yes [×]	No [ ]	NA [ ]
The World Bank Policy on Disclosure of Information			
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [×]	No [ ]	NA [ ]
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 [×]	No [ ]	NA [ ]
All Safeguard Policies			
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes [×]	No [ ]	NA [ ]
Have costs related to safeguard policy measures been included in the project cost?	Yes [×]	No [ ]	NA [ ]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [×]	No [ ]	NA [ ]

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes [×] No [ ] NA [ ]

III. APPROVALS

Task Team Leader(s):	Name: Wezi Marianne Msisha	
Approved By		
Practice Manager/ Manager:	Name: Daniel Dulitzky (PMGR)	Date: 31-Mar-2015