INTEGRATED SAFEGUARDS DATA SHEET
CONCEPT STAGE

Report No.: AC1187

Date ISDS Prepared/Updated: March 9, 2005

I. BASIC INFORMATION

A. Basic Project Data

Country: Tajikistan	Project ID: P078978
Project Name: COMMUNITY AND BASIC HEALTH PROJECT	Task Team Leader: Peyvand Khaleghian
Estimated Appraisal Date: April 10, 2005	Estimated Board Date: September 19, 2005
Managing Unit: ECSHD	Lending Instrument: Specific Investment Loan
Sector: Health (100%)	Theme: Health system performance (P);Other communicable diseases (S);Nutrition and food security (S)
Safeguard Policies Specialists in the task team:	
Loan/Credit amount ($m.): IDA: 10	
Other financing amounts by source:	($m)

B. Project Objectives

- ③ Improved access to and utilization of PHC in project-supported areas.
- ③ Improved transparency and fairness in financing for health services in Tajikistan.
- ③ Improved patient satisfaction with PHC in project-supported areas.

C. Project Description

The Project aims to improve quality of care and access to basic health services for poor and vulnerable populations in Sughd and Khatlon oblasts by upgrading selected primary health care facilities and by supporting organizational and financing reforms in the Tajikistan health sector to strengthen and give added prominence to primary and preventive health care. Four components are envisaged:

Component A. Strengthening Policy, Planning and Management at the Ministry of Health. This component [$1.5 million] would finance three kinds of activities. First, it would finance stage-setting analytical work such as National Health Accounts, a hospital costing exercise, a functional review of the health sector, a human resources study that covers both workforce planning and training issues, a hospital rationalization plan for Sughd and Khatlon oblasts, and an effort to cost the existing state guaranteed package of health services. In doing so it would build the capacity of MOH staff to carry out basic analytical tasks in health policy and planning. Second, it would finance local and international consultants to work with MOH staff to prepare a realistic but comprehensive sector strategy and sector expenditure framework—drawing on the analytical work described above—and to develop an implementation plan and sector-wide monitoring indicators based on this strategy. This would require extensive consultation with a broad range of stakeholders including *inter alia* MOF, the President's

Administration, oblast and rayon health administrators, donor agencies and NGOs. The would be to develop an agreed vision of the health sector that guides government, donor and civil society efforts for a 3-5 year period, and in turn to lay the foundation for Tajikistan to adopt a Sector-Wide Approach to the health sector in 2-3 years. Third, it would finance capacity building efforts for MOH staff—and oblast and rayon health administrators as appropriate—in health policy and planning and monitoring and evaluation. These would be related to the organizational and financing reforms to be supported under Component B, e.g. annual Health Accounts updates or public expenditure tracking surveys to measure actual increases in the PHC budget.

The end result of these activities should be improved leadership, policy-making and management in the health sector and a move toward a Sector-Wide Approach in health founded on agreed sector strategy, a basic MTEF and strong government-led donor coordination. Project supervision could from the outset be arranged in SWAp format, e.g. with twice-yearly "health summits" and efforts to strengthen donor coordination around a common reform program; this would increase the visibility of reform efforts and induce actors such as MOF and the President's Administration to participate more systematically in health policy dialogue, neither of which has been the case to date.

Component B. Implementing Organizational and Financing Reforms in the Health Sector. The government recently embarked on a set of organizational and financing reforms in the health sector. The broad direction of these reforms has been positive: they have included elements of hospital autonomy, basic benefit package development and efforts to strengthen primary care, all of which are appropriate choices for Tajikistan. However, they have also been marked by a hurried and piecemeal approach to implementation and a lack of overall coherence.

To address these issues, this component [$1.5 million] would help MOH design and implement a coherent—if modest—program of organizational and financing reforms. The program would emphasize two things: first, giving increased prominence and independence to primary care relative to hospital services, both through changes in PHC financing and efforts to improve PHC management at the rayon level; and second, improving the fairness and transparency of payments for health services in general. Specific candidates for support might include scaling-up the state guaranteed package of health services, introducing formal co-payments in hospitals, introducing the family group practice model in primary care and possibly oblast-level pooling of funds for hospital services. These are all consistent with the government's policy directions and are areas where the government has taken initial steps already, e.g. through its decision to adopt capitation-based payments for PHC, its efforts to design and pilot a benefits package and its recent introduction of "paid services" to help formalize informal payments in the hospital sector, among others. The component would therefore finance technical assistance, training, study tours, workshops, equipment and implementation support for MOH and health administrators in oblasts and rayons where the reform program would initially be implemented. It would also introduce a basic management information system for hospitals and PHC.

Component C. Strengthening Primary Health Care in Sughd and Khatlon Regions. This component [$7 million] would help rehabilitate PHC facilities and unblock bottlenecks to the delivery of PHC services in selected communities in Sughd and Khatlon provinces. A hybrid of centrally-planned and demand-driven approach is proposed, whereby the broad selection of candidate sites is undertaken by MOH and oblast health administrators—based on a rationalization and investment plan being developed under the PHRD grant—but where the final selection of sites is based on proposals submitted by communities, health workers and local health officials together. Proposals would have to account for bottlenecks to the delivery of PHC services in a given area, e.g. "absence of trained staff," "lack of running water at PHC facility," "no local access to drugs," etc. Issues such as pharmaceutical supply and the availability of qualified health workers would be mandatory for all proposals to address; other issues ("our health worker needs a bicycle") would be left for communities themselves to raise. Using objective criteria—including *inter alia* the technical competence and realism of proposals, their consistency with the investment and rationalization plan, their consistency with the envisaged scope of PHC services, and the

level of community and health worker involvement in preparing them—grants would be awarded for communities to pursue the activities outlined in their proposals. These would fall under three headings: facilities rehabilitation; meeting core bottlenecks to service delivery; and meeting additional needs.

The component would therefore finance rehabilitation works, technical assistance for proposal preparation, technical assistance for carrying out the rehabilitation works, technical assistance for local health plan implementation and a suitable system of financial controls and audits. The component could also finance basic medical equipment and furniture for rehabilitated facilities, and PHC training for health workers in project areas.

Component D. Project Implementation. This would finance a Project Implementation Unit consisting of a director, a finance officer, a procurement officer and 1-2 technical specialists as required. To the extent possible, the PIU would be integrated with MOH. A new procurement law is in preparation and is expected to delegate procurement responsibility to ministries' departments of finance and administration: this creates an opening to build fiduciary capacity in MOH, both as an end in itself and in preparation for a future SWAp. This will be investigated during project preparation.

D. Project location (if known)

Sughd and Khatlon provinces; Dushanbe city.

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

Limited.

II. SAFEGUARD POLICIES THAT MIGHT APPLY

Applicable?	Safeguard Policy If Applicable, How Might It Apply?
[N]	Environmental Assessment (OP/BP 4.01)
[N]	Natural Habitats (OP/BP 4.04)
[N]	Pest Management (OP 4.09)
[N]	Involuntary Resettlement (OP/BP 4.12)
[N]	Indigenous Peoples (OD 4.20)
[N]	Forests (OP/BP 4.36)
[N]	Safety of Dams (OP/BP 4.37)
[N]	Cultural Property (draft OP 4.11 - OPN 11.03)

[N]	**Projects in Disputed Areas (OP/BP/GP 7.60)***
[N]	**Projects on International Waterways (OP/BP/GP 7.50)**

Environmental Assessment Category:
[ ] A [ ] B [X] C [ ] FI [ ] TBD (to be determined)

If TBD, explain determinants of classification and give steps that will be taken to determine that EA category (mandatory):

III. SAFEGUARD PREPARATION PLAN

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

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

May 1, 2005

C. 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.

IV. APPROVALS

Signed and submitted by:		
Task Team Leader:	**Peyvand Khaleghian**	**Date**
Approved by:		
Regional Safeguards Coordinator:	**Ron Hoffer**	**Date**
Comments		
Sector Manager:		**Date**
Comments		

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

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.