



Technical Assistance Consultant's Report

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Kyrgyz Republic: Support to Strengthening Regional Health Security Project

Social Due Diligence Report

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For the Ministry of Health

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I. PROJECT DESCRIPTION

1. The coronavirus disease (COVID-19) pandemic has revealed that effective, equitable, and efficient laboratory services, operating according to international principles of quality and safety, are an essential part of strong health systems and are crucial to improving patient care and public health in terms of disease prevention, surveillance, screening, diagnosis, and treatment. The proposed project contributes to regional health security by improving health sector resilience to outbreaks of emerging and re-emerging diseases in the Kyrgyz Republic, one of the most exposed and vulnerable countries in Central Asia given its crossroad location, markets, and socioeconomic conditions. Based on the International Health Regulations¹ to handle public health events of international concern, the project addresses critical bottlenecks in the country's International Health Regulation compliance and regional health security, namely the diagnostic capacities of laboratories, and health services in busy border zones with high cross-border mobility and economic activities.

2. **Impact and Outcome.** The project's impact will be improved public health and regional health security in the Kyrgyz Republic by developing an effective laboratory network and border hospital services. The outcome will be enhanced coverage of effective laboratory and border hospital services.

3. **Output 1: Capacity, quality, and networking of reference laboratories in Bishkek and Osh cities strengthened.** This output will upgrade and strengthen a bacteriological reference laboratory and an apex clinical diagnostic laboratory in each of Bishkek and Osh cities as routine testing, quality assurance, and skills training centers with linkages to national and regional resources institutions.

4. **Output 2: Laboratory services developed in Chui and Osh regions (including Bishkek and Osh cities) based on continuous quality improvement (CQI).** This output will (i) strengthen national planning, regulatory, and governance capacity for developing a cohesive laboratory system, with departments, associations, and services; (ii) develop a cohesive laboratory system and financing plan including referral and reporting systems and cross-border aspects; (iii) network laboratories using digital and physical communication systems; and (iv) develop a CQI program for laboratory services including strengthening human resources for health. While these activities will focus on Chui and Osh regions, selected training and capacity building activities will also involve representatives from other regions.

5. **Output 3: Patient care and biosafety capacity improved in hospitals in the border area and high travel zones in Chui and Osh regions.** This output will upgrade selected hospitals with referral laboratories in the Chui and Osh regions to improve patient care, biosafety, and surge capacity for COVID-19 and other emerging infectious disease response and preparedness.

6. **Financing.** The project is estimated to cost \$35 million comprising a \$20 million grant from the ADF RCI pool, \$10 million concessional ordinary loan, and \$5 million from government contribution. The project will finance the following: (i) small repair works on 23 existing laboratory and hospital infrastructures; (ii) procuring laboratory and hospital equipment and supplies; (iii) digital networking of laboratories and hospitals; (iv) supporting CQI and capacity building of laboratory technicians, laboratory trainers, hospital managers, and healthcare workers; and (v) conducting policy analyses and operational research.

¹ World Health Organization. 2005. *International Health Regulations*. Geneva.

II. SCOPE AND OBJECTIVES OF DUE DILIGENCE REPORT

7. The project has various civil works and non-civil works activities. The scope of this social due diligence report is only for the civil work activities for the proposed 23 project facilities (17 project laboratories and 6 project hospitals, Table 1). The objectives of this due diligence report are to (i) determine whether the project area is free of any resettlement impacts, such as land acquisition, resettlement, adverse impacts on income and livelihood of both titled, non-titled affected persons (APs); and (ii) review the present field condition of the project. The information and data were collected through site visits to all 23 project facilities and consultations with interest parties (Table 1).

8. This due diligence report has been prepared in consultation with the Ministry of Health (MOH), the executing agency and especially with the project laboratories and hospitals authorities in collecting necessary data. The due diligence at each site adapted the Involuntary Resettlement Impact Categorization Checklist and Indigenous People Impact Screening Checklist to guide the assessment. The emphasis was on involuntary acquisition of land and loss of businesses to confirm absence of third parties who might suffer economic loss, for example, pharmacies, small kiosks and other vendors. The due diligence also details the consultation process where the Grievance Redress Process was discussed with people living along the project area.

III. FINDINGS OF THE SOCIAL DUE DILIGENCE

9. Civil works for all the 23 project facilities will only involve minor renovation within existing buildings. There will be no new construction.

10. The project is classified as Category C for involuntary resettlement impacts. All the civil works will not require land acquisition or resettlement. MOH will be responsible to ensure that all civil works are carried out within the existing buildings. Any additional or replacement of project facilities with Category A or B will not be considered.

11. The project is classified as category C for indigenous people's impacts. There are no indigenous people affected by the project as defined by ADB Safeguard Policy Statement (2009). There are no socio-cultural groups present in or use the project area who may be considered as "tribes", "minorities" (ethnic or national minorities), or "indigenous communities" in the project area.

12. Impacts on involuntary resettlement and indigenous peoples of each project sites are given in Table 1.

Table 1. Summary Findings on Involuntary Resettlement

Facility name	Date consulted	Impact on IR	Impact on IP	Remarks
Diagnostic reference laboratory (AMR) of the national level of the Department of Disease Prevention and State Sanitary and Epidemiological Surveillance (SSES), Bishkek Frunze str., 535, Bishkek city	14.02.22	Nil	Nil	The renovation will be done within the existing building without requiring any new construction and additional land. The existing land, where the existing building is located, is confirmed to be absent of third parties.
City Clinical Hospital No. 1,	15.02.22	Nil	Nil	The renovation will be done within the

Facility name	Date consulted	Impact on IR	Impact on IP	Remarks
Bishkek (CDL and hospital) Fuchik str., 15/1. Bishkek city				existing building without requiring any new construction and additional land. The existing land, where the existing building is located, is confirmed to be absent of third parties.
Republican Infection Diseases Hospital (CDL) Lev Tolstoy str., 70/5. Bishkek city	16.02.22	Nil	Nil	The renovation will be done within the existing building without requiring any new construction and additional land. The existing land, where the existing building is located, is confirmed to be absent of third parties.
National Hospital at the MoH (Reference lab, national level) (CDL and hospital) Togolok-Moldo str., 1. Bishkek city	18.02.22	Nil	Nil	The renovation will be done within the existing building without requiring any new construction and additional land. The existing land, where the existing building is located, is confirmed to be absent of third parties.
GMPC Issyk-Ata district, Chui region (CDL and hospital) E. Imankulova str., 6, Kant town. Issyk-Ata District, Chui Region	21.02.22, 22.02.22	Nil	Nil	The renovation will be done within the existing building without requiring any new construction and additional land. The existing land, where the existing building is located, is confirmed to be absent of third parties.
GMPC in Tokmok, Chui region (CDL and hospital) Gagarina str., 140. Tokmok town. Chui District, Chui Region	24.02.22 25.02.22	Nil	Nil	The renovation will be done within the existing building without requiring any new construction and additional land. The existing land, where

Facility name	Date consulted	Impact on IR	Impact on IP	Remarks
				the existing building is located, is confirmed to be absent of third parties.
Center of general medical practice of Jail District (CDL) Beyshenalieva st. 1. Kara-Balta town. Jail District, Chui Region	02.03.22	Nil	Nil	The renovation will be done within the existing building without requiring any new construction and additional land. The existing land, where the existing building is located, is confirmed to be absent of third parties.
Diagnostic reference laboratory (AMR) of the subnational level of the Center of Disease Prevention and State Sanitary and Epidemiological Surveillance (SSES), Osh Baitemirova str., 53. Osh city	10.03.22 03.03.22	Nil	Nil	The renovation will be done within the existing building without requiring any new construction and additional land. The existing land, where the existing building is located, is confirmed to be absent of third parties.
Laboratory bacteriological researches of the Nookat Interdistrict Center for Disease Prevention and SSES, Osh oblast Mirmakhmudov str., without number, Nookat town. Nookat District, Osh Region	11.03.22	Nil	Nil	The renovation will be done within the existing building without requiring any new construction and additional land. The existing land, where the existing building is located, is confirmed to be absent of third parties.
Laboratory bacteriological researches of the Aravan Center for Disease Prevention and SSES, Osh oblast Faizullaev str., 23. Aravan town. Aravan District, Osh oblast	11.03.22	Nil	Nil	The renovation will be done within the existing building without requiring any new construction and additional land. The existing land, where the existing building is located, is confirmed to be absent of third parties.

Facility name	Date consulted	Impact on IR	Impact on IP	Remarks
Osh Interblast Joint Clinical Hospital (subnational level) CDL Uvamskaya str., 12v. Osh city	10.03.22 12.03.22 05.03.22	Nil	Nil	The renovation will be done within the existing building without requiring any new construction and additional land. The existing land, where the existing building is located, is confirmed to be absent of third parties.
GMPC of Kara-Suu district, Osh region (CDL and hospital) B. Sydykova (Telman) str., 3. Karasuu town, Karasuu District, Osh oblast	14.03.22 16.03.22 03.03.22	Nil	Nil	The renovation will be done within the existing building without requiring any new construction and additional land. The existing land, where the existing building is located, is confirmed to be absent of third parties.
Laboratory bacteriological researches of the Alai Interdistrict Center for Disease Prevention and SSES, Osh oblast Kurmanjan Datka str., 16. Gulcha village. Alai District, Osh oblast	15.03.22	Nil	Nil	The renovation will be done within the existing building without requiring any new construction and additional land. The existing land, where the existing building is located, is confirmed to be absent of third parties.
GMPC of the Uzgen district of the Osh region (CDL and hospital) Manas str., without number. Uzgen town. Uzgen District, Osh oblast	14.03.22 16.03.22 04.03.22	Nil	Nil	The renovation will be done within the existing building without requiring any new construction and additional land. The existing land, where the existing building is located, is confirmed to be absent of third parties.
Center of general medical practice Panfilov district, Chui oblast (CDL)	25.03.22 26.03.22	Nil	Nil	The renovation will be done within the existing building without requiring any new construction and

Facility name	Date consulted	Impact on IR	Impact on IP	Remarks
Kaindinskiy alley, without number, Panfilovka village. Panfilov District, Chui oblast				additional land. The existing land, where the existing building is located, is confirmed to be absent of third parties.
Laboratory bacteriological researches of the Tokmak Center of Disease Prevention and State Sanitary and Epidemiological Surveillance (SSES) 1) Gagarina str., 134. Tokmok town, Chui District, Chui oblast (main territory, managers) 2) Sansyzbaeva str., 108. Chui village, Chui District, Chui oblast (territory of bac. Lab)	29.03.2022 29.03.2022	Nil	Nil	The renovation will be done within the existing building without requiring any new construction and additional land. The existing land, where the existing building is located, is confirmed to be absent of third parties.
National Center for Mather and Child Welfare (child diagnosing) (CDL) Akhunbaev str., 190. Bishkek city (Main territory) Togolok-Moldo str., 1a. Bishkek city (Maternity house, part of Labs.)	28.03.2022 29.03.2022 30.03.2022	Nil	Nil	The renovation will be done within the existing building without requiring any new construction and additional land. The existing land, where the existing building is located, is confirmed to be absent of third parties.

CDL = clinical diagnostic laboratory, IP = indigenous people, IR = involuntary resettlement.

IV. CONSULTATION, PARTICIPATION AND DISCLOSURE

13. Meaningful consultations were held with all the 23 project facilities as well as local communities or representatives. Questionnaires were prepared before field visits. During the field mission, the team discussed with local officials and interest parties the meeting agenda where the participants had the opportunity to comment and confirm availability on the schedule proposed. Requests for data and information were coordinated enabling the offices to prepare and provide the documents/information to the team during the meeting. Site visit follows every meeting, after which another meeting session is held for another round of discussions about the project for clarificatory questions, additional information, and way forward. The meeting-consultations and site visits were held intermittently at the project sites from February 2022 to March 2022 (Table 1). However, prior to February 2022, initial discussions with officials, and a number of visits to the then nominated project sites were already done by the project team.

14. During the introductory meeting of the project team on February 3-4, 2022, some issues of social protection were also discussed with the Ministry of Health, representatives of public and private laboratories. In the process of preparing this assessment, the consultants held meetings with representatives of the Ministry of Health, Social Welfare.

15. During project implementation, MOH through project implementation unit (PIU) will conduct meaningful consultations with the project communities. MOH will be guided by ADB's *Access to Information Policy* (2018) and *Accountability Mechanism* (2012).

V. GRIEVANCE REDRESS MECHANISM

16. Unanticipated impacts may happen during project implementation. While IR and IP impacts are expectedly nil, it may be possible that settlements surrounding the project sites may complain about the project during the construction. To gear up Grievance Redress System (GRM) within the project, a GRM Committee will be established in time to redress people's grievances, if any during project implementation.

17. In addition, the Complaint handling mechanisms in the healthcare system are regulated by the laws of the Kyrgyz Republic "On the protection of the health of citizens of the Kyrgyz Republic" (Chapters 7-9), "On health insurance of citizens in the Kyrgyz Republic", "On the status of a medical worker", "On the procedure for considering citizens' appeals.

18. Patients and civil society can use the following feedback mechanisms:

- Appeals and complaints to healthcare organizations, Ministry of Health. The feedback format can be different: written, oral, electronic;
- Personal reception at specially allotted time by heads/deputies of healthcare organizations, departments, departments of the Ministry of Health, deputy ministers and ministers of health;
- Appeals and complaints through social networks, special live broadcasts of national radio or television;
- Appeals to the websites of the Ministry of Health of the Kyrgyz Republic and the MHIF;
- Appeals to the national call center of the MHIF on a single number 113;
- Appeals and complaints to professional associations, non-governmental organizations specializing in protecting the rights of citizens in the healthcare system
- Going to court.

19. All complaints are registered and considered by a special commission, which is formed in each state healthcare organization. The results of the proceedings of the patient's appeal are communicated in writing or orally to the patient and the head of the healthcare organization.

20. If it is established that the patient's rights have indeed been violated, the head of the healthcare organization imposes a statutory penalty on the employee who violated the patient's rights. Medical workers, in accordance with the law, are responsible for violation of medical ethics, damage to the health of citizens, disclosure of medical confidentiality.

21. If the commission determines that the treatment was of poor quality, the territorial department of the MHIF imposes a fine on the relevant healthcare organization in accordance with the Law "On Health Insurance of Citizens of the Kyrgyz Republic", which regulates the organization of medical services and ensuring their quality.

22. In order to prevent complaints and raise awareness of the rights and guarantees of the patient in all healthcare organizations, the following work is carried out, which is fundamental

in the activities of a healthcare organization at any level (primary, secondary, tertiary):

- Establishment of departments for the quality of medical care, which actively use feedback mechanisms;
- Conduct information and explanatory work on the rights of patients;
- Engage with civil society on issues related to patients' rights (e.g., HIV/AIDS, tuberculosis, reproductive health, maternal and child health, etc.);
- Actively use social networks, radio, television;
- Actively use visual information about patients' rights. Information with contact numbers of heads of healthcare organizations is posted. Trust mail is used (special boxes for correspondence).

23. Each healthcare organization analyzes citizens' appeals. The Ministry of Health and the MHIF also conduct an annual feedback analysis, and this becomes the subject of discussion at the collegium of the ministry (the highest advisory body). So, according to the Ministry of Health of the Kyrgyz Republic in 2021, citizens' appeals amounted to 5,139 (2020—3,327). The main reasons for citizens to apply are receiving compensation payments for coronavirus infection—542 (10%), hemodialysis on preferential terms—983 (19%), complaints about poor quality treatment in hospitals, against managers—245 (5%), on issues of optimization and reorganization medical organizations—131 (2.5%).

24. In addition, to conduct patient satisfaction surveys, the MHIF draws up a sample of at least 5% of patients in hospitals and primary health care facilities. The results of examinations are analyzed, sent to health care providers and taken into account when concluding contracts with service providers. In addition to reviewing incoming complaints, MHIF territorial departments visit randomly selected organizations to check the quality of care, study the amount and use of official co-payments, and observe patient-health worker interactions to ensure that patients are treated with respect. Violations of approved clinical protocols and patients' rights are registered, after which an official letter is sent to the head of the organization. The head of the organization must respond to the letter in due time, providing confirmation that the necessary measures have been taken. This spot check is carried out quarterly.

VI. INSTITUTIONAL ARRANGEMENTS

25. The project will be implemented over five years. The MOH will be the executing agency and will be responsible for overall strategic planning, guidance, and management of the project, and ensuring compliance with the loan and grant covenants. A PIU has been established within the MOH to support with planning, implementation, monitoring and supervision, and coordination of all activities under the project. Consulting firms and individual consultants will be engaged by the MOH to support project implementation, including monitoring and evaluation, procurement, construction supervision, and other activities. The MOH will also be responsible for financial management, disbursements, contract management, financial reporting, project records management, and audits management. A high-level ministerial project steering committee, chaired by the MOH deputy minister and concurrently project director, will provide strategic guidance, review project performance, and take timely strategic measures required to achieve the project outputs through the PIU.

VII. CONCLUSIONS

26. The project at appraisal has sought Category C for involuntary resettlement and indigenous people. The due diligence confirmed the absence of third parties for each of the 23 sites, hence there is no one who could be affected by the civil works. It is agreed that any additional or replacement project facilities with Category A and B will not be considered for ADB financing in this project. In case of any claims or complaints are submitted during the project implementation, an effective and efficient GRM, being already in place, will enhance

the provision of timely and sensible hearings and facilitate solutions.

27. The MOH as the executing agency will be responsible to ensure, through monitoring reports that all the civil works are carried out within the existing buildings, and no project activities lead to any impact on involuntary resettlement and indigenous peoples. MOH will submit periodic progress reports to ADB for approval and disclosure purposes.