



Initial Poverty and Social Analysis

January 2018

Tajikistan: Inclusive Health Project

CURRENCY EQUIVALENTS
(as of 17 January 2018)

Currency unit	–	somoni (TJS)
TJS 1.00	=	\$0.113329
\$1.00	=	TJS 8.8823

NOTE

In this report, "\$" refers to US dollars.

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INITIAL POVERTY AND SOCIAL ANALYSIS

Country:	Tajikistan	Project Title:	Inclusive Health Project
Lending/Financing Modality:	Project	Department/ Division:	CWRD/CWSS

I. POVERTY IMPACT AND SOCIAL DIMENSIONS
<p>A. Links to the National Poverty Reduction Strategy and Country Partnership Strategy The proposed project is aligned with the National Development Strategy for 2016–2030 that includes improved health among its priorities.</p> <p>Tajikistan remains among the poorest countries in Central Asia, with around 31.6% of the population still living below the government’s poverty line. The proposed project will contribute to poverty reduction in the country by improving the quality and access to health services in poor areas. The quality and accessibility to health services will improve through: (i) refurbishing health facilities ;(ii) capacity building of rural health workers towards quality improvement; and (iii) behavior change campaigns for maternal and child health services.</p>
<p>B. Poverty Targeting <input type="checkbox"/> General intervention <input type="checkbox"/> Individual or household (TI-H) <input checked="" type="checkbox"/> Geographic (TI-G) <input checked="" type="checkbox"/> Non-income MDGs (TI-M1, M2, etc)</p> <p>The project will contribute to achieving Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages. The criteria for choosing project districts include poverty incidence in the district.</p>
<p>C. Poverty and Social Analysis</p> <p>1. Key issues and potential beneficiaries. Preventing maternal and child mortality has been an important focus of the health policy in Tajikistan. While maternal and infant mortality rates have fallen nationally since 2010, the rates remain high compared with their regional neighbors. In 2015, the national maternal mortality rate was 44 per 100,000 live births, and the infant mortality rate stood at 38.5 per 1,000 live births, compared with the Organization for Economic Cooperation and Development average of 14 and 5.6, respectively. Maternal and child health indicators are highly variable across Tajikistan, with those poor and living in rural districts having significantly worse indicators. For instance, those from rural areas have infant mortality rates of 39 per 1,000 population, compared to 35 per 1,000 population to those from urban areas. Children from poorest quintile have infant mortality rates of 45 per 1000 population while it is 30 per 1,000 population for those in the highest quintile.^a Male children has higher infant and child mortality rates (at 41 and 51 per 1,000 population) compared to females (at 36 and 46 per 1,000 population), respectively.^a The proposed project beneficiaries are the rural poor. The proposed project will improve access to health care of poor and vulnerable populations.</p> <p>2. Impact channels and expected systemic changes. The proposed project will contribute to improving the health status of the poor by improving the quality and access to health services.</p> <p>3. Focus of (and resources allocated in) the transaction TA or due diligence. The project processing team will conduct consultations with key stakeholders and project site visits to confirm health concerns, needs, and priorities of the project area. The project will have a participatory design and with the necessary due diligence in respect to poverty and social issues.</p> <p>4. Specific analysis for policy-based lending. Not applicable. The proposed project is an investment loan.</p>
II. GENDER AND DEVELOPMENT
<p>1. What are the key gender issues in the sector and/or subsector that are likely to be relevant to this project or program?</p> <p>Tajikistan’s high maternal and infant mortality rates can be attributed to many factors. These include women’s poor health (anemia and hard physical work during pregnancy) and women’s and family members’ low awareness of pregnancy danger signs combined with reluctance to seek medical care.</p>
<p>2. Does the proposed project or program have the potential to contribute to the promotion of gender equity and/or empowerment of women by providing women’s access to and use of opportunities, services, resources, assets, and participation in decision making? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The project will improve the quality and access to health services of women through its focus on maternal and child health services.</p>

3. Could the proposed project have an adverse impact on women and/or girls or widen gender inequality?
 Yes No

The project targets improving the quality and access to health services, particularly for women.

4. Indicate the intended gender mainstreaming category:
 GEN (gender equity) EGM (effective gender mainstreaming)
 SGE (some gender elements) NGE (no gender elements)

III. PARTICIPATION AND EMPOWERMENT

1. Who are the main stakeholders of the project, including beneficiaries and negatively affected people? Identify how they will participate in the project design.

The proposed project will potentially impact the entire population in the project area. Key stakeholders are (i) villagers, particularly women of reproductive age; (ii) health workers; (iii) central and local government representatives; and (iv) community-based organizations. Project preparations will include: (i) discussions with the project beneficiaries, health workers, and community-based organizations; and (ii) consultations with health staff, provincial and district health managers, central ministries, and development partners.

2. How can the project contribute (in a systemic way) to engaging and empowering stakeholders and beneficiaries, particularly, the poor, vulnerable, and excluded groups? What issues in the project design require participation of the poor and excluded?

To ensure inclusive development, the project will involve all main stakeholders at all levels and stages of project processing and implementation.

3. What are the key, active, and relevant civil society organizations (CSOs) in the project area? What is the level of civil society organization participation in the project design?

Information generation and sharing Consultation Collaboration Partnership

Relevant local community-based organizations will be consulted during project preparation. A communication strategy will be prepared.

4. Are there issues during project design for which participation of the poor and excluded is important? What are they and how should they be addressed?

Yes No

Project benefits will target the poor. The project will ensure participation of local communities in meetings, workshops, and capacity building activities.

IV. SOCIAL SAFEGUARDS

A. Involuntary Resettlement Category A B C FI

1. Does the project have the potential to involve involuntary land acquisition resulting in physical and economic displacement? Yes No

2. What action plan is required to address involuntary resettlement as part of the transaction TA or due diligence process?

Resettlement plan Resettlement framework Social impact matrix
 Environmental and social management system arrangement None

B. Indigenous Peoples Category A B C FI

1. Does the proposed project have the potential to directly or indirectly affect the dignity, human rights, livelihood systems, or culture of indigenous peoples? Yes No
 This project will not cause any Indigenous Peoples impacts.

2. Does it affect the territories or natural and cultural resources indigenous peoples own, use, occupy, or claim, as their ancestral domain? Yes No
 No indigenous people identified.

3. Will the project require broad community support of affected indigenous communities? Yes No
 No indigenous people identified.

4. What action plan is required to address risks to indigenous peoples as part of the transaction TA or due diligence process?

<input type="checkbox"/> Indigenous peoples plan <input type="checkbox"/> Indigenous peoples planning framework <input type="checkbox"/> Social impact matrix <input type="checkbox"/> Environmental and social management system arrangement <input checked="" type="checkbox"/> None
V. OTHER SOCIAL ISSUES AND RISKS
<p>1. What other social issues and risks should be considered in the project design?</p> <input type="checkbox"/> Creating decent jobs and employment <input type="checkbox"/> Adhering to core labor standards <input type="checkbox"/> Labor retrenchment <input type="checkbox"/> Spread of communicable diseases, including HIV/AIDS <input type="checkbox"/> Increase in human trafficking <input type="checkbox"/> Affordability <input type="checkbox"/> Increase in unplanned migration <input type="checkbox"/> Increase in vulnerability to natural disasters <input type="checkbox"/> Creating political instability <input type="checkbox"/> Creating internal social conflicts <input type="checkbox"/> Others, please specify _____ low (L); medium (M)
<p>2. How are these additional social issues and risks going to be addressed in the project design?</p> <p>Labor standards and safety requirements will be applied and monitored during project implementation. Planning for human resources for health will be part of the transaction technical assistance (TA) as well to ensure adequate human resources even when facilities are optimized.</p>
VI. TRANSACTION TA OR DUE DILIGENCE RESOURCE REQUIREMENT
<p>1. Do the terms of reference for the transaction TA (or other due diligence) contain key information needed to be gathered during transaction TA or due diligence process to better analyze (i) poverty and social impact, (ii) gender impact, (iii) participation dimensions, (iv) social safeguards, and (v) other social risks. Are the relevant specialists identified?</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. What resources (e.g., consultants, survey budget, and workshop) are allocated for conducting poverty, social, and/or gender analysis, and participation plan during the transaction TA or due diligence?</p> <p>The project processing team comprises a safeguards and gender specialists and consultants. Gender action plan and behavior change communication plan will be prepared.</p>

^a Statistical Agency under the President of the Republic of Tajikistan, Ministry of Health [Tajikistan], and ICF International. 2013. *Tajikistan Demographic and Health Survey 2012*. Dushanbe, Tajikistan, and Calverton, Maryland, USA: Statistical Agency, Ministry of Health, and ICF International.