

INITIAL POVERTY AND SOCIAL ANALYSIS

Country:	Republic of Uzbekistan	Project Title:	Electronic Healthcare Development Project
Lending/Financing Modality:	Investment Project	Department/ Division:	CWRD/CWSS

I. POVERTY IMPACT AND SOCIAL DIMENSIONS

A. Links to the National Poverty Reduction Strategy and Country Partnership Strategy

The project will improve the quality of and access to health system in Uzbekistan through the establishment of a national health management information system (NHMIS) incorporated into the government's broader e-government initiatives. Access to safe, reliable, and affordable healthcare is central to the National Welfare Improvement Strategy and a main driver of productivity, inclusion, and development. Underpinning all of these is the need for reliable and timely health information. By strengthening health information, it will improve cost control, increase the timeliness and accuracy of patient care and administration information, increase service capacity, reduce personnel costs and inventory levels, and improve the quality of patient care. In turn benefiting the poor and vulnerable groups.

B. Poverty Targeting:

General Intervention Individual or Household (TI-H) Geographic (TI-G) Non-Income MDGs (TI-M1, M2, etc.)

Uzbekistan faces complex public health challenges, including social and economic inequities, escalating health-care costs, and a changing disease profile. Recognizing that inclusive growth, sustainable economic development, and national and regional health security are important policy objectives that cannot be achieved without a healthy population. Effectively addressing priorities cannot be achieved without complete, timely, reliable district-level data.

C. Poverty and Social Analysis

1. Key issues and potential beneficiaries. Over 60% of the poor live in rural areas. While declining, rural poverty remains higher than urban poverty.^a Health financing analysis^b recommends reducing inefficiency in the health system should be the first priority of the health reforms in Uzbekistan. This project will help do that by strengthening health information nationwide. The primary beneficiaries of the project would be the general population however; there will be a clear benefit for particular subgroups predominantly, including women and children who are high users of the health system.

2. Impact channels and expected systemic changes. By strengthening health service delivery and improving health information, the project will help enable more equitable distribution of the health workforce, use of geographic information systems for targeting services, improve the irrational use and distribution of drugs, reduce inappropriate hospital admissions by sharing electronic health records, improve the response to disease outbreaks and disasters, and improve hospital and insurance financial management information systems to make a more equitable and accessible system. It will also increase the availability and the quality of the health services including health facilities in remote areas.

3. Focus of (and resources allocated in) the PPTA for due diligence. The PPTA will (i) review the government policies and strategies for poverty reduction and gender development, (ii) conduct the poverty (impact) and social analysis of the project in accordance with ADB requirements, and (iii) prepare the Summary Poverty Reduction and Social Strategy in accordance with ADB policies.

II. GENDER AND DEVELOPMENT

1. What are the key gender issues in the sector/subsector that are likely to be relevant to this project or program?

Gender is a significant variable for understanding the impact of disease and ill health. Women and girls have specific health needs compared with men and boys particularly in the context of reproductive, maternal, and neonatal health. Men and women may also have different vulnerability to diseases and may have different levels of access to, or understanding of, information about disease prevention and treatment.

To ensure the effectiveness of gender mainstreaming and gender-related outcomes of the project, the PPTA will discuss with stakeholders and prepare project gender action plan (GAP), key features of which are mirrored in the project design and monitoring framework, loan assurances, and project administration manual. The GAP will be aligned with national and health sector gender equality commitments in Uzbekistan.

2. Does the proposed project or program have the potential to make a contribution 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?

Yes No The project has significant scope to address gender, inclusion, and social protection by improving access to health services. A gender action plan will be prepared during PPTA.

3. Could the proposed project have an adverse impact on women and/or girls or widen gender inequality?

Yes No

<p>4. Indicate the intended gender mainstreaming category:</p> <p><input checked="" type="checkbox"/> GEN (gender equity) <input type="checkbox"/> EGM (effective gender mainstreaming)</p> <p><input type="checkbox"/> SGE (some gender elements) <input type="checkbox"/> NGE (no gender elements)</p>
III. PARTICIPATION AND EMPOWERMENT
<p>1. Who are the main stakeholders of the project, including beneficiaries and negatively affected people? Identify how they will participate in the project design.</p> <p>The Project will potentially impact the entire population. During project preparation, consultation and participation will include: (i) group discussions with (potential) beneficiaries, health workers, and community-based organizations; (ii) consultation of health staff, provincial and district health managers, sub-national level government, central ministries, and partners; and (iii) where appropriate workshop with ministries, partners, and nongovernment organizations.</p> <p>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?</p> <p>The PPTA will review, through a participatory process, the risk factors and the specific vulnerability of the poor, migrant, and mobile populations. Based on this analysis, the project design will include features to address the specific needs and characteristics of these groups.</p> <p>3. What are the key, active, and relevant civil society organizations in the project area? What is the level of civil society organization participation in the project design?</p> <p><input checked="" type="checkbox"/> Information generation and sharing (H) <input checked="" type="checkbox"/> Consultation (M) <input checked="" type="checkbox"/> Collaboration (M) <input checked="" type="checkbox"/> Partnership (L)</p> <p>4. Are there issues during project design for which participation of the poor and excluded is important? What are they and how shall they be addressed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
IV. SOCIAL SAFEGUARDS
<p>A. Involuntary Resettlement Category <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> FI</p> <p>1. Does the project have the potential to involve involuntary land acquisition resulting in physical and economic displacement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. What action plan is required to address involuntary resettlement as part of the PPTA or due diligence process?</p> <p><input type="checkbox"/> Resettlement plan <input type="checkbox"/> Resettlement framework <input type="checkbox"/> Social impact matrix</p> <p><input type="checkbox"/> Environmental and social management system arrangement <input checked="" type="checkbox"/> None</p>
<p>B. Indigenous Peoples Category <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> FI</p> <p>1. Does the proposed project have the potential to directly or indirectly affect the dignity, human rights, livelihood systems, or culture of indigenous peoples? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. Does it affect the territories or natural and cultural resources indigenous peoples own, use, occupy, or claim, as their ancestral domain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Will the project require broad community support of affected indigenous communities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>4. What action plan is required to address risks to indigenous peoples as part of the PPTA or due diligence process?</p> <p><input type="checkbox"/> Indigenous peoples plan <input type="checkbox"/> Indigenous peoples planning framework <input type="checkbox"/> Social Impact matrix</p> <p><input type="checkbox"/> Environmental and social management system arrangement <input checked="" type="checkbox"/> None</p>
V. OTHER SOCIAL ISSUES AND RISKS
<p>1. What other social issues and risks should be considered in the project design?</p> <p><input type="checkbox"/> Creating decent jobs and employment <input type="checkbox"/> Adhering to core labor standards <input type="checkbox"/> Labor retrenchment</p> <p><input type="checkbox"/> Spread of communicable diseases, including HIV/AIDS <input type="checkbox"/> Increase in human trafficking <input type="checkbox"/> Affordability</p> <p><input type="checkbox"/> Increase in unplanned migration <input type="checkbox"/> Increase in vulnerability to natural disasters <input type="checkbox"/> Creating political instability</p> <p><input type="checkbox"/> Creating internal social conflicts <input type="checkbox"/> Others, please specify _____</p> <p>2. How are these additional social issues and risks going to be addressed in the project design? None</p>
VI. PPTA OR DUE DILIGENCE RESOURCE REQUIREMENT
<p>1. Do the terms of reference for the PPTA (or other due diligence) contain key information needed to be gathered during PPTA 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> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <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 PPTA or due diligence?</p> <p>Under the PPTA, 2 person/months of national safeguards/gender specialists will be hired to conduct the poverty</p>

(impact) and social analysis of the project, prepare gender action plan, assess the compliance of the project with ADB safeguards policies and implement a participatory design strategy. The PPTA budget for workshops will be \$60,000 which will include meetings with stakeholders and beneficiaries.

^a While absolute poverty has declined to 15% (calculated as households living in poverty) in 2012 from 27% in 2000, rural poverty remains high at 20.1% (2013).

^b Y. Yang. 2015. *Health Financing: Summary Review of Central and West Asia Countries and Country Studies of Pakistan, Uzbekistan and Kyrgyz Republic*.