



Initial Poverty and Social Analysis

November 2019

Uzbekistan: Preparation of the Integrated Perinatal Care Project

This document is being disclosed to the public in accordance with ADB's Access to Information Policy.

Asian Development Bank

In preparing any country program or strategy, financing any project, or by making any designation of or reference to a particular territory or geographic area in this document, the Asian Development Bank does not intend to make any judgments as to the legal or other status of any territory or area.

INITIAL POVERTY AND SOCIAL ANALYSIS

Country:	Uzbekistan	Project Title:	Improvement of Perinatal Care Project
Lending/Financing Modality:	Project loan	Department/ Division:	CWRD/CWSS

I. POVERTY IMPACT AND SOCIAL DIMENSIONS
A. Links to the National Poverty Reduction Strategy and Country Partnership Strategy
<p>The project will improve the quality of, and access to, health care in Uzbekistan; in particular, of perinatal care services and maternal and neonatal referral services. The Government of Uzbekistan (GoU) national development strategy emphasizes improved social protection and health care. Maternal and child health (MCH) has become a main priority area of the GoU policy, which is reflected in all the national concepts, strategies and programs.^a The GoU has adopted the achievement of the Sustainable Development Goals (SDGs), which includes reducing maternal mortality rate (MMR) (SDG 3.1.1) and neonatal mortality rate (NMR) (SDG 3.2.2).^b The project will improve the e-health structure of Uzbekistan in general, and it is aligned with the government's broader e-government initiatives.^c</p> <p>The Country Partnership Strategy (CPS) 2019-2023, in line with the GoU health strategy, states that ADB will support "reducing maternal and child mortality, the rural–urban disparities in the quality of health care provision, and will assist in the development of an e-health system, aiming at integrating different levels of health care and increasing its efficiency".^d</p>
B. Poverty Targeting:
<input type="checkbox"/> General intervention <input type="checkbox"/> Individual or household (TI-H) <input type="checkbox"/> Geographic (TI-G) <input checked="" type="checkbox"/> Non-income MDGs (TI-M1, M2, etc.)
<p>Uzbekistan faces complex public health challenges, including social and economic inequities, escalating healthcare costs, and a changing disease profile. Seventy-five percent of the poor live in rural areas.^e Lower income areas tend to have higher MMR, and the highest MMR is reported in Bukhara region, Tashkent (32.9), Novoi (29.2), Jizzakh (25.8), Samarkand (22.3), Tashkent city (18.3) and Namangan (17.9) regions show higher rates than national MMR and the regionalization of perinatal care and especially of high-risk deliveries will promote the inclusion of the poor who tend to be more rural.^f 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.</p>
C. Poverty and Social Analysis
<p>1. Key issues and potential beneficiaries. Although poverty in Uzbekistan has declined from 27% in 2003 to 11% in 2018, the country still faces numerous challenges in providing access to quality health care services to all segments of the population. These barriers include low levels of public funding on health, unreliable health systems data collection and analysis, and poorly defined framework for professional development.^g The MMR and NMR for Uzbekistan are high compared to the rest of Europe and Central Asia.</p> <p>The project contributes directly to protecting vulnerable groups such as women and young children by improving the quality and access to MCH services. All patients and health personnel in Uzbekistan will potentially benefit from improved EMR and patient data storage, analysis and sharing and stronger referral systems.</p> <p>2. Impact channels and expected systemic changes.</p> <p>By strengthening perinatal health service delivery in Uzbekistan through upgrading and modernizing perinatal centers, improving referral systems and enhancing maternal health seeking behavior, this project will promote a more equitable distribution of healthcare resources (i.e. infrastructure, human resources for health) and improve the quality of care for all patients. Vulnerable groups such as women and infants of low-income families will gain access to higher standards of health services. Financial access will be reviewed as part of the mandatory universal health insurance.</p> <p>3. Focus of (and resources allocated in) the transaction TA or due diligence. The transaction technical assistance (TRTA) team will conduct consultations with key stakeholders and visit project sites to determine gaps in infrastructure and equipment and assess project readiness. The project will have a participatory design and with the necessary due diligence in respect to poverty and social issues.</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>Uzbekistan's high maternal and infant mortality rates can be attributed to many factors. These include barriers to seeking care, inadequate infrastructure or equipment at facilities, and insufficient training of health care providers.</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>

This project will improve the quality and access to health services of women by focusing on maternal and child health services. A gender action plan (GAP) will be prepared during TRTA. The GAP will be aligned with national and health sector gender equality commitments in Uzbekistan.

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

Yes No

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 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.

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?

The TRTA 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.

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 (H) Consultation (M) Collaboration (M) Partnership (L)

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

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

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

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

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

Indigenous peoples plan Indigenous peoples planning framework Social impact matrix

Environmental and social management system arrangement None

V. OTHER SOCIAL ISSUES AND RISKS

1. What other social issues and risks should be considered in the project design? None

Creating decent jobs and employment Adhering to core labor standards Labor retrenchment

Spread of communicable diseases, including HIV/AIDS Increase in human trafficking Affordability

Increase in unplanned migration Increase in vulnerability to natural disasters Creating political instability

Creating internal social conflicts Others, please specify _____

2. How are these additional social issues and risks going to be addressed in the project design?

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> <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 transaction TA or due diligence?</p> <p>Social safeguards consultants and environmental consultants will be mobilized during the TRTA to develop the GAP, participation plan, environmental assessment, and resettlement plan.</p>
<p>^a Resolution of the President of the Republic of Uzbekistan dated 11 February 2016 No.PP-№2650 "On measures to further improve the system for protection of maternity and childhood in the Republic for 2016-2020"; Presidential Decree of 7 December 2018 No.UP-5590 "On comprehensive measures to fundamentally improve the healthcare system of the Republic of Uzbekistan".</p> <p>^b Resolution of the Cabinet of Ministers of 20 October 2018 No.841. "On measures to implement National goals and Targets in the field of Sustainable Development for the period up to 2030".</p> <p>^c Resolution of the President of the Republic of Uzbekistan "On measures for the further development of the National Information and Communication System of the Republic of Uzbekistan" for the period 2013-2020" dated 27-06-2013 No.PP-1989;Decree of the President of the Republic of Uzbekistan dated 22 January 2018 No.UP-5308 "On the State Program for the implementation of the Action Strategy for the five priority directions of development of the Republic of Uzbekistan in 2017-2021 in the "Year of Support for Active Entrepreneurship, Innovative Ideas and Technologies".</p> <p>^d Asian Development Bank. <i>Country Partnership Strategy: Uzbekistan, 2019-2023</i>. Manila 2019</p> <p>^e http://www.uz.undp.org/content/uzbekistan/en/home/countryinfo.html accessed 2 September 2019.</p> <p>^f Ministry of Health Order No.185 "On regionalization of perinatal care in Uzbekistan" dated 24 May 2014.</p> <p>^g Asian Development Outlook 2019</p>