



Additional Financing Appraisal Environmental and  
Social Review Summary  
Appraisal Stage  
**(AF ESRS Appraisal Stage)**

Date Prepared/Updated: 01/18/2021 | Report No: ESRSAFA083



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Borrower(s)	Implementing Agency(ies)
Tajikistan	EUROPE AND CENTRAL ASIA	Ministry of Finance	Ministry of Health and Social Protection, State Agency for Social Protection
Project ID	Project Name		
P176216	AF2 for the Tajikistan Emergency COVID-19 Project		
Parent Project ID (if any)	Parent Project Name		
P173765	Tajikistan Emergency COVID-19 Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	1/20/2021	2/19/2021

Proposed Development Objective

Project Development Objective (PDO) is to prevent, prepare and respond to the COVID-19 pandemic in the Republic of Tajikistan.

Financing (in USD Million)	Amount
Current Financing	11.30
Proposed Additional Financing	13.20
<b>Total Proposed Financing</b>	<b>24.50</b>

**B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?**

Yes

**C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]**



The proposed Additional Financing will increase the development effectiveness of the Parent Project that supports the response of the Government of Tajikistan to COVID-19 in Tajikistan by addressing gaps in both the scale and scope of the Parent Project. It will do so by strengthening the oxygen supply, providing funding for COVID-19 therapeutics and filling the gap in routine vaccines, supporting vaccine program rollout and strengthening communication activities, and expanding the Parent Project's emergency cash assistance program.

#### D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

The Original Project, with a total funding envelope of US\$11.3 million was prepared as part of the emergency response under the COVID-19 Strategic Preparedness and Response Program using the Multiphase Programmatic Approach. It was approved in April 2020. Towards end 2020, plans were made to provide Additional Finance to cover: (i) the financial gap on the original investments; and (ii) vaccination. Accordingly, an AF proposal was prepared to cover these. While this was reviewed (by OC) a decision was made during December 2020 to split the Additional Financing (AF) package into two separate AFs—One, AF1 to cover COVID-19 vaccine procurement and delivery (including some communication) and the other, AF2 for supply of oxygen supply stations, MMR vaccine procurement, communication activities, and cash transfers. Salient physical characteristics of the project's locations relevant to the E&S assessment remain the same as that of the Original Project. The measures to address social and environmental risks in the parent project remain relevant, including infection prevention and control improvements in health facilities, such as assessment and mitigation measures for medical waste risk management that will be expanded as inoculation sites expand.

Applicable environmental and social standard measures are under implementation and have been rated Moderately Satisfactory (August 2020 ISR). Progress so far include the following: ESMF has been prepared, reviewed/ approved by the Bank and disclosed. Delays in recruiting the Environmental and Social Specialists had slowed down operationalizing the ESMF. Currently the PIU is finalizing the site-specific ESMPs and ICWMPs for 10 participating hospitals. The present ESRS covers the AF2 activities which include: health-sector investments on critical ICU care; and emergency cash assistance.

The proposed AF2 will fill two critical gaps of the original Project, namely the small scale of the emergency cash assistance and predominant focus of health-sector investments on critical ICU care. More specifically, under Component 1, it will strengthen the oxygen supply in 15 hospitals throughout the country, provide funding for COVID-19 therapeutics and fill the gap in routine vaccines; under Component 2, it will strengthen communication activities; and under Component 3, it will expand the original Project's emergency cash assistance program.

The COVID-19 pandemic has created a significant risk of disruptions in the essential health services due to both supply side (e.g., declining government revenues and health budgets, disruptions in global markets for essential medications and supplies, health work force challenges due to large numbers of providers becoming sick) and demand side (e.g., unwillingness to seek care out of fear of becoming infected with COVID-19; lack of resource to pay for health care due to declining revenues; mobility restrictions). Such disruptions may have disastrous consequences. Evidence-based increased numbers of COVID-19 cases has shown that the success rate of treatment of the most severe cases was quite low, with mortality rates of intubated patients on ventilators at between 60 and 85%. Oxygen therapy for severely, but not critically ill COVID-19 patients has been advocated as an effective and efficient treatment option.



However, in Tajikistan, access to medical gases, including medical oxygen, remains a challenge. According to the MOSHP, only 5% of the demand can be met by the existing oxygen production capacity; therefore, Component 1 of the AF2 will address this through the procurement of pressure swing adsorption (PSA) oxygen refilling stations for selected hospitals.

The socio-economic impacts of the pandemic have exceeded the expectations from March 2020, when the original Project was developed. Data from the Listening to Tajikistan (L2T) monthly household survey show substantially reduced food consumption: for example, reports of reduced food consumption spiked in May to 41 percent of the population and remained 10 percentage points above 2019 levels as of August 2020. Overall food security deteriorated during the peak of the crisis across a range of indicators, with rising shares reporting going hungry, reducing dietary diversity, and worries over obtaining enough food, before recovering somewhat from June to August. Similar increases were seen in reduced ability to pay for utilities, and in coping mechanisms such as selling assets and reduced spending on medical care. L2T data show overall deterioration in a range of food security indicators, with rising shares reporting going hungry, reducing dietary diversity, and worries over obtaining enough food. Increasing food insecurity is part of a much deeper decline in living standards, with over 40% of households reporting that no member had worked in the preceding 7 days and the average value of remittances, the key source of income for poorer households, declining by 37% from January to May 2020. Consequently, there is a dire need to increase the social assistance program for the most vulnerable populations in Tajikistan.

#### D. 2. Borrower's Institutional Capacity

Given the satisfactory pace and quality of implementation of the Original Project to date, institutional and implementation arrangements will remain unchanged. Ministry of Health and Social Protection of the Republic of Tajikistan (MOHSP) will continue to serve as the implementing agency for the AFs as well. Development of key project documentation, such as Project Operations Manual and ESMF by the PIU was initially delayed by a COVID-19 outbreak among the PIU staff that basically impeded all activities in May and June 2020. Late recruitment of the Environmental and Social Specialists has further delayed operationalizing the ESMF. Currently the PIU is finalizing the site-specific ESMPs and ICWMPs for 10 participating hospitals. Considering the increased scope of works, need for a waste management specialists at the PIU will need to be explored.

Overall, coordination and roles of key staff responsible for the implementation, including those in the MOHSP PIU, have been defined and implemented in a satisfactory manner. Applicable environmental and social standard measures are under implementation and have been rated Moderately Satisfactory based on August 2020 ISR. In September 2020, the PIU hired dedicated environmental and social specialists to follow E&S aspects closely during implementation of the PP and the AFs. Implementation of the citizen engagement activities will continue to be carried out by the MOHSP public relations team in collaboration with the PIU communications and behavior change specialists. The Stakeholder Engagement Plan has been updated to incorporate both AF project activities.

The delivery of routine vaccines and oxygen supply equipment will be undertaken by the UNICEF Supply Division, while the MOHSP and Republican Center for Immuno-Prophylaxis (RCIP) will be engaged in distribution. The oxygen supply stations will be rehabilitated and reconstructed by the Capital Repairs Department of the MOHSP supported by the PIU civil works engineers. The E&S Specialists will ensure development and implementation of ESMPs and Emergency Response Plans at the healthcare facilities with oxygen supply stations to be installed.



II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The Environmental Risk Rating is "Substantial". The major areas of risks for the project are: (i) risks related to rehabilitation of existing healthcare facilities; (ii) risks related to medical waste management and disposal; (iii) risks related to spread of the virus among health care workers; (iv) risks related to the spread of COVID-19 among the population at large; and (v) the additional risks related to establishment of PSA oxygen refilling stations at selected hospitals. These risks are covered by ESS 1, ESS 2, ESS 3, ESS 4, and ESS 10.

The project will finance small scale infrastructure works for the rehabilitation and equipping of ten health centers to establish 10-bed ICUs and possible rehabilitation of on-site incinerators for medical waste disposal. Financing from the AF2 will include the procurement and establishment of PSA oxygen refilling stations at those facilities. These interventions are expected to take place on the property of existing facilities; therefore, environmental issues (and impacts thereof) are expected to be temporary, predictable, and easily mitigable.

Improper handling of health care waste can cause serious health problems for workers, the community and the environment. Medical wastes have a high potential of carrying micro-organisms that can infect people who are exposed to it, as well as the community at large if it is not properly disposed of. Wastes that may be generated from labs, ICUs, quarantine facilities, and screening posts to be supported by the COVID-19 readiness and response could include a liquid contaminated waste (e.g. blood, other body fluids, and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed-sheets, majority of waste from labs and quarantine and isolation centers, etc.) which requires special handling and awareness, as it may pose an infectious risk to healthcare workers in contact or handle the waste. It is also important to ensure the proper disposal of sharps.

Ensuring contagion vectors are controlled through strict adherence to standard procedures and personal protective equipment (PPE) for all health care workers is critical.

Additionally, working with local governments and communities to ensure that social distancing measures and quarantine regimes are strictly adhered is also vital for lowering the speed and incidence of infection among project workers and affected persons.

Social Risk Rating

Substantial

The Social Risk Rating is "Substantial". Original / parent project (OP) was rated Moderate, whereas AF 1, focused on vaccination, has been rated Substantial. AF 2 covers the critical gaps of the original project and finances two broad elements: one, oxygen supplies; and other, significance enhancement in social assistance through cash transfers. All the three – OP, AF 1 and AF 2- are definitely inter-related and complement / supplement one another, and hence social risk is rated 'Substantial'.

The major areas of social risks, in particular, related to AF 2 are : (i) health and safety issues related to oxygen supply systems (OSS) and PSA Oxygen stations; and (ii) risks of exclusion related to cash assistance. The above gets intermeshed with the key issues/ risks from the OP and AF 1: (i) risks related to healthcare workforce and operations,

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as limited human resources and poor management practices can influence the occupational health and safety of health workers in targeted healthcare organizations; (ii) risks related to access to hand hygiene, PPEs, and equipment, as the demand may exceed the supply; (iii) risks of laborers involved in the rehabilitation of existing healthcare facilities; and (v) inclusion and equity in accessing the routine vaccines and COVID-19 medications.

OSS and PSA related risks will be managed by following the WHO's Guidance Note of June 2020. Towards this, the ESMF prepared for the OP shall be updated with relevant templates and capacity building programs. As regards cash assistance, it remains a challenge as the program will be scaled up substantially. The project can build on the current experiences from the existing World Bank financed Targeted Social Assistance (TSA) program which has been relatively successful.

Emergency Cash transfers have happened, and many households received the money contributing a bit in easing the hardships. This is evident by UNICEF's assessment note (October 2020) portraying anecdotal – Ref <https://www.unicef.org/tajikistan/stories/cash-assistance-struggling-families-tajikistan-amid-coronavirus>. However, a full picture with disaggregated data on category of the households benefitted to reflect on the 'target' coverage, is not available as yet. Also, it is just 500 TJS (US\$50) per household, and it is yet to be assessed as to what it means for a household? Bank commission fees seem to have been deducted in 500 TJS. So, inclusive targeting and effective service delivery still remain the issues/ risks to be addressed.

Most of these impacts and the risks thereof can be contained by an effective and inclusive outreach program encompassing stakeholder engagement throughout the project cycle. These apart, there are some civil works which envisage repair and rehabilitation of existing buildings only. No land acquisition or involuntary resettlement impacts are expected.

## **B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered**

### **B.1. General Assessment**

#### **ESS1 Assessment and Management of Environmental and Social Risks and Impacts**

##### ***Overview of the relevance of the Standard for the Project:***

The AF2 is expected to have positive environmental and social impacts as it should maximize the financial sustainability of investments under the original Project with focus on preventive maintenance the ICU equipment installed and supporting more durable and sustainable investment in oxygen supply and medication procurement. This will not only allow support a larger group of COVID-19 patients, but also fill a critical and general gap in the availability of medical oxygen in the country and improve clinical treatment of non-COVID-19 patients once the epidemic is over for years to come. It will finance the establishment of pressure swing adsorption (PSA) oxygen refilling stations in at least ten (10), including those supported by the original Project. The PSA stations will have capacity to provide oxygen directly to the hospital in which they are installed, as well as re-fill oxygen tanks that can be used in nearby facilities. The project will also provide funding for procurement of routine vaccines for measles, mumps and rubella (MMR), as well as PPE for health care staff providing vaccinations. Investments in routine vaccines will prevent new infections and produce economic benefits through saving lives, averting morbidity, and avoiding treatment costs. The AF2 will also serve to expand the emergency cash transfer program to new beneficiary groups, as such will expand coverage of vulnerable groups.



The measures to address social and environmental risks in the original project remain relevant, including infection prevention and control improvements in health facilities, such as assessment and mitigation measures for medical waste risk management that will be expanded as inoculation sites expand. However, the project still includes environmental, health and safety risks due to the minor rehabilitation at hospitals, accumulation of medical waste, and safety hazards of the oxygen supply equipment and refill stations. The AF2 funded procurement of routine vaccines equally can lead to occupational and community health and safety risks.

To manage these risks, the MOHSP has prepared two major instruments for the project:

1. Environmental and Social Management Framework (ESMF), which will be updated to include a template for site specific Environmental and Social Management Plans (ESMP) for Oxygen Supply Systems and PSA Refill Stations so that the ICUs, and the hospitals to be supported by the Project will apply international best practices in planning, installation, and operations of oxygen systems and refill stations. These ESMPs include specific guidance around where to site these facilities and OHS requirements, including the need to develop and implement an Emergency Response Plan (ERP) specific to this component of the project. The ESMF will be updated to a standard acceptable to the Association, consulted on, and disclosed both in country on the MOHSP website and on the World Bank website before the AF 2 Project Effectiveness. The updated ESMF is to describe measures to comprehensively manage and reduce the environmental and social aspects of the original Project, as well as both Additional Financings.
2. Stakeholder Engagement Plan (SEP) for effective outreach and citizen participation prepared under the parent Project has been updated to cover both AF activities and will be disclosed by the AF1 Project Effectiveness.

To achieve the above mentioned positive environmental and social impacts, the aforementioned areas of risks must be addressed and mitigated as discussed below:

Oxygen Supply Systems and Refill Stations Installations. The ESMF will provide ESMP/ERP template for oxygen supply systems and refill station installations at the targeted hospitals. The templates will be developed based on WHO's guidance note of June 2020. The physical works envisaged are of small to medium scale and the associated environmental impacts are expected to be temporary, predictable, and easily mitigable with risks including disposal of construction waste, dust, noise, and worker health and safety.

Minor Civil Works. The parent Project has prepared a short list of the existing buildings for repair and rehabilitation. The ESMF provides ESMP templates for both rehabilitation of facilities for establishing 10-bed ICUs and the rehabilitation of on-site incinerators. The small to medium scale physical works envisaged within the same hospitals under the AF2 will follow the same model as the original project; the associated environmental impacts are expected to be temporary, predictable, and easily mitigable with risks including disposal of construction waste, dust, noise, and worker health and safety. The ESMF also excludes rehabilitation work that might disturb asbestos insulation of pipe lagging.

Medical Waste Management and Disposal. The ESMF adequately covers environmental and social infections control measures and procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of





project supported laboratories and medical facilities. It also clearly outlines the implementation arrangement put in place by MOHSP for environmental and social risk management; compliance monitoring and reporting requirements, including on waste management based on the existing ICWMP prepared as part of the ESMF. Each targeted healthcare facility will continue to apply infection control and waste management planning following the requirements of the updated ESMF and relevant EHS Guidelines, GIIP, WHO etc. satisfactory to the Association.

**Worker Health and Safety.** Workers in healthcare facilities are particularly vulnerable to contagions like COVID-19. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and civil works as well as the wider spreading of the disease within communities. The ICWMP contains detailed procedures, based on WHO guidance, for protocols necessary for handling medical waste and environmental health and safety guidelines for staff and laborers, including the necessary PPE and working conditions.

**Community Health and Safety.** The SEP will continue to serve as a key instrument for outreach to the community at large on issues related to social distancing, higher risk demographics, self-quarantine, and quarantine. It is critical that these messages be widely disseminated, repeated often, and clearly understood.

**Routine Vaccine Safety and Efficacy.** To mitigate the potentially adverse health effects of administering unsafe vaccines, the funds can only be used for the procurement of thoroughly tested and approved routine vaccines. The project will develop a monitoring and evaluation (M&E) system to record the details of the recipients of routine vaccine, as well as vaccine adverse effects based on existing immunization practices and protocols.

**Routine Vaccine Safe Transportation and Storage.** The vaccines are prone to rapid decay and ineffectiveness when not stored at the proper temperature, which could lead to high wastage. Wasted vaccines may be dangerous, or at the very minimum ineffective, when administered. The government will secure safe cold storage equipment and logistics to enable the safe delivery of routine vaccines throughout the country.

**Cash Transfers to Vulnerable Groups.** The transfers are delivered using the existing Targeted Social Assistance (TSA) system implemented by the State Agency for Social Protection (SASP), in collaboration with the state bank “Amonatbank”, which processes the payments. The AF2 will expand the emergency cash transfer program up to approximately 70,000 households, including new beneficiary groups, such as households with children under the age of 7 as well as households with older children with disabilities. The additional transfers will use the same delivery mechanism (the Targeted Social Assistance program administered by the MOHSP), and procedures described in the Project Operations Manual (POM) of the parent Project. A small portion of the financing under Component 3 will be used to cover the administrative fees of Amonatbank; to develop and disseminate information regarding the additional cash transfers; to strengthen the TSA program based on the lessons learned from the original Project, including developing interoperability between the TSA beneficiary database, the civil registry maintained by the Ministry of Justice, and other relevant databases; to increase capacity of the TSA servers; and to finance other capacity strengthening activities. The Cash Transfer Operational Manual will be updated to cover the new beneficiary groups. The SEP will be instrumental in disseminating information and ensuring feedback mechanisms during the additional cash transfer program implementation.

## **ESS10 Stakeholder Engagement and Information Disclosure**





Based on the success of the national COVID-19 campaign financed under the Original Project (OP) and implementation of the Stakeholder Engagement Plan prepared for the OP, the AF2 will expand the communication channels by establishing regional COVID-19 hotlines, to provide callers with information about COVID-19 (i.e., symptoms, testing options, referrals, vaccination etc.) and information about how to access other essential health services during the pandemic. The hotlines will also be used as an additional grievance filing mechanism; however, they will not be utilized to report back on the resolution of complaints. The GM group at the PIU will deal with all the grievances received, including the ones received via hotlines. The AF2 will finance staff time, equipment and operational costs of the hotlines, as well as increased capacity of the MOHSP server to accommodate the demand for the COVID-19 website and its expanding content, and to ensure that the public can access it without interruptions. The development of a national communications and outreach strategy and implementation plan will not be financed, as originally envisaged, under the original Project, because this activity is supported by UNICEF.

The original Project will continue communication and sensitization activities with the stakeholders identified the Stakeholder Engagement Plan (SEP) prepared under the parent Project. The SEP covering activities for both AFs acceptable to the Bank have been updated and will be disclosed by the AF1 Effective Date. The engagements will focus around the following three project interventions:

- 1) Strengthening Intensive Care Capacity (including the oxygen supply systems);
- 2) Multi-sectoral Response Planning and Community Preparedness (including vaccination awareness campaign);
- 3) Temporary Social Assistance for Vulnerable Households.

The SEP implementation will contribute to the National Communications and Outreach Strategy and Implementation Plan developed with the technical support provided being supported by UNICEF. However, UNICEF plays no role in project implementation. The project supports the MOHSP in implementation of this strategy under Component 2. Relevant behavior changes and communication specialists were hired by the PIU to strengthen the MOHSP capacity and implement public outreach campaigns. Project activities include trainings for local media outlets, preparation of 1000 volunteers to conduct communication and sensitization activities in rural areas. The AF2 project will recruit a communication firm to develop and disseminate COVID-19 risk communication messages to building synergies with the communication activities being implemented by other donors.

## **B.2. Specific Risks and Impacts**

**A brief description of the potential environmental and social risks and impacts relevant to the Project.**

### **ESS2 Labor and Working Conditions**

No new categories of workers are envisioned. Like the original Project, the AF2 will be implemented in accordance with the applicable requirements of ESS 2, in a manner acceptable to the Association, including through, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), setting out grievance arrangements for project workers, and incorporating labor requirements into the Occupational Health and Safety (OHS) specifications of the procurement documents and contracts with contractors and supervising firms. The Project Operational Manual for the parent Project includes the labor management provisions, which will be followed by the AF2 and updated, if necessary.



Under the ongoing project, the MOHSP has been implementing the Environmental and Social Management Framework (ESMF), which includes specific instruments on OHS prepared either by the client and/ or the contractor prior to commencement of works (OHS checklists, codes of conduct; safety training etc.). The PIU has hired dedicated Social and Environmental Specialists that follow OHS aspects closely, and will make sure that the civil works contracts incorporate social and environmental mitigation measures based on the WBG EHS Guidelines and the updated ESMF and the SEP. All civil works contracts will include industry standard Codes of Conduct that include measures to prevent Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH). The Republican Center for Immunization and Prophylactics (RCIP) will manage the routine vaccine transportation in-house through owned refrigerated trucks to 6 regional centers. Only internal RCIP truck drivers with labour agreements and Code of Conducts signed will be engaged in vaccine transportation, so the SEA/SH risks are low. A locally based GRM specifically for direct and contracted workers will be updated as necessary.

In line with ESS 2 and the Tajik law, the use of forced labor or conscripted labor is prohibited in the parent project and the AFs, including for rehabilitation and operation of healthcare facilities.

### **ESS3 Resource Efficiency and Pollution Prevention and Management**

Medical wastes (including water, reagents, infected materials, etc.) from the healthcare facilities can have significant impact on environment and human health. Wastes that may be generated from medical facilities/ labs could include liquid contaminated waste, chemicals and other hazardous materials, and other wastes used in diagnosis and treatment. Each target healthcare facility, following the requirements of the ESMF to be updated for the AF Projects, WHO COVID-19 guidance documents, and other best international practices, will finalize and follow an Infection Control and Medical Waste Management Plan (ICMWP) to prevent or minimize such adverse impacts. The updated ESMF will include the site-specific instruments (ESMPs, Emergency Response Plan) for civil works and oxygen stations to guide on management of rehabilitation works, planned emergency prevention and other mitigation measures.

### **ESS4 Community Health and Safety**

As noted above, medical wastes and general waste from the healthcare facilities have a high potential of carrying micro-organisms that can infect the community at large if they are not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., seismic). The site-specific Infection Control and Waste Management Plans (ICWMPs) to be finalized will describe:

1. how project activities will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (WHO guideline);
2. measures in place to prevent or minimize the spread of infectious diseases; and
3. emergency preparedness measures.

The ICWMPs will be reviewed and revised to ensure it includes additional appropriate community health and safety measures to safeguard the public from adverse impacts related to the AF2 project activities, including monitoring of



adverse impacts and side effects of routine vaccines on recipients of the vaccinations. The AF2 will also invest in safe routine vaccine transportation and logistics and ancillary supplies (syringes, safety boxes, PPE) and strengthening of routine vaccine delivery systems and management capacity.

The updated ESMF will include templates for preparing site-specific instruments (ESMPs, Emergency Response Plans) specially on housing the OSS and PSAs as well as in guiding their management. Capacity building programs too, accordingly, will be planned. Security personnel will not be used in any part of the project activities.

**ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement**

The Project will not involve resettlement or land acquisition.

**ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

All works will be conducted within the existing footprint of healthcare facilities; hence, this standard is not relevant to the proposed AF interventions.

**ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities**

This standard is not relevant as there are no indigenous peoples in Tajikistan.

**ESS8 Cultural Heritage**

All works will be conducted within the existing footprint of facilities; hence, this standard is not relevant to the proposed AF interventions.

**ESS9 Financial Intermediaries**

This standard is not relevant to the proposed project interventions.

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways** No

**OP 7.60 Projects in Disputed Areas** No

**B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts**

**Is this project being prepared for use of Borrower Framework?** No

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**Areas where “Use of Borrower Framework” is being considered:**

The Borrower Framework is not being considered.

**IV. CONTACT POINTS**

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**Borrower/Client/Recipient**

Borrower: Ministry of Finance

**Implementing Agency(ies)**

Implementing Agency: Ministry of Health and Social Protection

Implementing Agency: State Agency for Social Protection

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s):	Jakub Jan Kakietek, Baktybek Zhumadil
Practice Manager (ENR/Social)	Varalakshmi Vemuru Cleared on 18-Jan-2021 at 16:05:9 GMT-05:00