



# Appraisal Environmental and Social Review Summary

## Appraisal Stage

### **(ESRS Appraisal Stage)**

Date Prepared/Updated: 04/22/2020 | Report No: ESRSA00752



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
Uzbekistan	EUROPE AND CENTRAL ASIA	P173827	
Project Name	Uzbekistan Emergency COVID-19 Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/10/2020	4/24/2020
Borrower(s)	Implementing Agency(ies)		
Republic of Uzbekistan	Ministry of Health, Ministry of Finance		

Proposed Development Objective(s)

The Project development objective is to prevent, detect, and respond to the threat posed by COVID-19 in the Republic of Uzbekistan.

Financing (in USD Million)	Amount
<b>Total Project Cost</b>	<b>95.00</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?**

No

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

The proposed project will support the Government of Uzbekistan in responding to a potential outbreak of COVID-19. Component 1 Strengthening National Health System to respond to COVID-19 will provide immediate support to respond to the COVID-19 outbreak, with a focus on limiting community transmission, building capabilities to handle severe cases and mitigating the negative financial economic at the household level. It will also support the development of multisectoral response coordination and community preparedness. This will include a communication and outreach strategy, training for community health workers, national bodies and media outlets. The focus of communication activities will be to ensure that the population at risk will be better informed and engaged in prevention and treatment measures. In addition, the Component 2 will support social protection efforts to mitigate



the effect of containment measures on the population by providing cash transfers to poor and vulnerable families. It will also support the provision of unemployment cash transfers to people who became unemployed due to the COVID-19 outbreak, and support wage subsidies to firms to be able to furlough workers. Finally, Component 3 will provide financing for a project management unit and monitoring activities.

#### D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social] Uzbekistan is a resource-rich landlocked, lower middle income country in Central Asia. It is a unitary, constitutional, presidential republic, comprising 12 provinces, 1 autonomous republic, and 1 independent city. Its geographical area is 458,000 sq km and is the most densely populated country in Central Asia with a population of about 34 million. Uzbekistan has direct borders with Afghanistan, Kazakhstan, Kyrgyz Republic, Tajikistan, and Turkmenistan, It is prone to natural and climate related disasters, such as earthquakes, droughts, extreme hot temperatures, floods, and landslides. Population growth, urbanization, and climate change continue to exacerbate the impact of disasters, which are expected to occur more frequently and intensively and to affect more people in the future.

Uzbekistan's Human Development Index (HDI) value for 2017 is 0.71 which puts the country in the high human development category—positioning it at 105 out of 189 countries. Between 2000 and 2017, Uzbekistan's HDI value increased from 0.595 to 0.710, an increase of 19.3 percent. However, the Gender Inequality Index (GII), reflecting gender-based inequalities in three dimensions – reproductive health, empowerment, and economic activity- stands at 0.274 or 59 out of 160 countries. Uzbekistan's life expectancy at birth increased by 4.9 years, mean years of schooling increased by 2.4 years, and expected years of schooling increased by 0.7 years. Gross National Income (GNI) per capita increased by 100%, but the increase was not evenly spread across all sectors of society. Poverty is especially pronounced in the regions with inadequate access to gas, water and sanitation, centralized heating, or fuel. The rural economy in Uzbekistan is highly dependent on seasonal jobs as well as foreign remittances from Russia. In recent times, unemployment and under employment, especially among the youth and women, have both grown significantly.

The social profile and labor market situation reveals the following significant issues from a social risk management perspective: (i) Uzbekistan is a highly ethnically diverse, multi-national state with Uzbeks making up 80% of the population; (ii) regional disparities as well as rural-urban differentials are quite high in respect of poverty; (iii) demographic analysis show a larger number of elderly women heading households relative to men; (iv) the HDI is relatively high, but GII is quite low; (v) though overall unemployment is lower, women and youth remain disproportionately affected, experiencing difficulties in integrating into the formal, full-time labor market; and (vi) Uzbekistan's governance record has been a subject of debate in recent years due to forced evictions and labor management. All these features will be determinants in the success of project delivery.

The COVID-19 pandemic is evolving in Uzbekistan at a rapid pace. With the first case reported on March 15, 2020, within ten days, Uzbekistan moved from the no case transmission scenario to sporadic cases and to a country with reported clusters of cases and community transmission. A total of 173 cases and two deaths are reported as of March 29, 2020. A rapid increase in the number of cases can be expected over the coming weeks based on the experience from several other countries. Country preparedness and response activities vary depending on the current transmission scenario and resource availability. With no or imported sporadic cases, early case detection, isolation and contact tracing are of the highest priority, particularly at the country's points of entry. When there are case



clusters or community transmission as in the case of Uzbekistan, the priorities shift to minimize transmission in the communities/health facilities and improve care for the infected. The population structure and health system in Uzbekistan have relative strengths, from which preparedness and response measures can benefit in tackling the pandemic in the country. As such, this COVID-19 Emergency Operation is being processed in a Situation of Urgent Need of Assistance as per World Bank IPF Policy, paragraph 12.

In the COVID-19 context, a considerable part of Uzbekistan's population are young people, with about 60% of the population being under 30. However, the older population shows a prevalence for chronic diseases such as diabetes, cardiovascular diseases, etc. that would make them particularly vulnerable to COVID-19. Diseases of the circulatory system (mainly ischaemic heart disease and cerebrovascular disease) are the most common causes of death in Uzbekistan. The mortality rate from diseases of the circulatory system has increased in Uzbekistan since independence, a development that mirrors the trends in other countries of Central Asia and the Commonwealth of Independent States (CIS), but contrasts with trends in western Europe, where mortality from this group of causes of death has continuously declined in recent decades. Also similarly to other countries of the region, there has been a resurgence of tuberculosis, including multi-drug and extensively drug-resistant strains. A prolonged travel ban and social isolation measures could negatively affect livelihood options for rural population, marginalizing them further. Thus, health and social protection measures, including unemployment relief, will require greater attention in the coming months.

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

Given that responsibility for the two major interventions, health and social assistance, rests with different government agencies and that focused attention needs to be accorded on both aspects, the project will be administered by separate Project Implementation Units (PIUs):

- 1) the PIU for the Emergency Health Services (EMS) Project (P160167), based at the Republican Scientific Center of Emergency Medical Care (RSC EMC) under the Ministry of Health (MOH), will implement Component 1 - Strengthening National Health System to respond to COVID-19; and
- 2) the PIU for the Institutional Capacity Building Project (P168180), under the Ministry of Finance (MOF), will implement Component 2 - Financial Support to Individuals and Households.

The MOH will have the overall responsibility for implementing Component -1, thus providing a strategic link between national sanitary-epidemiological control targets and effective delivery of the project. The EMS PIU is composed of a project director, deputy director(s), component coordinators, procurement officers, financial management (FM) specialist, chief accountant, disbursement officer, monitoring and evaluation officer, and environmental management specialist. The PIU's capacity needs to be supplemented with an additional environmental/ medical waste management specialists, and a social development and communication specialist who will be hired within 30 days of project effectiveness. The PIU has acquired practical experience with the World Bank procurement procedures through implementation of EMS project for last 2 years. Technical experts in the working groups that were involved in project preparation will provide technical support during the implementation of the project. The PIU is new to ESS and hence capacity is expected to be inadequate. This will be addressed through capacity building and the new recruits.

Medical waste in Uzbekistan is regulated by the Law on Wastes (2002) and Law on Sanitary and Epidemiological Well Being of the Population (2015); however, there is no centralized or regional approach for the provision of specialized



medical waste management and disposal services. Hospitals and other healthcare facilities (HCFs) are managing waste on their own, with only some having on-site medical waste disposal incinerators. As mentioned above, the PIU will employ a second environmental/ medical waste management specialists to deal specifically with this issue under the Project.

The MOF PIU, responsible for Component -2, functions under an apex body - Project Implementation Advisory Board (PIAB), overseen by the Deputy Prime Minister (DPM) who is the main decision maker and supported by Deputy Finance Minister (DFM). The PIU is led by a PIU Director and composed of fiduciary staff, Component and Technical Lead Coordinators (CTLC), Thematic Support Specialists (TSS), administrative and other relevant staff. Social Development as well as Communication specialists, critical for steering the project activities, will have to be deployed to ensure effective implementation . Both positions will be hired within 30 days of project effectiveness. PIAB will have to be expanded to include representatives from labor and employment as well as local governments to ensure effective linkages with the relevant implementation agencies in the regions and districts. Thus, capacity supplementation is essential.

## 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 assessed as Substantial. The key environmental risks associated with the project include: (i) occupational health and safety (OHS) for medical staff, laboratory staff, and communities in due course of detection, transportation of patients/ tests/ chemicals and reagents, and treatment stages of the COVID-19 cycle; (ii) occupational health and safety and community safety related to collection, transportation, and disposal of medical waste management; and (iii) temporary environmental risks associated with minor repair works at HCFs and occupational health and safety of construction workers, HCF staff, and surrounding communities. These risks are covered by ESS 1, ESS 2, ESS 3, ESS 4, and ESS 10.

The Project will be implemented throughout the county and will have two distinct interventions: supporting the government’s health system to curb the spread of COVID-19 pandemic through efficient case detection, isolation and treatment; and providing social and financial support to vulnerable and low-income households economically affected by the pandemic. The Project’s health system component aims at enhancing disease detection, isolation, and treatment capacities through minor rehabilitation of HCFs to meet needs related to COVID-19 testing and treatment as well as the procurement of essential equipment, consumables, vehicles, communication, and personal protective equipment for rapid response teams. The project will support up to 14 operational laboratories nationwide (2 in Tashkent and 12 in other regions) as well as a number of hospitals throughout the country. The specific locations of facilities where sub-components will be implemented have not yet been identified, but they will be implemented in existing urban or peri-urban facilities. The project will also procure biomedical waste management equipment for designated hospitals based on a needs assessment that is being carried out under the EMS Project.

The Environmental Risk Rating is based on the health interventions. While no major civil works are expected, minor works focusing on rehabilitation and re-purposing existing structures, including hospitals, laboratories, and possibly storage facilities will be undertaken. An Environmental and Social Management Framework (ESMF) is being prepared



for the project. The ESMF will address risk areas such as environmental and community health related risks from inadequate storage, transportation and disposal of infected medical waste; occupational health and safety issues related to the availability, supply and correct usage of personal protective equipment (PPE) for healthcare workers; and community health and safety risks related to the spread of COVID-19 among the population at large.

**Social Risk Rating**

Substantial

Social Risk is rated Substantial. The two major areas of social risks are related to (i) COVID-19 Management; and (ii) Targeted Social Assistance (TSA). While the former bears Moderate Risk, the latter is Substantial.

The Project risks relate to: (i) the spread of COVID-19 among healthcare workers; (ii) the spread among the population; and (iii) minor rehabilitation of existing HCFs and the laborers involved. Risk areas (i) and (ii), social issues/risks to be managed include ensuring a soothing environment to avoid panic/ conflicts resulting from false rumors and social unrest; assuring proper/ quick access to appropriate/ timely medical services; and addressing issues related to quarantine. Most of these risks can be mitigated by an effective and inclusive stakeholder engagement. Risk area (iii), the civil works envisaged are only repair and rehabilitation of existing buildings, no land acquisition or involuntary resettlement impacts are expected. To ensure effective social distancing and contain the spread of the virus, quarantine and isolation centers may have to be guarded adequately and appropriately. It is expected that these security forces will be drawn from the locally available police who are well versed with the local people and area so Low risk is expected (see ESS 4).

Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) risks are substantial and could emerge in and around HCFs and at the household-level of beneficiaries. Female healthcare workers or patients may be subject to harassments. Safety net interventions, including cash/in-kind transfers can affect household power dynamics, which can exacerbate incidents of GBV/SEA/SH violence. Apart from IEC campaign, strict vigilance from officials, the installation of CC TV and effective stakeholder engagement will contain the risks. These will be further detailed in the ESMF.

Component 2, has three sub-components: (i) temporary cash benefits – targeting low-income families; (ii) cash unemployment benefits - targeting unemployed individuals registered with Employment Support Centers (ESC); and (iii) temporary wage subsidies administered through ESCs - targeting firms at risk of laying off workers. It is likely that identifying individuals/ households eligible for benefits will be complex, difficult time consuming, since it is an emergency Project, targeting result in:

- 1) Exclusion error: not all intended beneficiaries are actually reached; and
- 2) Inclusion error: some people who were not intended beneficiaries receive benefits.

Analytical assessments conducted recently with respect to cash transfers and ESCs highlight the following:

- 1) Exclusion errors: 63 percent of the poor are not reached by low-income allowances.
- 2) Inclusion errors: 62 percent of beneficiaries of low-income allowances are not poor.
- 3) Sub-optimal transfer amounts: while the amount for child care allowances is high, per child allowances are low, even though household incomes for those eligible for either are similar.



- 4) Multiple schemes exist, each with different sets of rules and regulations, and consolidation as well as single social registry are essential for ensuring effective delivery and outcomes.
- 5) ESCs short comings include the difficulty for persons in rural/ remote areas to register and follow processes. The skill sets for jobs offered has come under criticism. So, exclusion risks are expected. And if plans are to provide cash assistance to those who have registered: then, there could be rapid exponential increase and inclusion risks loom large.

These risks are likely to be amplified unless (i) targets are precisely defined; (ii) financial assistance is premised and relates to income and living conditions; and (iii) an effective out-reach program to ensure awareness and responsive service delivery. Mitigatory measures will have to be developed both in the short-term and the long-term from a larger Social Protection perspective and designed into the project.

## **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 project will have positive environmental and social impacts as it should improve COVID-19 surveillance, monitoring, containment and treatment across Uzbekistan. However, the project could also cause substantial environmental, social, and health and safety risks due to the dangerous nature of the pathogen, reagents, and other materials to be used in the project-supported HCFs and laboratories. Major risk areas include: (i) occupational health and safety for medical staff, laboratory staff, and communities in due course of detection, transportation of patients/ tests/ chemicals and reagents, and treatment stages of the COVID-19 cycle; (ii) occupational health and safety related to collection, transportation, and disposal of medical waste management; (iii) temporary risks associated with minor repair works at healthcare facilities (HCFs) and occupational health and safety of construction workers, HCF staff, and surrounding communities; and (iv) inclusion/ exclusion risks associated with the TSA component. These risks are covered by ESS 1, ESS 2, ESS 3, ESS 4, and ESS 10.

To manage these risks, two major instruments will be prepared:

- (i) An Environmental and Social Management Framework (ESMF) that will include templates for Environmental and Social Management Plans (ESMP) and Infection Control and Medical Waste Management Plan (ICWMP) so that the designated HCFs and laboratories to be supported by the Project will apply international good practices in diagnostic testing and response activities. The ESMF will have an exclusion list for COVID-19 HCF and lab activities that may not be undertaken unless the appropriate capacity and infrastructure is in place. The ESMF will be prepared to a standard acceptable to the Association and disclosed both in country on the MOH website (<https://www.minzdrav.uz/en/>) and on the World Bank website (<https://www.worldbank.org>) prior to the commencement of any Project financed activities; and
- (ii) A Stakeholder Engagement Plan (SEP) for effective outreach and citizen participation.

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





Minor Civil Works. No major civil works are expected under this project. The ESMF will provide ESMP templates for the rehabilitation of HCFs and laboratories as well as the installation or rehabilitation of on-site medical waste treatment and disposal equipment. The physical works envisaged are of small to medium scale and the associated impacts are expected to be temporary, predictable, and easily mitigable with risks including disposal of construction waste, dust, noise, and worker health and safety. As such minor works will also include improvement of basic hand-washing facilities, restrooms or other basic health and hygiene conditions, wastewater management should be considered (mini septic tanks, etc). The ESMF will also include exclusion criteria under this project for establishing ICUs in facilities containing asbestos insulation or pipe lagging, etc.

Medical Waste Management and Disposal. Improper handling of medical waste can cause serious health problems for workers, the community and the environment. Medical waste has a high potential of carrying micro-organisms that can infect people who are exposed to it, as well as the community at large if storage and disposal are not properly managed. Waste that may be generated from labs, ICUs, 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, 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. The management of medical waste in Uzbekistan is underdeveloped, and hospitals and other HCFs are managing waste on their own, with only some having on-site medical waste disposal incinerators. There is no regional approach to the provision of specialized waste services for HCFs. Given that the medical waste generated by laboratories and HCFs is a potential vector for the contagion, improper handling of medical waste runs the risk of further spread of the disease. Therefore, the ESMF will include an ICWMP template specifically designed for COVID-19 identification, testing, and treatment.

Worker Health and Safety. Workers in HCFs 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 laboratory works as well as the wider spreading of the disease within communities. The ICWMP being developed will contain detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary PPE. Proper disposal of sharps (see medical waste above), disinfectant protocols, and regular testing of healthcare workers will be included.

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

Each HCF and laboratory will apply infection control and waste management planning following the requirements of the ESMF, relevant ESS, relevant World Bank Group Environmental Health and Safety (EHS) Guidelines, Good International Industry Practice (GIIP), World Health Organization (WHO) COVID-19 Guidelines, etc. The ESMF will adequately cover 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 HCFs. It will also clearly outline the implementation arrangement to be put in place by MOH for environmental and social risk management; training programs focused on COVID-19 laboratory bio-safety, operation of quarantine and isolation centers and screening posts, as well as compliance monitoring and reporting requirements, including on waste management based on the existing ICWMP prepared as part of the ESMF. The relevant part of the COVID-19 Quarantine Guideline and WHO COVID-19 bio-safety guidelines will be applied while preparing the ESMF so that all relevant risks and mitigation measures will be covered.

Inclusion/ Exclusion risks. The Uzbekistan: Strengthening the Social Protection System Project (P166447), meant to improve inclusion of poor and vulnerable people in the social system and labor market, has drawn mitigatory measures to address these risks that include: (i) Creation of a Single Social Registry to enable better targeting; and (ii) Consolidation of different programs and improving effectiveness. However, the project implementation has just begun and substantial time is required for the results to become evident. Given the emergency nature of the COVID-19 Project, short term measures are essential. Towards this, the borrower will prepare a Guidance Note, detailing all the eligibility criteria for targeting service delivery and monitoring arrangements within one month of project effectiveness. A list of the households to be covered under the program will have to be prepared and disclosed prominently and invite objections/ request for alterations etc., for each district. Subsequently, this will be re-visited and up-dated, as appropriate, on a bi-monthly basis. SEP will help not only in creating an awareness across the country about the Guidance Note but also in evincing a feedback on implementation.

Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) risks are substantial and could emerge in and around HCFs and at the household-level of beneficiaries. Female healthcare workers or patients may be subject to harassment. In addition, there are project-related SEA/SH risks at the household level. Safety net interventions, including cash/in-kind transfers, and other social assistance schemes, among others, can affect household power dynamics, which can exacerbate incidents of GBV/SEA/SH violence. It is likely that intimate-partner violence and unequal gender dynamics can limit women's ability to access these interventions. The Project will mitigate these risks by taking the following steps. (1) The Project will disseminate key messages to the public focusing on: (i) no sexual or other favor can be requested in exchange for medical assistance; (ii) medical staff are prohibited from engaging in sexual exploitation and abuse; and (iii) any case or suspicion of sexual exploitation and abuse can be reported to the Project GRM. (2) The Project will make information available to health service providers on where SEA/SH psychosocial support and emergency medical services can be accessed. (3) The Project will promote two-way communication between health authorities and communities that would allow information on instances. Apart from information, education, and communication campaigns, strict vigilance from officials, the installation of CC TVs, and effective stakeholder engagement will contain the risks. These will be further detailed in the ESMF.

### ESS10 Stakeholder Engagement and Information Disclosure

The project recognizes the need for an effective and inclusive engagement with all of the relevant stakeholders and the population at large. Considering the serious challenges associated with COVID-19, dissemination of clear messages around social distancing, high risk demographics, self-quarantine, and, when necessary, mandatory quarantine is critical. Meaningful consultation, particularly when public meetings are counter to the aims of the SEP, and disclosure of appropriate information assume huge significance for ensuring public health and safety from all perspectives – social, environmental, economic, and medical/ health. In this backdrop, the project has prepared a SEP



which serves the following purposes: (i) stakeholder identification and analysis; (ii) planning engagement modalities viz., effective communication tool for consultations and disclosure; and (iii) enabling platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the Plan; and (iv) a grievance redress mechanism (GRM) for project activities, as well as outlining the broader communications the project will support as part of project design.

Project preparation has included a detailed mapping of the stakeholders. Individuals and groups likely to be affected (direct beneficiaries) have been identified. Risk-hot spots on the international borders as well as in-country have been delineated. Mapping of other interested parties such as government agencies/authorities, NGOs and CSOs, and other international agencies have also been completed. Drawing upon their expectations and concerns, a SEP has been prepared by the client and disclosed publicly (<https://www.minzdrav.uz/en/> and <https://www.worldbank.org>). The SEP will be updated within 30 days of project effectiveness and, as necessary, during implementation. The client has also developed and put in place a GRM to enable stakeholders to air their concerns/ comments/ suggestions, if any, for each of the key project interventions , one on health, and the second on social assistance.

## **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**

The project shall be carried out in accordance with the applicable requirements of ESS 2, in a manner acceptable to the World Bank, 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 ESHS specifications of the procurement documents and contracts with contractors and supervising firms. These measures will be documented in labor management procedures (LMP) that will be included in the ESMF.

The project is expected to encompass the following categories of workers: direct workers and contract workers. Direct workers include civil servants, healthcare providers and other workers in HCFs, and PIU staff and consultants. Contract workers include chiefly construction workers involved in the minor civil works. Direct workers will be governed by a either the civil services code or, for consultants, mutually agreed contracts. Contract workers will be governed by works or supervision contracts issued by the PIU. The small scale civil works envisaged are expected to use local labor; therefore, no large-scale labor influx is envisaged. The ESMF will include ESMP templates for the works and those templates will contain a section on worker health and safety requirements. The workers will not work in contaminated areas and will be safeguarded with protective measures as appropriate.

The LMP will include sections on Environment Health and Safety (EHS) including specific instruments that will need to be prepared either by the client and/ or the contractor prior to commencement of works (EHS checklists, codes of conduct; safety training etc.). Civil works contracts will incorporate social and environmental mitigation measures based on the WBG EHS Guidelines and the ESMF; other referenced plans e.g. SEP. All civil works contracts will include industry standard Codes of Conduct that include measures to prevent Gender Based Violence/Sexual Exploitation and Abuse (GBN/SEA). A locally based GRM specifically for direct and contracted workers will be provided in the LMP.



In line with ESS 2 and Uzbek law, the use of forced labor or conscripted labor is prohibited in the project, including for construction and operation of HCFs.

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

Hazardous medical waste management is a particularly important aspect of this project. The project envisions procurement of biomedical waste management equipment for designated hospitals, based on needs assessment. As the management of medical waste in Uzbekistan is underdeveloped hospitals and other HCFs are managing waste on their own, only some have incinerators on site. There is no regional approach to the provision of specialized waste services for HCFs. Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the laboratories and HCFs to be supported can have a substantial impact on the environment and human health. Wastes that may be generated from HCFs and labs could include liquid contaminated waste, chemicals, and other hazardous materials, and other waste from labs including sharps, used in diagnosis and treatment. Each beneficiary hospital and laboratory, following the requirements of the ESMF to be prepared for the Project, WHO COVID-19 guidance documents, and other good international practices, will prepare and follow an ICWMP to prevent or minimize such adverse impacts. The ICWMP will reflect WHO COVID-19 guidance and other international good practice for waste associated with COVID-19 testing and treatment, to prevent or minimize contamination from inadequate waste management and disposal. It will mandate that any waste associated with COVID-19 testing or treatment will be incinerated on site whenever possible. It will also contain strict protocols for disinfecting and packing such waste for transportation to the nearest medical waste incinerator if on site destruction is not possible.

The ESMF will also include guidance related to transportation and management of samples and medical goods or expired chemical products.

Should there be need for large refurbishments, the site specific ESMPs need to be prepared and facilities will include procedures for handling construction waste. Facilities with asbestos insulation, pipe lagging, etc. will be excluded from financing under the project.

Resources (water, air, etc.) used in HCFs and laboratories will follow standards and measures in line with State Sanitary Hygienic Service of MOH and WHO environmental infection control guidelines for medical facilities.

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

In line with safety provisions in ESS 2, it is equally important to ensure the safety of communities from infection with COVID-19. Medical wastes and general waste from the labs and hospitals 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). HCFs and laboratories will thereby have to follow procedures detailed in the ESMF and ICWMP (see ESS 1 and 3 above).

The operations of HCFs and laboratories need to be implemented in a way that staff, patients, and the wider public follow and are treated in line with international good practice as outlined in WHO guidance for COVID-19 response as above under ESS 1 and ESS 2.



The SEP will also ensure widespread engagement with communities in order to disseminate information related to community health and safety, particularly around social distancing, high risk demographics, self-quarantine, and mandatory quarantine.

The operation of quarantine and isolation centers needs to be implemented in a way that staff, patients, and the wider public follow and are treated in line with international good practice as outlined in WHO guidance for COVID-19 response as above under ESS 1 and ESS 2. It is likely that, to ensure effective physical distancing and contain the spread of the virus, quarantine and isolation centers may have to be guarded adequately and appropriately.

It is expected that these security forces will be drawn from the locally available police who are well versed with the local people and area. Gender balance will be ensured as well to ensure that female police officers/security personnel are also present. Whether security forces (including the local police) or hired private security personnel, the Project will shall take measures to ensure that, prior to deployment, such personnel are: (i) screened to confirm that they have not engaged in past unlawful or abusive behavior, including sexual exploitation and abuse (SEA), sexual harassment (SH) or excessive use of force; (ii) adequately instructed and trained, on a regular basis, on the use of force and appropriate behavior and conduct (including in relation to SEA and SH), as set out in ESMF; and (iii) deployed in a manner consistent with applicable national law. All the security personnel will be undergo a quick training/orientation program before they are put into work at project financed facilities. A note prepared by the Bank: use of Military Forces to assist in COVID-19 Operations (dated March 23, 2020) will be used for overall guidance. Further, due attention will be paid in ensuring that temporary housing facilities provided for workers are safe from all perspectives, including threats of contracting the virus, or GBV. All these aspects will be further detailed in the ESMF.

The project will mitigate the risk of Sexual Exploitation and Abuse by applying the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure, such as segregated toilets and enough light in quarantine and isolation centers. The project will also ensure via the above-noted provisions, including stakeholder engagement, that project activities are operated effectively throughout the country, including in remote and border areas, without aggravating potential conflicts between different groups.

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

Since civil construction activities are envisaged to be restricted to repair and rehabilitation of the existing buildings only, no involuntary acquisition of lands is expected. Nor will there be any restrictions on land use and accesses. Hence, ESS 5 is not relevant.

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

All works will be conducted within the existing footprint of facilities; hence, ESS 6 is not relevant to the proposed project interventions.

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

ESS 7 is not relevant as there are no indigenous peoples as described under the Standard in Uzbekistan.



**ESS8 Cultural Heritage**

All works will be conducted within the existing footprint of facilities; hence, ESS 8 is not relevant to the proposed project interventions.

**ESS9 Financial Intermediaries**

ESS 9 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

**III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)**

Public Disclosure

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
<b>ESS 1 Assessment and Management of Environmental and Social Risks and Impacts</b>	
ORGANIZATIONAL STRUCTURE: The existing MOH Project Implementation Unit (PIU) will implement the healthcare component and the existing MOF PIU will implement social assistance component. The PIUs will continue to maintain qualified staff and resources to support management of ESHS risks and impacts of the Project including environmental and social risk management specialists.	03/2022
ENVIRONMENT AND SOCIAL MANAGEMENT FRAMEWORK (ESMF): Prepare an ESMF acceptable to the Association and disclose the ESMF on the Project website. The ESMF will include templates for site specific Environmental and Social Management Plans (ESMP) and Infection Control and Medical Waste Management Plan (ICWMP).	05/2020
ESIA/ESMP/OTHER INSTRUMENTS/CONTRACTORS: a. Assess the environmental and social risks and impacts of Project activities in accordance the ESMF. b. Prepare, disclose, adopt, and implement any ESMPs or other instruments required for Project activities in a manner acceptable to the Bank. c. Incorporate the relevant aspects of this ESCP into the procurement	03/2022
EXCLUSIONS: The following activities are ineligible: • Those that may cause permanent and/or irreversible adverse impacts on the environment; • Those that may have significant adverse social impacts and may give rise to significant social conflict; • Those that may affect lands or rights of indigenous people or other vulnerable minorities;	03/2022



<ul style="list-style-type: none"> <li>• Those that may involve permanent resettlement or land acquisition or adverse impacts on cultural heritage; and</li> <li>• Excluded activities included in the ESMF.</li> </ul>	
<p>TARGETED SOCIAL ASSISTANCE: Prepare a Guidance Note detailing all the eligibility criteria for targeting, service delivery, and monitoring arrangements:</p> <ul style="list-style-type: none"> <li>• Adopting the same, a list of the households to be covered under the program will have to be prepared and disclosed prominently and invite objections/ request for alterations etc., for each district;</li> <li>• Subsequently, this will be re-visited and up-dated, as appropriate.</li> </ul>	05/2020
<b>ESS 10 Stakeholder Engagement and Information Disclosure</b>	
<p>STAKEHOLDER ENGAGEMENT PLAN (SEP): Prepare, disclose, adopt, and implement a SEP consistent with ESS 10, in a manner acceptable to the Association. The SEP contains a separate plan for both the healthcare and social assistance components.</p>	04/2020
<p>GRIEVANCE MECHANISM: Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS 10, in a manner acceptable to the Association.</p>	03/2022
<b>ESS 2 Labor and Working Conditions</b>	
<p>LABOR MANAGEMENT: ESS 2 will be adhered to through adequate occupational health and safety measures (including emergency preparedness and response), grievance arrangements for workers, and incorporating labor requirements into procurement documents.</p>	03/2022
<b>ESS 3 Resource Efficiency and Pollution Prevention and Management</b>	
<p>Relevant aspects of ESS 3 shall be considered, as needed, under action 1.2 above, including, inter alia, measures to: manage health care wastes, and other types of hazardous and non-hazardous wastes.</p>	03/2023
<b>ESS 4 Community Health and Safety</b>	
<p>ESS 4 falls under action 1.2, including: minimizing exposure to disease; ensuring vulnerable parties access to benefits; managing risks of security personnel and labor influx; and preventing/responding to sexual exploitation, abuse, or harassment.</p>	03/2022
<b>ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement</b>	
<p>Relevant aspects of ESS 5 shall be considered, as needed, under action 1.2 above.</p>	03/2022
<b>ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources</b>	
<b>ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities</b>	



ESS 8 Cultural Heritage

ESS 9 Financial Intermediaries

**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

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

N/A

**IV. CONTACT POINTS**

**World Bank**

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**Borrower/Client/Recipient**

Borrower: Republic of Uzbekistan

**Implementing Agency(ies)**

Implementing Agency: Ministry of Health

Implementing Agency: Ministry of Finance

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s): Marina Novikova, Elvira Anadolu

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Practice Manager (ENR/Social)

Kevin A Tomlinson Cleared on 20-Apr-2020 at 07:43:1 EDT

Safeguards Advisor ESSA

Nina Chee (SAESSA) Concurred on 22-Apr-2020 at 08:40:22 EDT