

REPUBLIC OF TAJIKISTAN
MINISTRY OF HEALTH AND SOCIAL PROTECTION OF
POPULATION

MILLATI SOLIM: TAJIKISTAN HEALTHY NATION
PROJECT

ENVIRONMENTAL AND SOCIAL
MANAGEMENT FRAMEWORK
(ESMF)

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ABBREVIATIONS AND GLOSSARY

ACM	Asbestos Containing Material
ARAP	Abbreviated resettlement plan
CAP	Corrective Action Plan
CEP	Committee for Environmental Protection under the Government of Republic of Tajikistan
CERP	Contingent Emergency Response Component
CLMG	Committee on Land Management and Geodesy
COVID-19	Coronavirus disease of 2019
E&S	Environmental and Social
EA	Executing Agency
EE	Environmental Examination
EHSG	Environmental Health and Safety Guidelines of the World Bank
EIA	Environmental Impact Assessment
EMP	Environmental Management Plan
EPA	Environmental protection Agency
ERP	Emergency Response Plan
ESA	Environmental and Social Assessment
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESHG	Environmental Health and Safety Guidelines
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standards of the World Bank
GBAO	Gorno-Badakhshan Autonomous Region
GBV	Gender-based violence
GFF	Global Financing Facility
GII	Gender Inequality Index
GIIP	Good International Industrial Practices
GM	Grievance Mechanism
GoT	Government of the Republic of Tajikistan
GRS	Grievance Redress Service
H&S	Health and Safety
HCF	Health Care Facility
HCW	Health-care waste
HSE	Health Safety and Environment
HSIP	Health Sector Improvement Project
ICWMP	Infection Control and Waste Management Plan
IDA	International Development Association
IR	Involuntary Resettlement
JSEA	Job Safety Environmental Analysis
LMP	Labor Management Procedures
MEDT	Ministry of Economic Development and Trade
MEWR	Ministry of Energy and Water Resources
MOA	Ministry of Agriculture
MOF	Ministry of Finance
MOHSP	Ministry of Health and Social Protection of the Population of the Republic of Tajikistan
NAPHS	National Action Plan for Health Security
OHS	Occupational Health and Safety
OHS	Occupational Health and Safety
PCG	Project Coordination Group
PDO	Project Development Objective
PHC	Primary Healthcare
PIU	Project Implementation unit
POM	Project Operational Manual
PPE	Personal Protective Equipment
RAP	Resettlement Action plan
RF	Resettlement Framework

RPHCIRD	The Reforms, Primary Healthcare, and International Relations Department of Ministry of Health and Social Protection of the Population of the Republic of Tajikistan
SDI	Service Delivery Indicator
SEA	Sexual exploitation and abuse
SEE	State Environmental Expertise
SEP	Stakeholder Engagement Plan
SH	Sexual harassment
SPAR	Self-Assessment Annual Reporting Tool
TAS	Tajik Academy of Science
TSG	Technical Support Group
UN	United Nations
WB	World Bank
WBG	World Bank Group
WHO	World health organization

Table of content

EXECUTIVE SUMMARY	6
I. INTRODUCTION	10
1.1 Project Description	10
1.2. Scope and Objectives of the ESMF	17
II. LEGAL AND REGULATORY FRAMEWORKS	18
2.1. National Environmental Legislation and Procedures of the Republic of Tajikistan	18
2.1.1. Environmental Assessment Framework	26
2.1.2 Environmental Assessment Requirements of Tajikistan	27
2.2. EIA Procedure	29
2.2.1. Environmental assessment procedures in Tajikistan	30
2.2.2. Social assessment procedures	33
2.3. Key National Social Legal Provisions and Citizen Engagement Legal Framework	34
2.4. National Sectoral Legal Framework	35
2.5. International Treaties and Obligations	35
2.6. World Bank's Environmental and Social Standards and their requirements	37
2.6.1. World Bank Group environmental, health, and safety guidelines	50
2.7. Comparison of National legislation and World bank's ESSs	50
2.6. National Institutional Framework	55
2.6.1. National Institutions involved in the Environment Sector	55
2.6.2 National Institutions involved in Social Risk Management	56
III. BASELINE DATA	58
3.1. Physical Resources	58
3.2. Ecological Resources	67
3.3. Social and Economic Characteristics	72
3.3.1 Population	72
3.3.2 Economy	73
3.3.3 Migration and Employment by Gender	74
3.3.4 Poverty and Vulnerability	75
3.3.5 Primary Healthcare System	76
3.4. Waste management	77
3.4.1. Medical Waste Management and Treatment System	80
IV. PROJECT ENVIRONMENTAL AND SOCIAL IMPACTS	82
4.1. Potential environmental impacts and risks	82
4.2 Potential Social Impacts and Risks	85
4.2.1 Resettlement Impacts	85
4.2.2 Labor Risks	86
4.2.3 Health and Safety of Workers and Community	86
4.2.4 Sexual Exploitation and abuse/Sexual Harassment Risks	87
4.2.5 Social Exclusion Risks	88

4.3. Mitigation Measures.....	88
V. ENVIRONMENTAL AND SOCIAL ASSESSMENT PROCEDURES.....	138
5.1. Key phases of national EIA procedure.....	138
5.2. Environmental and Social Screening for Subprojects.....	140
5.3. Roles of different involved parties in the environmental due diligence, ESIA processes and monitoring of ESMP implementation.....	143
VI. INSTITUTIONAL ARRANGEMENTS AND CAPACITY FOR ESMF IMPLEMENTATION.....	144
6.1. Project coordination.....	144
6.2. ESF Institutional Capacity Building Activities.....	145
6.3. ESMF Implementation and Capacity Building Budget.....	146
VII. MONITORING AND REPORTING ACTIVITIES.....	147
7.1. General requirements for environmental and social monitoring and reporting.....	147
7.2. Environmental and Social Monitoring.....	147
7.3. Environmental and Social Performance Reporting.....	148
7.4. Occupational Health and Safety (OHS) issues reporting.....	149
7.5. Integration of ESMF into the project documentation.....	151
VIII. GRIEVANCE MECHANISM.....	154
8.1. Description of GM.....	154
8.2. GM Structure.....	154
8.3. Grievance Logs.....	156
8.4. Monitoring and Reporting on Grievances.....	157
8.5. World Bank Grievance Redress System.....	157
IX. ESMF DISCLOSURE AND PUBLIC CONSULTATIONS.....	158
Annex 1. Minutes of the public consultations.....	159
Annex 2: SOCIAL SCREENING CHECKLIST.....	185
Annex 3: ENVIRONMENTAL SCREENING CHECKLIST.....	187
Annex 4. HEALTH, SAFETY AND WELLBEING INSPECTION CHECKLISTS.....	189
Annex 5: INDICATIVE OUTLINE OF ESIA.....	205
Annex 6: ENVIRONMENTAL SOCIAL MANAGEMENT PLAN (Template).....	208
Annex 7: ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN CHECKLIST.....	189
Annex 8: INFECTION CONTROL AND WASTE MANAGEMENT PLAN (ICWMP) TEMPLATE..	194
ANNEX 9. EXCLUSION LIST OF ACTIVITIES.....	200
ANNEX 10. ASBESTOS-CONTAINING MATERIAL MANAGEMENT PLAN (TEMPLATE).....	201

EXECUTIVE SUMMARY

Project Background

1. The Ministry of Health and Social Protection (MoHSP) of Tajikistan has prepared the Millati Solim: Tajikistan Healthy Nation Project with the World Bank's Health, Nutrition and Population Global Practice assistance. The proposed project would support the overall goal of the recently adopted "Strategy on Healthcare of Population of the Republic of Tajikistan up to 2030" (NHS 2030) to provide every citizen of Tajikistan with accessible and quality healthcare through effective governance, sustainable financing, workforce provision and development of information technologies. It will fund activities specified in the Prioritized Investment Plan that operationalize the NHS 2030.

2. The Prioritized Investment Plan (PIP), which is a costed implementation plan for the National Health Strategy, provides a robust guiding framework for the project and helps align development partners' support with national priorities. The PIP is being developed through an inclusive process led by the Government (Ministry of Finance and MoHSP). This process determines key priorities of the Government's National Health System (NHS), which orients all interventions in the sector. The PIP prioritizes four focus areas (PHC, health financing, human resources, and information systems and digitalization) to advance on the Government's commitment to achieve universal health coverage (UHC). Within the four focus areas, the PIP prioritizes specific activities with corresponding cost, and sources of funding (state budget and development partners) to implement the NHS, and a monitoring framework that will include indicators of implementation of activities. The draft version of the PIP will be finalized in December 2022. The Government has indicated that they would like to adopt the final PIP as a Government order to ensure that activities are being implemented.

3. The project represents the contributions from the World Bank (WB) and the Global Financing Facility (GFF) to the Prioritized Investment Plan (PIP). This proposed project will only support a selected set of priority activities in the PIP, while other development partners and the state budget will support the remaining activities. A more detailed mapping of areas to be supported by the project occurred during project preparation through the PIP development process and other more detailed bilateral technical discussions with development partners.

4. The proposed project seeks to improve the quality and equity of PHC services and strengthen national capacity to respond to health emergencies through four components as described below.

5. This Environmental and Social Management Framework (ESMF) has been prepared for the Millati Solim: Tajikistan Healthy Nation Project, which will be implemented by the Ministry of Health and Social Protection of the Population of the Republic of Tajikistan (MOHSP) and funded by the International Development Association (IDA).

Project Development Objective

6. The Project Development Objective is to improve the quality and equity of primary healthcare services in target districts and strengthen the national capacity to respond to health emergencies. The proposed project will have the following components:

Project Components

Component 1: Quality Improvements through Primary Healthcare Strengthening

Subcomponent 1.1: Quality Improvements through Investments in Human Resources and Demand Stimulation

Subcomponent 1.2: Quality Improvements through Physical Infrastructure

Component 2: Efficiency enhancing reforms in the PHC network

Subcomponent 2.1: Strategic Purchasing of PHC services

Component 3: Health Emergency Preparedness and Response

Component 4: Project Management, Coordination, and Results Monitoring

Component 5: Contingent Emergency Response (Total US\$0).

Potential environmental risks and impacts.

7. The environmental risk rating is moderate. Project potential adverse impacts can be related to increase environment pollution and health risks due to project activities implementation. These risks and impacts can be summarized as follows: (a) Waste generation (b) Air pollution is mainly expected to be caused by dust and construction equipment emissions. Dust generation will occur during the majority of construction/rehabilitation activities (c) Noise pollution can occur mainly during the of construction/rehabilitation activities. (d) Surface water pollution (e) Water consumption (f) Soil contamination (g) Loss vegetation. These risks and potential adverse impacts are predictable and site-specific. They can be prevented, minimized, or mitigated by proper assessment and readily available mitigation measures in line with national regulations and the Good International Industry Practice (GIIP).

8. Improper handling of medical waste can cause serious problems health workers, society, and the environment. If they are not recycled properly, medical waste has a high transfer potential microorganism that can infect people who are exposed to them, and society as a whole. Waste that can be obtained from laboratories, intensive care units and intensive care, quarantine facilities and inspection posts, which will supported as part of COVID-19 preparedness and response activities may include fluid-contaminated waste (e.g. blood, other body fluids, and contaminated liquid) and contaminated materials (used water; laboratory solutions and reagents, syringes, sheets, most of the waste from laboratories, quarantine and isolation centers, etc.) that require special handling and awareness, as this may pose an infectious risk to healthcare workers, contacting or handling waste. It is also important to ensure proper appropriate, disposal of sharps. To manage this risk, an Infection control and waste management plan should be developed.

Potential Social Impacts and Risks.

9. The social risk rating is also moderate. In general, project areas are essentially different regions and are exposed to common risks of instability and conflict, which will affect the final results of the project. Thus, the project areas are characterized by: (i) geographical risks - inter-regional and inter-district risks; (ii) economic risks - high unemployment, especially among young people, and a significant dependence of household incomes on remittances, which is subject to external economic conditions and fluctuations; (iii) social exclusion; and (iv) institutional risks - insufficient client potential in applying ESS.

10. There are three key social risks and adverse impacts anticipated. First risk is related to possible exclusion issues. Some regions and districts are already deprived from the project investments and benefits, as the selection criteria is based on (i) poverty rates; (ii) not being/having been covered by World Bank or other IFI-funded investment projects; (iii) representation of all regions of the country. There is also potential exclusion of PHC and health workers, especially those who lack ICT skills/experiences or technological resources to access the online platform for continued medical education and to use modernized workplaces. Some vulnerable households/groups may face barriers to receive free services and drugs under the state guaranteed benefit package. Second, construction of new health facilities and warehouses will require land acquisition, which may lead to involuntary resettlement. While the project is expecting that the Government will make land available, due diligence is required to ensure that there is no resultant physical, and/or economic displacement. Rehabilitation of existing health facilities will likely have temporary impacts, such as limited access to facilities and services. The project will use the existing networks to connect/rehabilitate the water supply pipelines. In some remote areas off-grid water supply

solutions will be implemented, including water tanks and other equipment to be installed within the footprint of healthcare facilities. So, no land acquisition is anticipated for rehabilitation works. Third, there is a challenge with sensitizing the relevant stakeholders to adopt and adhere to the ESF requirements, as some regional and local stakeholders will be new to ESF requirements.

Legal and Regulatory Frameworks

11. The environmental and social issues management is based on the requirements of Tajikistan legislation and the new WB environmental and social standards. The legislation of the Republic of Tajikistan in relation to the environmental management consists of a significant number of legislative and regulatory acts, including articles of the Constitution, laws, by-laws, resolutions of the Government of the Republic of Tajikistan (GoT) and international environmental conventions ratified by the Parliament of the Republic of Tajikistan.

12. **Relevance of environmental and social standards of the WB (ESS).** The following Environmental and Social Standards (ESS) are relevant to the Project: ESS 1 - Assessment and management of environmental and social risks and impacts; ESS 2 - Labor and working conditions; ESS 3 - Resource efficiency, environmental pollution and management; ESS 4 - Community Health and Safety; ESS 5 - Land Acquisition, Restrictions on Land Use and Involuntary Resettlement; and ESS 10 - Stakeholder Engagement and disclosure. Detailed information on the ESSs directly relevant to the project will be provided in the relevant chapter of the main document.

13. **Environmental and Social Management Framework (ESMF).** The ESMF provides guidelines for developing appropriate measures to prevent and mitigate adverse impacts that may arise as a result of Project activities. The ESMF also includes a checklist for Environmental and Social Management Plans (ESMPs), Annex 6 to this document, and an Infection Control and Waste Management Plan (ICWMP) template, Annex 8. The first document aims to provide a comprehensive action plan to address health, safety and environment (HSE) issues related to the construction and operation of healthcare facilities. ICWMP focuses on good infection control and healthcare waste management practices in healthcare settings. The ICWMP is considered part of the ESMP, which will be developed for specific activities. ESMF will cover all applicable provisions of the relevant World Bank Environmental and Social Standards. The ESMF covers all applicable provisions of the relevant Environmental and Social Standards (ESSs). Additionally, other environmental and social instruments as required by the ESF, such as the Stakeholder Engagement Plan (SEP), Labor Management Procedures (LMP), Resettlement Framework (RF) have been prepared as stand-alone documents and are appropriately referenced in the ESMF. The type of environmental and social instruments and their timings of development and implementation are defined in the project Environmental and Social Commitment Plan (ESCP), which forms part of the Project's legal agreement between the World Bank and the Government of Tajikistan.

14. The document consists of nine chapters that outline environmental and social assessment procedures and mitigation requirements in line with the Bank's ESF requirements and standards for the subprojects /project activities which will be supported by the Project. Relevant Annexes are enclosed at the end of this document to compliment the environmental and social risk management procedures outlined in the chapters.

15. **Institutional Arrangements for ESMF implementation,** The MoHSP will be the implementing agency for the project, while the Reforms, Primary Healthcare, and International Relations Department (RPHCIRD) of the MoHSP will provide day-to-day project overall coordination of the project. The Project implementation will be executed by a Technical Support Group (TSG) to be assigned under the MoHSPP, including its regional offices, consisting of local project implementation support personnel in adequate number and with adequate qualifications all of them reporting to the First Deputy Minister of Health and Social Protection and working in close day-to-day coordination with DPHCIR.

16. The TSG will lead ESF and M&E activities, assuring progress related to project activities, outcomes, and results. The TSG members to be newly assigned and/or recruited will have limited experience in ESF implementation. In this regard, the ESF capacity building and strengthening measures are detailed in the Environment and Social Commitment Plan (ESCP). Through the TSG, MoHSP will be responsible for (1) collecting and consolidating all data related to their specific suite of indicators; (2) evaluating results; (3) providing the relevant performance information to the World Bank, and relevant stakeholders; and (4) reporting results to the World Bank immediately prior to each semi-annual supervision mission. Each department of the MoHSP and other institutions engaged in project activities and the TSG will perform their project-related functions as described in the POM. Each institution will also appoint a focal point to ensure timely provision of project implementation updates and monitoring data.

17. **Grievance Mechanism.** MOHSP will established a Grievance Mechanism⁴ where relevant mechanism will be in place during the Project implementation.

18. Apart from the MOHSP Grievance Mechanism, a grievance mechanism (GM) will also be established by the TSG to receive, resolve, and follow the concerns and complaints of the project affected people. The PIU and contractor will be accessible for the stakeholders and will be responsible to respond to all grievances (complaints, requests, opinions, suggestions) in line with the MOHSP Grievance Mechanism Procedure (2 days registration, 10 days evaluation, 15 days response) at the earliest convenience. Relevant grievances will be monitored by the MOHSP GM Team.

19. In addition, the project specific GM will include a channel to receive and address confidential complaints related with Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) with special measures in place. If an employee faces SEA/SH issue s/he can either apply to a higher-level superior or directly go to police station, as stipulated in the national referral system of the country for dealing such cases. The content and procedures of the project's GM will also have a reporting line on such cases regarding SEA/SH issues and will be handled under full confidentiality.

20. **Capacity Building and ESMF Implementation Budget.** Section 6.3 of the ESMF covers activities for capacity building of the project implementation agency and other stakeholders.

21. **ESMF Public Consultations and Information Disclosure.** During ESMF preparation, a number of public consultations were conducted with the main stakeholders. Draft version of ESMF, SEP, LMP and RF were presented during public consultations. Draft ESF documents in local language were disclosed on the MOHSP website (<https://moh.tj/ru/proekt-millati-solim/>;<https://moh.tj/en/sitemap/>) on 6 February 2023 with advertisement about upcoming public consultations. The public consultations were held on 15-17 February 2023 in at rural health facilities with patients in Gazantarak and Yakhtan Jamoats of Devashtich District; Kurush and Yangiobod Jamoats of Spitamen District in Sughd Region; Fakhrobod and Kyzyl Kala Jamoats of Khuroson District, Guliston and Navobod Jamoats of J. Balkhi District in Khatlon Region. In total, XX participants attended the meeting. During public consultations an information about the project, components, implementation agencies, ESMF, LMP, SEP, RF, including potential environmental and social impacts, proposing mitigation measures, environmental and social assessment procedures were presented to the participants. Proposed GM was discussed as well. The final versions of ESMF, RF, LMP and SEP will be disclosed on MOHSP website.

I. INTRODUCTION

1.1 Project Description

22. The Ministry of Health and Social Protection (MoHSP) of Tajikistan has prepared the Millati Solim: Tajikistan Healthy Nation Project with the World Bank's Health, Nutrition and Population Global Practice assistance. The proposed project would support the overall goal of the recently adopted "Strategy on Healthcare of Population of the Republic of Tajikistan up to 2030" (NHS 2030) to provide every citizen of Tajikistan with accessible and quality healthcare through effective governance, sustainable financing, workforce provision and development of information technologies. It will fund activities specified in the Prioritized Investment Plan that operationalize the NHS 2030.

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24. The project represents the contributions from the World Bank (WB) and the Global Financing Facility (GFF) to the Prioritized Investment Plan (PIP). This proposed project will only support a selected set of priority activities in the PIP, while other development partners and the state budget will support the remaining activities. A more detailed mapping of areas to be supported by the project occurred during project preparation through the PIP development process and other more detailed bilateral technical discussions with development partners.

25. The proposed project seeks to improve the quality and equity of PHC services and strengthen national capacity to respond to health emergencies through four components as described below.

Component 1: Quality Improvements through Primary Healthcare Strengthening (Total US\$22.17 million: US\$12.61 million from IDA, US\$9.56 million from GFF)

26. The objective of this component is to improve the conditions for delivering quality PHC services by making PHC facilities service ready. This will be achieved through investments in service delivery capacity (human resources, infrastructure, and equipment) in the 16 selected districts representing all regions in the country and in interventions to ignite the demand for PHC services among the population. Sub-component 1.1 will provide funding to build human resource capacity at the PHC level and activities to stimulate demand for PHC services among the population as well as health promotion, while Sub-component 1.2 will finance improvements to physical infrastructure, equipment and mobile service delivery solutions at the PHC level

Subcomponent 1.1: Quality Improvements through Investments in Human Resources and Demand Stimulation (Total US\$3.48 million: US\$0.51 million from IDA, US\$2.97 million from GFF)

27. **Subcomponent 1.1 will address the pressing need to invest in human resources working at the PHC level in 16 selected districts.** This will be achieved by, as part of the process of developing a human resource strategy, developing sustainable national policy options for retaining family medicine doctors and nurses and other specialists working at the PHC level in rural areas (which are also most sensitive to climate change impacts) and optimizing the PHC workforce. The subcomponent will support the implementation of identified PHC workforce retention and optimization strategies in the 16 target districts. With support of

this subcomponent, knowledge and management of PHC providers will be improved through: (i) in-person training of doctors and nurses in family medicine in the 16 target districts, (ii) PHC management training in the 16 target districts, (iii) development and establishment of a national online platform for delivery of continuous medical education (CME) to PHC providers, which will also allow them to access the latest evidence-based clinical guidelines and climate change knowledge, (iv) technical assistance to revise the specialty standards and curricula for specialists working at the PHC level as well as to develop and integrate new training modules on GBV, antimicrobial resistance (AMR), and climate change. To allow for the delivering of training, this sub-component will support the Republican Clinical Training Center, including their regional branches, with minor rehabilitation of their offices, and office equipment for their staff as well as simulation centers to improve training of doctors and nurses. This subcomponent will also support demand-side investments and citizen engagement (CE) to improve uptake of PHC services, including for reproductive maternal, newborn, child and adolescent health and nutrition (RMNCHA-N) services. Such demand-side interventions will include mobile outreach to citizens through Mobile Engage¹ with health promotion, prevention, and behavioral change communication. This will also raise the citizen's awareness of climate-sensitive diseases as well as MoHSPP's online Grievance Redress Mechanism (GRM). Moreover, a yearly phone-based National Patient Survey to measure citizen's view and satisfaction with healthcare services at the PHC level will be financed, to allow for MoHSPP to stay tuned to the needs and desires of the citizens. To prepare for the implementation of the amended Law on the Prevention of Domestic Violence, this subcomponent will support the integration of GBV services in the health sector with a particular focus on PHC level. This will be done through a three-pronged approach focused on the level of (i) national policy development (e.g. integration of GBV services in basic benefit package, strengthening reporting of GBV cases etc.), (ii) interventions at the PHC level (e.g. development of referral pathways, develop clinical guidelines, training of healthcare workers in GBV response), and (iii) the individual (healthcare workers and citizens awareness about GBV through e.g. Mobile Engage, development of a hotline for GBV victims).

28. This subcomponent will finance goods, minor rehabilitation, non-consulting services, international and local technical assistance, and training.

Subcomponent 1.2: Quality Improvements through Physical Infrastructure Improvements (Total US\$18.7 million: US\$12.1 million from IDA, US\$6.6 million from GFF)

29. **Subcomponent 1.2 will support improvements in physical and digital infrastructure of PHC facilities** through investments in rehabilitation of existing and, where needed, construction of new priority PHC facilities in 16 selected project districts, as well as provision of basic medical/laboratory and computer equipment. Support under this subcomponent will focus on RHCs and a limited number of DHC/CHC, which collectively cover predominant shares of population in their catchment areas. This subcomponent will aim to ensure uninterrupted basic functionality and capacity of selected PHC facilities to make facilities service ready to deliver quality PHC services and fulfill requirements for accreditation. By ensuring that PHC staff have good working conditions and basic medical/laboratory, office, and computer equipment and furniture to provide essential PHC services, it will contribute to improving quality of front-line PHC services and making it more attractive for health workers to work at the PHC level and for citizens to visit these facilities. It will also support development of an evidence-based concept of providing mobile PHC services to populations in remote areas and investments to implement recommendations outlined in the concept in the 16 districts.

30. This sub-component will finance civil works, goods, international and local technical assistance, and training.

¹ Mobile Engage is an SMS-based platform, initially supported by the World Bank through the Korea Trust Fund for Economic and Peace-Building Transitions, for broad communication to the citizen that was successfully used during the COVID-19 pandemic to inform the public about COVID-19 risks. Mobile phone coverage rates are above 90% even in rural areas of Tajikistan.

Component 2: Efficiency enhancing reforms in the PHC network (Total US\$22.70 million: US\$19.95 million from IDA, US\$2.75 million from GFF)

31. Component 2 supports structural reforms related to strategic purchasing and digitalization of PHC to improve efficiency and quality of PHC services, and to drive enhanced spending efficiency, equity, and financial sustainability of the overall health sector. The activities financed under this component are designed to be implemented at national scale. Building on lessons learned², including from previous pilots in Tajikistan, the Project will be fully integrated in the public finance context and operate by making changes to national systems (e.g., public financial management (PFM) system) rather than relying on Project-specific parallel or temporary arrangements, which may be quicker to implement but less sustainable and effective in the long run. During the project period, the changes to national systems will be developed to allow for digitalization and strategic purchasing at the PHC level and these will be implemented in pioneer regions, Sughd region and Dushanbe city. By paying primary care providers based on a mix of capitation, fee-for-service and other output-based measures this component will introduce a new incentive environment with increased focus on performance, that in turn will drive efficiency in health spending.

32. PBCs are used under Component 2 to strengthen the Project's results orientation and to incentivize structural reforms. Similar incentives have been used successfully to nudge structural reforms in Tajikistan under the ECDP Project. These additional conditions for disbursements will ensure that the necessary activities to develop policy and institutional changes needed to introduce strategic purchasing and digitalization are not only developed but also approved at the national level, enabling the Project to support their implementation. Furthermore, it is foreseen that additional incentives to nudge changes in the public financial management system important for strategic purchasing and to increase the share of public health expenditures in relation to total public expenditure will be introduced in the forthcoming development policy lending operation.

Subcomponent 2.1: Strategic Purchasing of PHC services (Total US\$9.14 million: US\$6.64 million from IDA, US\$2.5 million from GFF)

33. **Subcomponent 2.1** will build the foundations for introducing strategic purchasing in the health sector and support the establishment of the purchasing structure of purchaser. Building on an ongoing pilot to establish strategic purchasing in 5 districts in Sughd region as well as the experience with PBF under HSIP, this component will first finance the establishment of the purchasing structure of purchaser, a semi-autonomous legal entity with regional branches that will act as a single purchaser of the health care services. This includes conception of the structure of purchasing structure of purchaser, the creation of the legal framework, as well as its establishment, initial staff costs and capacity building of the purchasing structure of purchaser. The purchasing structure of purchaser will be mainly staffed by relevant civil servants that will be transferred from the MoHSPP, MoF, and other relevant Government agencies (e.g., MedStat) at the national level and from the local administrations at the regional branches level. These transferred staff will continue to be paid as civil servants by the Government. In addition to this, new employees will be hired, and are estimated to reach 35 individuals³ by the end of the Project. The operating costs of the purchasing structure of purchaser, including the costs for the 35 new staff, will be transferred to the Government over the lifetime of the Project per the table below to ensure sustainability of the purchasing structure of purchaser beyond the end of the Project. The financing of recurrent expenditures for staff during the first years is motivated by the fact that the expenditures are transitional, as they are supporting a new institution not previously budgeted for by the Government. The establishment of the purchasing structure of purchaser and introduction of the strategic purchasing will change the flow of funds for the health sector. The funds from the state budget will be transferred to the purchasing structure of purchaser, and purchasing structure of purchaser will use these funds to pay for healthcare services. This change will be gradual and start with pioneer regions. A detailed assessment of the needed regulatory and legal changes to introduce strategic purchasing as the PHC level is currently being conducted and will inform this component.

² IEG (2014) The World Bank Group Support to Health Financing. An Independent Evaluation.

https://ieg.worldbankgroup.org/sites/default/files/Data/reports/chapters/health_finance_evaluation_w_appendix_updated_0.pdf

³ This includes staff that will work in the purchasing structure of purchaser and excludes health workers.

34. The subcomponent will finance a number of national foundational activities needed for a sustainable introduction of strategic purchasing. This includes a domestic resource mobilization strategy for the health sector at the national level, which is essential for the sustainability of Component 2 and to eventually implement the Law on Health Insurance. Moreover, the subcomponent will finance the revision and costing of the national PHC benefit package to determine which services the purchasing structure of purchaser will purchase at the PHC level. At the national level, the subcomponent will finance the development of a service delivery network masterplan to optimize the service delivery network as well as the development and implementation of an accreditation program for PHC providers, as accreditation will eventually be a prerequisite for all providers for contracting with the purchasing structure of purchaser. In addition, it will finance the development and implementation of a national roadmap for the legal and regulatory changes needed to transition from the current, primarily input-based, PHC payment mechanism to payments based on capitation and outputs. A detailed assessment of needed regulatory and legal changes is currently being conducted to inform this roadmap. This will need to include revision of staffing norms and the deepening of the already initiated changes⁴ to the PFM systems to create more autonomy for PHC providers. The subcomponent will also finance the development of a national PHC contracting mechanism, a change management strategy for the structural reforms, and the implementation of strategic purchasing in pioneer areas (Sughd region and Dushanbe city), this includes training of healthcare workers and PHC managers in strategic purchasing.

35. This subcomponent will finance goods, non-consulting services, international and local technical assistance, training, and eligible expenditures linked to PBCs (see below).

36. The PBC listed below is linked to sub-component 2.1 and serves to incentivize reform implementation.⁵

- **PBC 1: Policy and institutional reforms for introducing strategic purchasing adopted.** PBC 1 rewards the following five results: (i) health service delivery network masterplan developed and approved, (ii) purchasing structure of purchaser established and operational, (iii) regulatory framework to increase the PHC providers autonomy developed and approved, (iv) single state-guaranteed benefit package for PHC developed, costed and approved, and (v) staffing norms revised and approved. Disbursement of US\$4 million in total will be linked to achievement of the targets defined for this PBC.

Subcomponent 2.2: Digitalization of PHC network (Total US\$13.56 million: US\$13.31 million from IDA, US\$0.25 million from GFF)

37. **Subcomponent 2.2 will support the digitalization and infrastructure upgrades of the PHC network.** To provide reliable and quality data for capitation formula and calculation of outcome indicators, this subcomponent will finance development and expansion of the EPR and basic EMR in PHC facilities. The EPR is necessary for implementation of capitation formula, while the EMR system is needed to provide reliable electronic data for calculation of outcome indicators by the purchasing structure of purchaser. Sub-component 2.2 will finance the implementation of the EPR and EMR in the two pioneer regions (however the EPR and EMR will be developed to allow for national level scale-up), this includes training of healthcare workers and PHC managers in these new systems.

38. **This subcomponent will also finance infrastructure upgrades of priority PHC facilities to the level needed to meet accreditation criteria in pioneer regions.** This includes renovation/extension of rural and urban PHC facilities, internet access/local area networks (LAN), procurement of PHC equipment, labs, computers/tablets/smartphones, and other goods required by the accreditation program. The difference

⁴ Through the Disbursement-Linked Indicators in the ECDP, supported by the GFF and the World Bank, the MoF is introducing program-based budgeting (PBB) in district and urban PHC facilities as well as a single program budget line for PHC to allow for more flexibility by PHC managers to move expenditures across expenditures categories, which is needed to implement PBB. To date the regulatory and legal changes needed for these alterations to the public financial management system have been introduced. Yet the implementation of the new changes at the facility level is still work in progress.

⁵ To ensure the sustainability of strategic purchasing and digitalization, there are plans to include a policy action related to increasing the share of total government expenditure (without external funding) spent on the health sector, in a future Development Policy Operation in Tajikistan.

between the infrastructure upgrades financed under this subcomponent and subcomponent 1.2 is that this subcomponent will only finance specific requests to make facilities in pioneer regions ready to meet accreditation criteria, while subcomponent 1.2 will make larger investments in infrastructure upgrades in the 16 target districts selected under Component 1. The PBC below is linked to subcomponent 2.2 and serves to incentivize reform implementation.

- **PBC 2:** PBC 2 rewards the following two results: (i) EPR is functional and integrated with the civil registry, and (ii) EMRs are functional. Disbursement of US\$2 million in total will be linked to achievement of the targets defined for this PBC.

39. **The PBCs will be linked to expenditures related to the achievement of the PDO.** For PBC 1, the conditions will be linked to expenditures related to the establishment and operationalization of the purchasing structure of purchaser, including equipment and furniture for the MoHSPP new building where purchasing structure of purchaser will be hosted, as well as technical assistance related to the development of: the revised masterplan, the regulatory framework to increase the PHC provider autonomy, the revised and costed single state-guaranteed benefit package, and changes in staffing norms. For PBC 2 the conditions will be linked to expenditures related to the development and implementation of Electronic Medical Records (EMR) and Electronic Patient Registry (EPR). These expenditures linked to both PBCs are directly attributable to the activities defined under the PBCs in Component 2.

40. **Verification of achievement of PBC targets will be conducted by an Independent Verification Agency.** The MoHSPP will hire an Independent Verification Agency (IVA) that will verify the achievement of the PBC targets as well as their technical merit. Terms of Reference (TOR) for the IVA will also define technical criteria for each result that the IVA will verify. The contracted IVA, which will be an independent private, academic or international organization, will work together with local institutions such as Chamber of Accounts (internal auditor) to build their capacity to verify results during the project period. Thus, there will be a training and technical assistance component included in the TOR for the IVA. The timelines specified for achievement of PBC targets are indicative rather than strict time-bound conditions. On achievement of PBC targets, the MoHSPP will submit to the World Bank satisfactory evidence that the respective PBC targets have been achieved in accordance with respective provisions in the Project Operations Manual (POM), including corresponding eligible expenditure reports. In verifying eligible expenditures, attention will be paid to ensuring that there are no withdrawals against eligible expenditures that have already been financed by, or requested to be financed by, any other Bank-financed project. Such a mechanism will also provide the possibility to reconcile with any other possible financing of health expenditures by other donors. For more details, see PBC Verification Protocol Table.

41. This subcomponent will finance civil works, goods, international and local technical assistance, training, and eligible expenditures linked to PBCs.

Component 3: Health Emergency Preparedness and Response (US\$4.75 million from Health Emergency Preparedness and Response (HEPR) Program Trust Fund)

42. **Component 3** will strengthen the national HEPR capabilities in Tajikistan to improve the capacity to prevent, prepare, and respond to health emergencies. It will finance the following: (i) technical assistance to conduct detailed assessment of the public health (SES), and to build national capacity to prevent, detect and respond to emergencies, including updating national standard operating procedures (SOP) and protocols, and development of facility-based (PHC) emergency plans in 16 target districts of Component 1; (ii) training of PHC workers in infection prevention and control as well as antimicrobial resistance in 16 project districts and training of epidemiologists at the national level; (iii) providing technical assistance to strengthening the coordination of emergency response between the PHC network and SES; (iv) strengthening laboratory systems of SES regional branches through procurement of transportation of specimen and samples, procurement of basic lab equipment for prevention and detection of disease and minor rehabilitation of lab facilities; (v) training and technical assistance to strengthen community engagement on public health-focused risk communication, including procurement and rolling out of alert systems; (vi) technical assistance for costing of a National Action Plan for Introduction of IHR (2005) under Health Security (NAPHS) and implementation of priority activities, including dissemination and advocacy for implementation; (vii) upgrades of regional branches of SES and entry points, including minor

rehabilitation, procurement of equipment; (viii) procurement of a limited stockpile of emergency goods as well as items for sanitary quarantine points at the border, as per government-approved lists to be defined in the POM, minor rehabilitation of two warehouses (one warehouse of SES at the national level and one warehouse of SES of Khatlon branch) where the stockpile and items for sanitary quarantine points will be kept; (ix) annual simulation exercises of various types and scale to improve functionality of emergency coordination mechanism, and (x) technical assistance to increase capacity of the MoHSPP to lead, convene and coordinate assistance related to HEPR. In all activities, participation of women in the public health emergency management and decision-making will be enforced by ensuring gender balance among training participants, in working groups/decision-making bodies, in hiring of consultants, policy experts, and by reporting sex-disaggregated monitoring data.

43. This sub-component will finance civil works, goods, non-consulting services, international and local technical assistance, simulation exercises and training.

Component 4: Project Management, Coordination, and Results Monitoring (Total US\$7.62 million: US\$7.44 million from IDA, US\$0.18 million from GFF)

44. **Component 4 will finance project management, coordination, and result-monitoring.** This component will finance project management and operating costs as well as project audits. To strengthen policy dialogue, coordination of the sector and capacity to implement structural reforms, the component will finance institutional strengthening of MOHSPP and MOF. It will also provide technical assistance and training for the establishment of a Health Policy and Analysis Unit (HPAU) in the MOHSPP for the first 3 years of the Project and in the area of health financing primarily targeting the social expenditure department in the MoF. In addition, it will support procurement of equipment and furniture for the new MoHSPP building, which will house all key MoHSPP-subordinated organizations and sectoral investment projects, to allow for improved stewardship of the MoHSPP and better coordination of DP assistance in the sector.

45. **This component will also support nationally and sub-nationally representative health facility surveys to facilitate project monitoring and evaluation (M&E).** The component will finance 8 biannual FASTR surveys starting in 2024 until the end of the Project period, which collect data on service-readiness, as well as one endline SDI survey in 2027, that gathers information on wide range of structural and process quality indicators. The baseline SDI survey in 2023 and the first two FASTR surveys, one in 2023 and one in 2024, are financed by Bank executed funding provided by the GFF. The endline SDI survey will be implemented by an independent third party (survey firm/organization), which will be selected jointly by the MoHSPP and the World Bank. While MoHSPP remains the implementing agency for the Project financed surveys, the MoHSPP and World Bank technical teams, will work closely together on all surveys to ensure high quality of survey data. This subcomponent will finance goods, non-consulting services, international and local technical assistance, and training.

Component 5: Contingent Emergency Response (Total US\$0)

1. The objective of this component is to improve Tajikistan's capacity to respond to disasters. Following an eligible crisis or emergency, the Recipient may request the Bank to reallocate project funds to support emergency response and reconstruction. This component would draw from the uncommitted grant resources under the Project from other project components to cover emergency response. An emergency eligible for financing is an event that has caused or is likely imminently to cause, a major adverse economic and/or social impact to the Recipient, associated with a disaster. The POM will include a specific annex for the Contingent Emergency Response Component, which lays out the provisions for activating and implementing the component.

46. **Tajikistan is prone to natural disasters** such as droughts, earthquakes, landslides, and floods which have health impacts. Climate change is exacerbating natural disaster risks. Tajikistan's steep mountainous terrain makes it highly susceptible to natural hazards, including earthquakes, floods, landslides, and avalanches. From 1992 to 2016, natural disasters affected 7 million people in Tajikistan – more than 80 percent of the total population – and caused economic losses worth US\$1.8 billion.

47. When constructing or renovating facilities in Tajikistan, it is crucial to consider the potential risks posed by natural hazards such as floods, landslides, and earthquakes. These hazards can pose a significant threat to the safety and well-being of the communities living in the affected areas. Therefore, it is essential to incorporate necessary structural measures for adaptation of climate and geophysical hazards to ensure the safety of the communities.

48. Structural measures that should be considered when constructing or renovating facilities in Tajikistan include but are not limited to the following::

- **Building codes and standards:** The construction of facilities should adhere to building codes and standards that take into account the potential risks posed by natural hazards. These codes and standards should ensure that buildings are constructed with materials that can withstand the impact of floods, landslides, and earthquakes.
- **Foundation design:** The foundation of the facilities should be designed to withstand the impact of natural hazards. For instance, buildings located in areas prone to landslides should have deep foundations to prevent them from being washed away.
- **Roof design:** The roof of the facilities should be designed to withstand high winds and heavy rainfall. The roof should be sloped to allow water to drain away quickly and prevent flooding.
- **Reinforced walls:** The walls of the facilities should be reinforced with steel bars or mesh to prevent them from collapsing during earthquakes or landslides.
- **Drainage systems:** Facilities should have proper drainage systems to prevent flooding during heavy rainfall. The drainage system should be designed to channel water away from the building.
- **Emergency exits:** Facilities should have emergency exits that are easily accessible in case of an emergency. The exits should be designed to withstand the impact of natural hazards.

49. In conclusion, when constructing or renovating facilities in Tajikistan, it is crucial to consider the potential risks posed by natural hazards such as floods, landslides, and earthquakes. Incorporating necessary structural measures for adaptation of climate hazards is essential to ensure the safety of the communities living in the affected areas. Tajikistan also has the longest border among all countries in Central Asia to Afghanistan, which is currently facing a humanitarian crisis. This creates risk of importing various infectious diseases from the Afghans whose low routine immunization coverage makes them vulnerable to vaccine-preventable diseases, such as polio, measles, pertussis, and diphtheria. Therefore, in addition to structural measures, it is important to implement proper health and sanitation measures to prevent the spread of infectious diseases.

1.2. Scope and Objectives of the ESMF

50. **Environmental and social management framework (ESMF)** is an instrument that examines the risks and impacts when a project consists of a program and/or series of subprojects, and the risks and impacts cannot be determined until the program or subproject details have been identified. The ESMF sets out the principles, rules, guidelines and procedures to assess the environmental and social risks and impacts. It contains measures and plans to reduce, mitigate and/or offset adverse risks and impacts, provisions for estimating and budgeting the costs of such measures, and information on the agency or agencies responsible for addressing project risks and impacts, including on its capacity to manage environmental and social risks and impacts. It includes adequate information on the area in which subprojects are expected to be sited, including any potential environmental and social vulnerabilities of the area; and on the potential impacts that may occur and mitigation measures that might be expected to be used.

51. As the details of specific interventions (feasibility studies, detailed designs) and their locations under the project are not identified and their specific risks and impacts are not known by project appraisal, in accordance with the ESS1, an Environmental and Social Management Framework (ESMF) has been prepared. It specifies rules and procedures for the activities and for preparing adequate site-specific Environmental and Social Management Plans (ESMPs).

52. ESMF provides guidelines for the development of appropriate mitigation and compensation measures for adverse risks and impacts caused by project activities. In this document the background/context, the policy and regulatory framework are described as well as environmental and social risks and impacts of possible subprojects. This includes Environmental and Social Assessment (ESA) procedures and guidelines, institutional arrangements, consultation and disclosure procedures. The policy and regulatory framework considers the compliance with the national laws and WB requirements.

53. Approach and Methodology for the preparation of ESMF covers the following: (i) rules and procedures for environmental and social screening of project activities and subprojects to be supported under the project; (ii) guidance for preparing site-specific ESMP or ESMP Checklist, which would include the monitoring plans; (iii) guidance for preparing ICWMP (Infection control and Waste Management Plan); (iv) mitigation measures for possible risks and impacts of different proposed activities and subprojects to be supported by the project; (v) requirements for monitoring and supervision of implementing of ESMPs, implementation arrangements; (vi) overview of the capacity of PIU for Environmental and risk management and capacity building activities that would include other parties on mitigating potential environmental and social risks.

54. In order to guarantee appropriate management of electronic waste (E-Waste) and ensure environmental, health, and safety (EHS) measures are in place during the operation/maintenance of PCFs, it is crucial to develop and execute a standard i) E-Waste Plan and ii) EHS Management Plan which includes ICWMP. These plans should be tailored to each subproject.

55. The ESMF serves also to provide details on procedures, criteria, and responsibilities for subproject environmental and social screening, preparing, implementing and monitoring of subproject specific ESMPs. Towards preparing a RAP, project preparation has developed a Resettlement Framework (RF). The key objective of the Resettlement Framework is to provide a framework to appropriately identify, address and mitigate adverse socioeconomic risks and impacts that may occur due to the implementation of subprojects that involve the involuntary acquisition of land and the subsequent resettlement of affected families. The ESMF serves also to provide details on Labor related risks will be mitigated through the Labor Management Procedures, adopted, disclosed, and consulted upon prior to Project Appraisal.

II. LEGAL AND REGULATORY FRAMEWORKS

This section describes the regulatory framework that applies to environmental and social aspects with respect to this Project. The environmental and social issues management is based on the requirements of Tajikistan legislation and the new WB environmental and social standards. The legislation of the Republic of Tajikistan in relation to the environmental management consists of a significant number of legislative and regulatory acts, including articles of the Constitution, laws, by-laws, resolutions of the Government of the Republic of Tajikistan (GoT) and international environmental conventions ratified by the Parliament of the Republic of Tajikistan.

2.1. National Environmental Legislation and Procedures of the Republic of Tajikistan

56. The Republic of Tajikistan has a well-developed environmental legal and regulatory framework. Current environmental legislation in Tajikistan includes statutory acts and laws on the following:

- Protection of the environment;
- Ecological audit and monitoring;
- Protection of flora and fauna;
- Environmental information and education;
- Soil, water, and air quality;
- Biological safety;
- Human health and safety; and
- Waste and chemicals management.

57. Environmental legislation in the Tajik Republic includes the Constitution and codes and laws on air quality, noise, mineral resources, land management, forests, health and safety, and waste and chemicals management. The *Tajikistan Framework Environment Law* was adopted in 1993, enacted in 1994, and amended in 1996, 1997, 2002, 2004, and 2007, and replaced by a new law in 2011. The *Water Code* was enacted in 2000 and amended in 2008, 2009, 2011 and 2012. The *Land Code* was enacted in 1996 and amended in 1999, 2001, 2004, 2006, 2008, 2011, and 2012. The *Forest Code* was enacted in 1993 and amended in 1997 and 2008. The *Health Code* was enacted in 2017 amended in 2021.

58. Other important environmental legal acts, laws and regulations relevant to the project are listed below.

Table 1: Relevant Environment, Health, and Safety Laws in Tajikistan

Law	Enacted and Amended	Responsible Agency	Brief Description
<i>Law on Environmental Protection</i>	No.760 enacted on August 2011 last amended in June 2022	CEP and its subdivisions at the district level	The Law defines the state principles of environmental protection and sustainable social and economic development, guarantees of human rights for healthy and friendly environment, law enforcement strengthening, prevention of negative impact of business and other operations on the environment, management of rational use of nature resource and securing environmental safety. Chapter 6 requires an Environmental Impact Assessment and Chapter 7 specifies requirements for the location, design, construction, reconstruction and commissioning of enterprises, buildings, and other facilities.

Law	Enacted and Amended	Responsible Agency	Brief Description
<i>Law on Environmental Impact Assessment</i>	No.1448 enacted on 18 July 2017	CEP and its subdivisions at the district level	The Law establishes the legal and organizational framework for assessing environmental impacts, relationship with state environmental expertise, and the procedures for registering and classifying environmental impacts on the environment.
<i>Law on Environmental Monitoring</i>	No. 707 enacted on 25 March 2011	CEP and its subdivisions at the district level	The Law defines the organizational, legal, economic and social bases for ensuring environmental monitoring in the Republic of Tajikistan and regulates relations between state authorities, self-government bodies of settlements and villages, public associations and citizens in this area.
<i>Law on Environmental Information</i>	No. 705 enacted on 25 March 2011	CEP and its subdivisions at the district level	The Law defines the legal, organizational, economic, and social basis for providing environmental information in the Republic of Tajikistan, promotes the right of legal entities to receive complete, reliable and timely environmental information, and regulates relations in this area.
<i>Law on Environmental Expertise</i>	No. 818 enacted on 16 April 2012	CEP and its subdivisions at the district level	This Law defines the principles and procedure for conducting environmental expertise and is aimed at preventing the harmful impact of planned economic and other activities on the environment and related social, economic and other consequences of the implementation of the object of environmental expertise.
<i>Land Code of the Republic of Tajikistan</i>	No 326 enacted in 1996, last amended in July 2022	Committee on Land Management and Geodesy (CLMG) and its subdivisions at the district level	Land legislation governs the relations of land use and protection, land use and property relations, which arise from getting (acquisition) or conveying land use rights.
<i>Law on Protection and Use of flora</i>	No 31 enacted on 17 May 2004, last amended in 2008	CEP and its subdivisions at the districts; MOA; and TAS	The Law establishes the state policy on the protection and efficient use of plants; defines legal, economic, and social principles governing the preservation and reproduction of plants.
<i>Law on Conservation and Usage of Historical and Cultural Heritage</i>	Enacted on 3 March 2006	Ministry of Culture; TAS; CEP; FA	The Law provides the legal framework for conservation and use of historical and cultural heritage objects in Tajikistan as being national property of the Tajik people.
<i>Law on Soil Conservation</i>	Enacted on 16 October 2009	CEP; CLMG; MOA	The law defines main principles of state policy, legal framework of public authorities, individual and legal entities for the efficient and safe use of soils, preservation of quality, fertility and soil protection from negative impacts and regulates the variety of relationship related to soil protection.
<i>Water Code</i>	Enacted on 20 October 2000, last amended in 2012	CEP, Ministry of Energy and Water Resources (MEWR), MOA; Geology Head	The aims of the Water Code are: (i) protection of state water fund and state water fund lands for the improvement of the population's social condition and environment; (ii) water pollution control, impurity, depletion, prevention, and

Law	Enacted and Amended	Responsible Agency	Brief Description
		Office; MoHSP	control of water adverse effects; (iii) enhancement and protection of water objects; (iv) strengthening legality and rights protection of individuals and legal entities in the water management field.
<i>Law on Protection of Atmospheric Air</i>	Enacted in 1995 and amended on 28 December 2012	CEP; MoHSP; Hydrometeorology Agency	The Law regulates the relations of individuals and legal entities, irrespective of ownership form, with the aim of conservation, rehabilitation of atmospheric air, and securing environmental safety.
<i>Law on Production and Consumption of Waste</i>	No. 109 enacted on 10 May 2002, last amended in 2011	CEP; MOH; State Unitary Enterprise on Municipal Housing and Utilities (SUEMHU)	The Law regulates the relations arising from the process of waste generation, collection, storage, utilization, transport, and deactivation and landfilling of wastes and state management, supervision and control of waste management. It aims to prevent the negative impact of production and consumption wastes on the environment and human health, and when handling these, their involvement in economic and production turnover as an additional stock source.
<i>Protection of Population and Territories from Natural and human-made Emergencies</i>	Enacted on 15 July 2004	Committee for Emergency Situations and Civil Defense (CESCD) and its structural subdivisions	The Law defines the organizational and legal framework for the protection of the population and persons without citizenship in the territory of the Republic of Tajikistan, as well as the lands, interiors, water, airspace, animals and plants, and other natural resources of Tajikistan; objects of industrial and social purpose; and environment from natural and man-made emergencies. It regulates public relations on prevention, occurrence and development of emergencies, reduction of damages and losses, elimination of emergency situations and timely notification of populations in danger zones during natural and man-made emergencies.
<i>Labor Code of the Republic of Tajikistan</i>	Enacted on 23 July 2016	MoLME; MoHSP	The Code regulates labor and other relations and is directly aimed at the protection of the rights and freedoms of the parties in labor relations, securing minimal guarantees of labor rights and freedoms
<i>Law on Occupational Safety at Hazardous Production Facilities</i>	Enacted on 28 February 2004, last amended in 2020	MoLME; MoHSP	The Law regulates the legal, economic and social basis for the safe operation of hazardous production facilities and is aimed at preventing accidents and accidents at hazardous production facilities and ensuring the readiness of organizations operating hazardous production facilities to localize and eliminate the consequences of these accidents, guaranteed compensation for losses caused by accidents to natural and legal persons, the environment and the state
<i>Law on State Social Insurance</i>	Enacted on 13 December 1997,	MoLME; MoHSP	The law defines the legal, economic and organizational foundations of state social insurance of citizens and does not apply to

Law	Enacted and Amended	Responsible Agency	Brief Description
	last amended in 2021		voluntary social insurance.
<i>Public Health Code</i>	Enacted on 30 May 2017	MoHSP	The Code regulates public health relations and aims to implement constitutional rights and health protection of citizens. Chapter 17 of the Code secures sanitary and epidemiological safety
<i>Medical insurance in the Republic of Tajikistan</i>	Enacted on 20 April 2008, last amended in 2010	MoHSP	The Law defines the legal, social, organizational and financial bases of compulsory and voluntary medical insurance of citizens in the Republic of Tajikistan.
<i>Medicine, medical products, and pharmaceutical activities</i>	Enacted on 22 July 2022	MoHSP	The Law regulates public relations in the field of public administration of circulation, quality control, provision of medicines, medical products and parapharmaceuticals and defines the rights and obligations of pharmaceutical entities, principles, powers, the process of development, provision of information in this area.

59. These laws, along with the regulations approved by the Government, create a favorable legal framework for environmental protection and for the use and protection of the country's natural resources. They also enforce the rights of citizens to environmental safety, organic products, eco-friendly environment, access to environmental information, and the possibility of investing (moral, material, and financial) to improve the ecological situation in the country.

60. *Framework environment law.* The “framework environment law”/Law on Environment Protection was adopted in 2011 (21 July 2011, № 208). The previous Law on Nature protection was adopted in 1993 and amended in 1996, 2002, 2004 and expired in 2011. The Law stipulates that Tajikistan's environmental policy should give priority to environmental actions based on scientifically proven principles to combine economic and other activities that have an impact on the environment with nature preservation and the sustainable use of resources. The Law defines the applicable legal principles, the protected objects, the competencies and roles of the Government, the State Committee for Environment, the local authorities, public organizations and individuals. The Law stipulates also measures to secure public and individual rights to a safe and healthy environment and requires a combined system of ecological expertise and environmental impact assessment of any decision on an activity that could have a negative impact on the environment. The Law also defines environmental emergencies and ecological disasters and prescribes the order of actions in such situations, defines the obligations of officials and enterprises to prevent and eliminate the consequences, as well as the liabilities of the persons or organizations that caused damage to the environment or otherwise violated the Law. The Law establishes several types of controls over compliance with environmental legislation: State control, ministerial control, enterprise control and public control. State control is affected by the Committee for Environment Protection, the Sanitary Inspectorate of the Ministry of Health, the Inspectorate for Industrial Safety and the Mining Inspectorate. Adopted in 2014, the amendment to the law allows environmental inspectors to use firearms and other special means. Public control is carried out by public organizations or trade unions and can be exercised with respect to any governmental body, enterprise, entity or individual.

61. *Water Code.* The Water Code (2000) stipulates the policies on water management, permitting, dispute resolution, usage planning and cadaster. It promotes rational use and protection of water resources exercised by all beneficiaries and defines the types of water use rights, authority and roles of regional and local governments for water allocations among various users, collection of fees, water use planning, water use rights and dispute resolution. The Code delegates Water User Associations to operate and maintain on-farm irrigation and drainage infrastructure. Since 2010, the Water Code of 2000 has been amended and supplemented in 2011 and 2012. In 2011, users of hydropower sources, which produce less than 30,000 kWh of electricity, were exempt from payment for the use of water resources. In 2012, a new chapter was

added to the Code, devoted to basin management of water resources. It provides for the creation of the National Water Council to coordinate the activities of various bodies for basin water resources management and the development of basin plans for the use and protection of water resources, as well as the establishment of basin water councils.

62. *Land Code*. The current Land Code (1992) defines the types of land use rights, the authority and the role of regional and local governments for land allocation, collection of land taxes, land use planning, land use right mortgaging and settlement of land disputes. It defines the rights of land users and lease holders, and also defines the use of a special land fund for the purpose of land privatization and farm restructuring. The law does not provide for purchase or sale of allotted land. The Land Code regulates land relations and it is directed at the rational “use and protection of land and fertility of the soil...⁶.” The land may be used in a rational manner only and the Code allows local authorities to decide what constitutes “rational” land use. It includes also mechanisms that make it possible to take the land-use permit away from farmers, including in situations where land use causes land degradation. This decision is taken by the *rayon* administration.

63. *Health Code*. In 2011 the amendments and additions to the Law "On Ensuring Sanitary and Epidemiological Safety of the Population" of 2003 (This law expired on May 30, 2017 after adoption of the Health code.) introduced the concept of sanitary and epidemiological expertise that establishes the compliance of project documentation and economic activities with the state sanitary and epidemiological norms and rules, as well as strengthened provisions on sanitary-hygienic, anti-epidemic and information measures.

64. *Labour Code of the Republic of Tajikistan* (2016) sets down the main principles of government policy in the labour field, provides state guarantees of the rights of citizens and is aimed at ensuring the legitimate interests of employees, employers and the state. It contains main occupational health and safety principles:

- a working environment that meets safety and health requirements;
- the right of the employee to access information on OSH
- the responsibility of the employer for violation of OSH requirements
- restrictions on hard physical work and work in harmful or hazardous labour condition
- guarantee of the right of the employee to safe labour
- training and instruction of employees on OSH matters
- development and introduction of instructions on OSH that are mandatory for the employees

65. *Law on Occupational Safety at Hazardous Production Facilities* (2004), sets down the legal, economic and social principles of safe operation of hazardous production facilities and is aimed at preventing accidents in hazardous facilities and ensuring the capacity of organizations operating hazardous production facilities to localize the consequences of such accidents, guarantees of compensation of damage caused by accidents to physical and legal persons, the environment and the state.

66. *Law on State Social Insurance* (1997) provides the legal, economic and organizational framework of state social insurance of individuals. It does not cover voluntary social insurance. The law provides state guarantees for the insured persons in case of loss of livelihood or income due to illness, occupational accident or disease, disability, pregnancy and childbirth, old age, unemployment, loss of breadwinner, death and other cases stipulated under the law.

Main Supporting Regulations on Occupational Safety:

- Decree of the Council of Ministers of Tajikistan On Measures Connected with the Introduction of the Law of the Republic of Tajikistan On Occupational Safety in the Republic of Tajikistan (1993);

⁶ Land Code (1992)

- Decree of the Presidium of the Council of the Trade Union Federation of the Republic of Tajikistan and Gosgortekhnadzor of the Republic of Tajikistan on approving the regulations on investigation and registration of occupational accidents in the Republic of Tajikistan of February 9, 1993, No.24/2.
- Decree of the Council of Ministers of Tajikistan on compensation by enter-prises and government organizations of damage caused to employees by occupational accidents or diseases or any other work-related impairment of health of March 20, 1994, No. 134 (with amendments and additions of April 17, 1998, No. 118, and March 11, 2000, No. 103).
- Decree of the Government of the Republic of Tajikistan on the list of hazardous production facilities, workshops and trades where the workers are entitled to a short working day and extra annual leave of December 31, 2002, No. 521.

Technical Standards, Norms and Rules

- GOSTs: Systems of Occupational Health and Safety (OHS) Standards

Standards

67. Standards are divided into national, territorial, sectoral and standards of organizations. They take into account the requirements to means of production, transport, production (technological) processes, raw and other materials, the working environment as well as means of individual and group protection of workers.

68. Under an agreement signed by the CIS heads of state on December 9, 1994 the Republic of Tajikistan recognizes the GOST, SNIps, SanPiNs developed and applied by the Gosstandart of the former USSR and the Russian Federation, including: Sanitary rules and norms (SanPiNs); Construction norms and rules (SNIps); State standards of occupational safety and health systems (GOST OHS); Norms of harmful substances content (maximum allowable concentrations and levels).

69. The state standards, norms and rules are developed for individual sectors by the Standardization, Metrology, Certification and Commerce Inspection Agency un-der the Government of the Republic of Tajikistan which proceeds under the Regulations approved by the Government of the Republic of Tajikistan on December 28, 2006.

Norms and Rules

- Sanitary rules and norms (SanPiNs);
- Construction norms and rules (SNIps);
- State standards of occupational safety and health systems (GOST OHS);
- Norms of harmful substances content (maximum allowable concentrations and levels).
- Environmental Management. Environmental performance assessment. General requirements (ST RT GOST R 14031-2010)

Regulatory Documents on Occupational Safety and Health Systems

70. The occupational safety and health systems at enterprises are managed on the basis of the Labour Code of the Republic of Tajikistan, the Law On Occupational Safety in the Republic of Tajikistan and the Norms and Rules On Occupational Safety that describe the duties of the owner and the employer concerning occupational safety and health, the duties of the OHS officer, the procedure of financing OHS measures and guarantees of the right to labour protection.

71. The owner of the enterprise and the employer are directly responsible for the compliance of employees with the occupational safety requirements in their workplaces. The employer, pursuant to Article 8 of the Law on Occupational Safety in the Republic of Tajikistan:

- Ensures safe and healthy labour conditions, supervises hazardous and toxic production factors, and informs the employees on changes in this field in a regular and timely manner;
- Develops and implements annual plans of measures to improve occupational safety and health;
- Encourages and contributes to effective cooperation between the employer and the employees in ensuring safe and healthy labour conditions;
- In harmful and hazardous production facilities as well as in facilities with special temperature and pollution environments issue to the employees for free work clothes and footwear and other individual protection, washing and disinfectant materials.
- Annually allocates funds and material resources for OHS measures depending on the labour conditions and the rate of occupational accidents and diseases. Such funds and materials may not be used for any other purposes.
- Establishes sanitary points (first-aid kits) in every production unit.
- Organizes at his own cost medical and preventative services for employees, etc.
- Provides compensation for hazardous work (in the shape of extra wages, additional leave, a shorter working day) and incurs other costs to guarantee safety and health (transfer to lighter jobs, refusal of the employee to work in conditions that do not meet the OHS requirements, etc).

72. In accordance with the laws on occupational safety the enterprises where all the workplaces meet OHS standards are entitled to tax breaks granted by the local government bodies. Tax breaks are also offered to enterprises which produce individual and group protection means, measuring instruments, equipment and devices that facilitate work. However, no mechanisms to implement economic incentives measures have been put in place in the Republic of Tajikistan.

73. The system of OHS management that was developed and was in force before the collapse of the former USSR is currently dysfunctional and does not meet modern requirements. Some of its elements are used mainly by large associations and enterprises as subsystems of production management. The necessary links between OHS management at the national level and the industry level are lacking.⁷

74. Tajikistan is a member of the international labour organization since 1993 and has ratified 49 conventions, including:

- ILO conventions including the core conventions protecting workers' rights and the UN conventions protecting the rights of the child and of migrant workers:

Table 2: ILO conventions ratified by Tajikistan

Name of ILO convention	Date of ratification by Tajikistan
C029 - Forced Labour Convention, 1930 (No. 29)	26 Nov 1993
C087 - Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87)	26 Nov 1993
C098 - Right to Organize and Collective Bargaining Convention, 1949 (No. 98)	26 Nov 1993
C100 - Equal Remuneration Convention, 1951 (No. 100)	26 Nov 1993
C105 - Abolition of Forced Labour Convention, 1957 (No. 105)	23 Sep 1999

⁷ Source: ADB Tajik Country Gender assessment (<https://www.adb.org/sites/default/files/institutional-document/185615/tajikistan-cga.pdf>)

Name of ILO convention	Date of ratification by Tajikistan
C111 - Discrimination (Employment and Occupation) Convention, 1958 (No. 111)	26 Nov 1993
C138 - Minimum Age Convention, 1973 (No. 138) Minimum age specified: 16 years	26 Nov 1993
C182 - Worst Forms of Child Labour Convention, 1999 (No. 182)	08 Jun 2005
C081 - Labour Inspection Convention, 1947 (No. 81)	21 Oct 2009
C122 - Employment Policy Convention, 1964 (No. 122)	26 Nov 1993
C014 - Weekly Rest (Industry) Convention, 1921 (No. 14)	26 Nov 1993
C052 - Holidays with Pay Convention, 1936 (No. 52)	26 Nov 1993
C077 - Medical Examination of Young Persons (Industry) Convention, 1946 (No. 77)	26 Nov 1993
C095 - Protection of Wages Convention, 1949 (No. 95)	26 Nov 1993
C103 - Maternity Protection Convention (Revised), 1952 (No. 103)	26 Nov 1993
C120 - Hygiene (Commerce and Offices) Convention, 1964 (No. 120)	26 Nov 1993
C142 - Human Resources Development Convention, 1975 (No. 142)	26 Nov 1993
C143 - Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143)	10 Apr 2007
C148 - Working Environment (Air Pollution, Noise and Vibration) Convention, 1977 (No. 148)	26 Nov 1993
C155 - Occupational Safety and Health Convention, 1981 (No. 155)	21 Oct 2009
C159 - Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159)	26 Nov 1993

Source: International Labour Organization <http://www.ilo.org/>

75. The following UN Conventions were ratified by Tajikistan:

- UN Convention on the Rights of the Child, and specifically Article 32.1⁽⁸⁾; and
- UN Convention on the Protection of the Rights of all Migrant Workers and Members of their Families.

Construction regulation

76. Tajikistan has several laws and regulations that define the basic legal, organisational and social relationships in the construction industry. These laws define the rights, duties and responsibilities of state bodies, individuals and legal entities involved in construction activities. However, the requirements for

⁸ Article 32.1 of the Convention requires that States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.

construction projects are regulated by industry standards, sanitary norms and regulations, and urban planning norms and regulations. Regulatory documents that may be applicable to the project include:

- МҚС ҚТ⁹ 22-07-2007 "Earthquake-resistant construction"
- МҚС ҚТ 21-01-2007 "Safety from fire"
- МҚС ҚТ 22.08-2004. Buildings and structures on subsidence soils.
- СNiP¹⁰ II-69-78 "Hospitals and polyclinics. Design standards".

2.1.1. Environmental Assessment Framework

77. *Framework environment law.* The “framework environment law”/Law on Environment Protection was adopted in 2011 (21 July, 2011, № 208). The previous Law on Nature protection was adopted in 1993 and amended in 1996, 2002, 2004 and expired in 2011. The Law stipulates that Tajikistan's environmental policy should give priority to environmental actions based on scientifically proven principles to combine economic and other activities that have an impact on the environment with nature preservation and the sustainable use of resources. The Law defines the applicable legal principles, the protected objects, the competencies and roles of the Government, the State Committee for Environment, the local authorities, public organizations and individuals. The Law stipulates also measures to secure public and individual rights to a safe and healthy environment and requires a combined system of ecological expertise and environmental impact assessment of any decision on an activity that could have a negative impact on the environment. The Law also defines environmental emergencies and ecological disasters and prescribes the order of actions in such situations, defines the obligations of officials and enterprises to prevent and eliminate the consequences, as well as the liabilities of the persons or organizations that caused damage to the environment or otherwise violated the Law. The Law establishes several types of controls over compliance with environmental legislation: State control, ministerial control, enterprise control and public control. State control is affected by the Committee for Environment Protection, the Sanitary Inspectorate of the Ministry of Health, the Inspectorate for Industrial Safety and the Mining Inspectorate. Adopted in 2014, the amendment to the law allows environmental inspectors to use firearms and other special means. Public control is carried out by public organizations or trade unions and can be exercised with respect to any governmental body, enterprise, entity or individual.

78. *State ecological expertise.* The Law on Environment Protection No. 208 (2011), the Law on State Ecological Expertise (2011), and the Procedures on Organization and Performance of Environmental Assessment (2014) stipulate that all types of economic and other activities shall be implemented in accordance with environmental standards and norms and shall have sufficient environmental protection and mitigation measures to prevent and avoid pollution and enhance environmental quality. They define a state ecological expertise (SEE) process that examines the compliance of proposed activities and projects with the requirements of environmental legislation and standards and the ecological security of the society. SEE is a mandatory cross-sectoral process that must be scientifically justified, comprehensive, and objective. It precedes decision making about activities that may have a negative impact on the environment.

79. Financing of programs and projects and decisions on siting, construction, or reconstruction are allowed only after a positive SEE finding has been issued. If these requirements are violated, the CEP and/or other duly authorized control bodies may terminate construction until necessary improvements are made. SEE for investment projects is the responsibility of the CEP and its regional offices.

80. *Environmental assessment administrative framework.* The Law on Environmental Protection (2011) states that SEE is to be conducted by the State Committee for Environment. A unit in the ministry is entrusted with guiding and managing both EIA and SEE.

81. *EIA studies. Preparation of an environmental impact assessment (EIA) study is the responsibility of the project proponent.* EIAs are to analyze the short- and long-term environmental, genetic, economic,

⁹From Tojiki - Construction Norms and Rules of the Republic of Tajikistan

¹⁰ From Russian (СНиП) - Sanitary norm and rules

and demographic impacts and consequences of projects and must meet the standards of other sectors and environmental media line agencies (sanitary epidemiological, geological, water, etc.).

Environmental clearance. The CEP is the authority responsible for the state's review of EIAs and the environmental clearance of civil works.

2.1.2 Environmental Assessment Requirements of Tajikistan

82. There are two laws in the country that stipulate all aspects of environmental assessment: (i) *Law on Environmental Protection* (2011); and (ii) *Law on Ecological Expertise*. Chapter V, Articles 3539 of the *Law on Environmental Protection* (2011), introduces the concept of state ecological review (literally, state ecological expertise or SEE), which seeks to examine the compliance of proposed activities and projects with the requirements of environmental legislation and standards and ecological security of the society.

83. The following activities and projects are subject to state ecological review:

- Draft state programs, pre-planning, pre-project, and design documentation for economic development;
- Regional and sector development programs;
- Spatial and urban planning, development, and design;
- Environmental programs and projects;
- Construction and reconstruction of various types of facilities irrespective of their ownership;
- Draft environmental quality standards and other normative, technology, and methodological documentation regulating economic activities; and
- Existing enterprises and economic entities.

84. An EIA is a component of the SEE, as set out in the 2011 *Environmental Protection Law* and in the 2012 *Law on State Ecological Expertise*, which comprise both the department within the CEP and the process. Conducting the EIA is the responsibility of the project proponent. The state ecological review, which comprises the process component only for all investment projects, is the responsibility of the CEP and its regional offices. Furthermore, according to the 2012 *Law on State Ecological Expertise*, all civil works, including rehabilitation, should be assessed for their environmental impacts, and the proposed mitigation measures should be reviewed and monitored by the CEP.

85. According to the 2012 *Law on Ecological Expertise*, ecological expertise is intended to prevent negative impacts on the environment as a result of a proposed activity, forecast impacts from activities that are not considered as necessarily damaging to the environment, and create databases on the state of the environment and knowledge about human impact on the environment.

86. The *Law on Ecological Expertise* and the *Law on Environmental Protection* envisage two types of ecological expertise: SEE and public ecological expertise, which are not given equal importance. While SEE is a prerequisite for beginning any activity that may have an adverse environmental impact, public ecological expertise becomes binding only after its results have been approved by a SEE body.

87. The SEE body is authorized to invite leading scientists and qualified outside specialists to participate in the review. Approval should be issued within 30 days, unless the project developer agrees to an extension, and remains valid for two years, if the decision is positive. For very complicated projects, the term of consideration and approval can be extended till 60 days.

88. According to the *Law on SEE*, the public ecological expertise of economic activities or other activities, the implementation of which can negatively impact the environment or population living in the relevant area, can be carried out by any public organization and citizen. They have the right to send the proposals to the responsible government bodies concerning environmental issues of implementing planned activities and to receive information on the results of the conducted SEE from relevant responsible bodies. The materials reflecting the public expertise delivered to the experts' commission should be taken into consideration in the preparation of the conclusion of SEE and decision making on the realization of the

SEE object. Public ecological expertise is carried out under the state registration of application of public organizations. The registration can be done by local executive authorities (within seven days) in place where the expertise activities are planned. Public organizations, which are organizing the SEE, should inform the population of the initiation of the expertise and its results.

89. The legal and regulatory system for EIAs also includes:

- the Procedure of environmental impact assessment (adopted by the Resolution of the Government of the Republic of Tajikistan as of 01.11.2018 №532): Guidelines on the composition, order of development, coordination and approval of design estimates for construction of facilities, buildings and structures and EIA chapters, state expertise appraisal and feasibility documents;
- Procedure to implement SEE (approved by the *Resolution of the Government of the Republic of Tajikistan No. 697* of 3 December 2012);
- Guidelines on the composition and order of development of content and structure of the documentation to be submitted for review (SEE), as well as coordination and approval of all projected budget or investment estimations, design drawings or documentation that must be developed in coordination with the SEE, buildings and structures and EIA chapters, Strategic Environmental Assessment (SEA) and feasibility documents; and
- A List of objects and kinds of activity for which preparation of documentation for environment impact assessment is mandatory (adopted by the Resolution of the Government of the Republic of Tajikistan as of 01.11.2018 №532). The List is very extensive: it contains 180 types of activities, grouped according to four environmental impact categories: from A (in Cyrillic sounds A) "high risk" to Г (in Cyrillic sounds G) "local impact". If the facility/activity is not included in the list, then it is not required to pass either an EIA or a SEE.

90. The elaborated existing normative legal base is intended for determination of legal basis for project implementation and their compliance with state requirements for environmental protection and mitigation of environmental impact.

91. In the Republic of Tajikistan, the organizations with most responsibility for environmental monitoring and management are the CEP, the Sanitary Inspectorate of MOHSPP, the Inspectorate for Industrial Safety, and the Mining Inspectorate. An environmental licensing system exists in relation to handling hazardous waste and mineral extraction. An environmental permitting system regulates the use of natural resources.

92. The *Environmental Protection Law* states that a SEE should be conducted by CEP, which is the authorized state environmental protection body. The CEP has a comprehensive mandate that includes policy formulation and inspection duties. It has divisions at the *oblast* (region), city, and *rayon* (district) levels in the form of Departments of Environmental Protection within the *khukumat* (local administration) at each city or *rayon/district*.

93. *The Law on Sanitary and Epidemiological Safety of the Population* introduced the concept of sanitary and epidemiological expertise that establishes the compliance of project documentation and economic activities with the state sanitary and epidemiological norms and rules, as well as strengthened provisions on sanitary-hygienic, anti-epidemic and information measures.

94. *The National Guide on Prevention of Infections in Medical Institutions* was also approved by Ministry of Health Order No. 1119 dated 27 December 2014. This document includes key provisions on prevention of infections in medical institutions, covering modern evidence-based information and CDC recommendations, and it is aimed at improving the quality of services in medical institutions in the country.

95. *Sanitarian Rules on Safe Handling of Healthcare Waste* set the sanitary and epidemiological requirements and norms for the healthcare facilities generating medical wastes, as well as the organizations engaged in transportation, disposal and treatment of healthcare waste. It describes the healthcare waste classification, segregated collection methods, temporary storage and removal of medical wastes at the healthcare facilities, as well as sanitary and epidemiological requirements on off-site medical waste management. The implementation of these sanitary rules is controlled by the subdivisions and bodies of the

2.2. EIA Procedure

96. According to WB ESF each project has to comply with national Environmental and Social regulatory framework and WB Environmental and Social Standards (ESS). This chapter provides guidance on the actions required for environmental and social assessment in accordance with national legislation and WB ESSs. The Technical Support Group (TSG) will comprise of highly skilled personnel and ample resources to ensure efficient management and successful execution of ESMF, as well as effective management of risks and impacts associated with the Project. This team will include an environmental specialist and a social development specialist. Implementation of this ESMF will depend on the scale and magnitude of the E&S risks and impacts and will include the development and implementation of the following ESF instruments:

97. **Socio-environmental screening** – carried out in order to identify the risks of subprojects, their potential impact on the natural and social environment, classify the subproject to any of the risk or hazard categories in accordance with the social and environmental principles of the World Bank and/or national legislation, to determine the appropriate and necessary procedures, documents and tools. During undertaking a subproject involving an existing Health care facility or Primary Care Facility, both the screening and Environmental and Social Impact Assessment (ESIA) should include an assessment of any existing environmental, health, and safety (EHS) non-compliances or liabilities. This can be done through a thorough EHS audit, which can identify potential risks and hazards that may impact the project's success. By including this assessment in the screening and ESIA, the project team can ensure that appropriate measures are taken to mitigate any identified risks and ensure compliance with local regulations and international standards.

- **Environmental and Social Impact Assessment (ESIA)** - is an instrument to identify and assess the potential environmental and social impacts of a proposed subproject on new construction, evaluate alternatives, and design appropriate mitigation, management, and monitoring measures. In some cases, for small scale project partial ESIA could be conducted in order assess its location and potential impacts. Indicative outline of ESIA is presented in Annex 5.

- **Environmental and Social Management Plan (ESMP)** - Environmental and social management plan (ESMP) is an instrument that details (i) the measures to be taken during the implementation and operation of a project to eliminate or offset adverse environmental and social impacts, or to reduce them to acceptable levels; and (ii) the actions needed to implement these measures. ESMP template is presented in Annex 6.

- **ESMP Checklist** - An ESMP Checklist is a simplified version of the ESMP that provides a quick overview of the key environmental and social risks associated with a project and the measures that will be taken to manage those risks. It is typically used for smaller or less complex projects where an ESMP may not be necessary. The specific criteria to determine whether an ESMP or an ESMP Checklist is required will depend on the size, complexity, and potential environmental and social impacts of the project. Generally, larger and more complex projects with significant potential impacts will require an ESMP, while smaller and less complex projects may only require an ESMP Checklist. However, the decision should be based on a careful assessment of the project's specific risks and impacts, as well as any regulatory or stakeholder requirements.. ESMP Checklist template is presented in Annex 7.

- **Infection control and waste management plan (ICWMP)** - Special plan which is applied for activities related to handling, storage and disposal of medical waste in a manner avoiding/minimizing impact on environment, human health and preventing the spread of infections. ICWMP template is presented in Annex 8.

- **Contractor ESMP** -A Contractor's Environmental and Social Management Plan (C-ESMP) is a document that outlines the environmental management practices and procedures that will be implemented by a contractor during a construction project. It includes measures to mitigate potential environmental impacts of the project.

- **PCF operation phase EHS Management plan** – a PHC Facility Operation Phase Environmental Health and Safety Management Plan is a document that outlines the procedures and protocols for ensuring the safety and health of patients, staff, and visitors at a primary health care facility. The plan includes measures to prevent and control environmental hazards, such as exposure to infectious diseases, hazardous materials, and unsafe conditions. It also includes guidelines for emergency preparedness, waste management, and maintenance of equipment and facilities. The plan is designed to ensure compliance with regulatory requirements and to promote a culture of safety and health in the workplace.

98. Besides these WB's ESA tools, national environmental documentations must be prepared as part of national Environmental Impact Assessment. Governing laws and activities subject to state ecological (or environmental) expertise (SEE) that may involve an EIA or activities subject to SEE may involve the conduct of an EIA.

99. The following impact types are considered in EIA:

- *Direct impact*, immediately influenced by the main and subsidiary types of planned activities within the territory of the site;
- *Indirect impact* influenced by intermediate (secondary) factors emerging as a result of project implementation; and
- *Cumulative impact*, which is of specific nature and emerges within the project implementation period.

100. EIA are reviewed by the state environment expertise in conformity with the assessment objective and classification up to 60 days.

101. The decision on determining the appropriate procedure for SEE of EIA documents is taken by the authorized agency within a period of not more than 10 days after submission of the documents for registration. The decision on SEE related to EIA documents is obligatory for implementation by the Client for any planned economic or other activity.

2.2.1. Environmental assessment procedures in Tajikistan

102. *Basic EA Laws.* There are two laws in the country that stipulate all aspects of the EA: (a) Law on Environment Protection; and (b) Law on Ecological Expertise and (c) Law on the Environmental Impact Assessment. The Chapter V, Articles 35-39 of the Law on Environment Protection (2011), introduces the concept of state ecological review (literally, state ecological “expertise” – SEE) which seeks to examine the compliance of proposed activities and projects with the requirements of environmental legislation and standards and ecological security of the society. The mentioned laws stipulate the mandatory cross-sectoral nature of SEE, which shall be scientifically justified, comprehensive, and objective and which shall lead to conclusions in accordance with the law. SEE precedes decision-making about activities that may have a negative impact on the environment. Financing of programs and projects is allowed only after a positive SEE finding, or conclusion, has been issued. The following activities and projects subject to state ecological review: a) draft state programs, pre-planning, pre-project, and design documentation for economic development; b) regional and sectoral development programs; c) spatial and urban planning, development, and design; d) environmental programs and projects; e) construction and reconstruction of various types of facilities irrespective of their ownership; f) draft environmental quality standards and other normative, technology, and methodological documentation that regulates economic activities; g) existing enterprises and economic entities, etc. The laws stipulate that all types of economic and other activities shall be implemented in accordance with existing environmental standards and norms and shall have sufficient environmental protection and mitigation measures to prevent and avoid pollution and enhance environmental quality. The EA studies analyzing the short- and long-term environmental, genetic, economic, and demographic impacts and consequences shall be evaluated prior to making decisions on the

sitting, construction, or reconstruction of facilities, irrespective of their ownership. If these requirements are violated, construction will be terminated until necessary improvements are made, as prescribed by the Committee for Environmental Protection and/or other duly authorized control bodies, such as sanitary, geological, and public safety agencies.

103. *Environmental Impact Assessment.* An Environmental Impact Assessment (EIA) study is a component of the State Ecological Expertise, as set out in the 2011 amendments to the Environmental Protection Law. In 2012 the new Law "On Environmental Expertise" was adopted. In pursuance of this law, the Government subsequently adopted the following:

- the Procedure of environmental impact assessment (adopted by the Resolution of the Government of the Republic of Tajikistan as of 01.11.2018 №532): Guidelines on the composition, order of development, coordination and approval of design estimates for construction of facilities, buildings and structures and EIA chapters, SEA and feasibility documents;
- A List of objects and kinds of activity for which preparation of documentation for environment impact assessment is mandatory (adopted by the Resolution of the Government of the Republic of Tajikistan as of 01.11.2018 №532). The List is very extensive: it contains 180 types of activities, grouped according to four environmental impact categories: from A (in Cyrillic sounds A) "high risk" to Г (in Cyrillic sounds G) "local impact"). If the facility/activity is not included in the list, then it is not required to pass either an EIA or a SEE.

104. The EIA is the responsibility of the project proponent. The Procedure for carrying out the EIA (Government Resolution No. 532 of 2018) establishes general requirements for the contents of the EIA documentation. The State Ecological Expertise for all investment projects is the responsibility of the Committee for Environmental Protection under Government of Tajikistan (CEP) and its regional offices. Furthermore, according to the 2012 Law on the State Ecological Expertise, all civil works, including rehabilitation, should be assessed for their environmental impacts and the proposed mitigation measures reviewed and monitored by the CEP. The Law "On Ecological Expertise" and the "Procedure on Environmental Impact Assessment" of 2013 lays down the principles of performing the EIA in Tajikistan. According to this law, capital construction activities are considered activities with potentially high environmental risk. Hence requires an Environmental Impact Assessment (EIA) studies¹¹ to be prepared by the entity developing such a project.

105. Together with a detailed project description, the EIA study is the basis to go for the environmental permit and must be submitted to the Committee. As a rule, the Committee prepares an expertise to the project within one month. In preparation of this expertise, all subdivisions that might be involved in the project do participate. With this expertise, the permission is given, is not given or given with requirements and obligations that must be followed by the company during construction and/or during operation. If the Committee concludes that an environmental permit cannot be given because e.g. limit values are exceeded or other environmental aspects are not sufficiently mitigated, the developer can change its design and submit the impact assessment again.

106. *Types of Ecological Expertise.* According to the 2011 Law on Ecological Expertise, ecological expertise is intended to prevent negative impacts on the environment as a result of a proposed activity, forecast impacts from activities that are not considered as necessarily damaging to the environment and create databases on the state of the environment and knowledge about human impact on the environment. This Law and the Law on Environment Protection envisage two types of ecological expertise – State ecological expertise and public ecological expertise, which are not given equal importance. While State ecological expertise is a prerequisite for beginning any activity that may have an adverse environmental impact, public ecological expertise becomes binding only after its results have been approved by a State ecological expertise body. The State Ecological Expertise is authorized to invite leading scientists and qualified outside specialists to participate in the review. Approval should be issued within 30 days, unless the project developer agrees to an extension, and remains valid for two years, if the decision is positive. For very complicated projects the term of consideration and approval can be extended till 60 days.

¹¹ Resolution of the Government of the Republic of Tajikistan dated November 1, 2018, № 532 "On the list of objects and types of activity that requires developing materials on environmental impact assessment"

According to the Law on SEE the public ecological expertise of economic activities or other activities implementation of which can negatively impact the environment of population which live in relevant area can be carried out by any public organization and citizen. They have right to send the proposals to the responsible government bodies concerning environmental issues of implementation planned activities; to receive information on results of conducted state ecological expertise from relevant responsible bodies. The materials reflecting the public expertise delivered to the experts' commission should be taken into consideration under preparation of conclusion of state ecological expertise and decision making on realization of expertise object. The public ecological expertise is carried out under the state registration of application of public organization. The registration can be done by local executive authorities (for 7 days) in place where the expertise activities are planned. The public organizations which are organizing this expertise, should inform the population of initiation of expertise and then on its results.

107. *Screening categories.* The laws on Environment Protection and EE stipulate the Government will approve a list of activities for which the Environmental Impact Assessment is mandatory. The List of 2018 contains 180 types of activities, grouped according to four environmental impact categories (from (A) "high risk" to (Г (in Cyrillic)) "local impact"). The current system of environmental impact assessment does not provide for any preliminary assessment of the project to decide on the need for an EIA (screening), nor to define the scope of the issues covered and the content of EIA materials as specific procedural steps. The List of objects and activities for which the development of EIA materials is required is very detailed and, in the opinion of government bodies, for this reason there is no need to procedurally consider the issue of carrying out an EIA in each specific case.

108. *EA administrative framework.* The Environmental Protection Law states that a SEE should be conducted by the CEP, which is designated as a duly authorized state environmental protection body. It has a comprehensive mandate that includes policy formulation and inspection duties. The CEP has divisions at oblast (region), city and rayon (district) level, in the form of Departments of Environmental Protection (DEPs), within the Hukumat (local administration) at each city or rayon. A small unit in the ministry is entrusted with guiding and managing both EIA and SEE. EIA preparation is the responsibility of the proponents of public- and private-sector projects, who, in addition to complying with various environmental standards, procedures, and norms, shall meet the standards of other sectors and environmental media line agencies, such as sanitary-epidemiological, geological, water, etc.

109. *Public participation.* Article 12 of the Environment Protection Law proclaims the right of citizens to live in a favorable environment and to be protected from negative environmental impacts. Citizens also have the right to environmental information (Article 13), as well as to participate in developing, adopting, and implementing decisions related to environmental impacts (Article 13). The latter is assured by public discussion of drafts of environmentally important decisions and public ecological reviews. Public representative bodies have an obligation to take into consideration citizens' comments and suggestions. The Law on the EE also provides the rights to the citizens to conduct a Public Environmental Expertise (art. 7). On 17 July 2001 Tajikistan acceded to the 1998 Aarhus Convention, the provisions of which have priority over domestic law that also stipulates the rights for Public EE. The public has the right to request public hearings to be carried out. For category "A" and "B" projects, the authorized state body should develop a stakeholder engagement plan with the possibility of conducting consultations and taking into account the opinions of citizens.

110. In Tajikistan disagreements are resolved through Jamoats' (Hukumats') grievance mechanism or appeal to court. A grievance redress mechanism (GRM) capable of receiving and facilitating the resolution of affected persons' concerns and grievances related to the project is required as a formalized way for the PIU to identify and resolve concerns and grievances.

111. *Environmental norms and standards.* Norms are set for air and water pollution, noise, vibration, magnetic fields and other physical factors, as well as residual traces of chemicals and biologically harmful microbes in food. The exceeding of their thresholds results in administrative action, including financial sanctions. Several ministries determine environmental quality standards, each in its field of responsibility. For example, admissible levels of noise, vibration, magnetic fields and other physical factors have been set by the Ministry of Health and social defense of population.

112. *Implementation and compliance.* Several legal acts establish liability for violations of environmental laws, which can be enforced by several State bodies. In particular, the 2010 Code of Administrative Violations establishes administrative liability for organizations, their officers and individuals for a range of violations, from the careless treatment of land to violation of the rules for water use or water protection or failure to comply with a State ecological expertise. The administrative sanctions for environment related violations can be imposed by the administrative commissions of hukumats, courts, the CEP's inspectors, the Veterinary Inspectors of the Ministry of Agriculture, and the State Committee for Land Management and Geodesy. The most common administrative sanction is a fine of up to 10 minimal monthly salaries for individuals and up to 15 minimal salaries to officers of organizations. The 1998 Criminal Code covers crimes against ecological safety and the environment, such as violations of ecological safety at work, poaching, and spoiling land, violation of rules for the protection and use of underground resources. The maximum fine is up to 2,000 minimal monthly salaries and the maximum sentence is up to eight years in prison.

113. When detecting violations of environmental legislation, the CEP authorities apply penalties in accordance with the following articles of the Administrative Code of the Republic of Tajikistan. Namely:

- Article 223. Violation of standards, rules, regulations, instructions and other environmental requirements for the protection of the environment and the rational use of natural resources;
- Article 224. Release (discharge) of polluting substances into the environment with excess of standards or without a permit, waste disposal, physical and other harmful effects
- Article 232. Violation of environmental protection requirements during transportation, disposal, use, disposal (dumping) industrial, household and other wastes into the natural environment.

114. The fines can only be witnessed by the local CEP authorities.

2.2.2. Social assessment procedures

115. Social screening is a Mandatory Procedure for the identification of possible involuntary resettlement in accordance with ESS 5 of the World Bank. The Implementing Agency will undertake social screening of each proposed subproject.

116. The social screening is the one of the key steps in identification of further resettlement planning in the projects. The social screening serves to ensure that the process for screening remains simple and concise. The Social Screening Form template is attached in Annex 2. Specific questions based on each activity of the Project might be added as seen relevant by external consultants and the PIU Social Development Specialist. The list of project activities that have potential resettlement issues will then be subjected to a comprehensive sensitization and consultation process with the potentially impacted communities and the outcome of this process would be documented for each subproject.

117. The list and the outcome of the consultative process for each site/project activity on the list would then be sent to the respective implementing agencies in the jurisdiction mandated to confirm, approve, disapprove, refer for further consultation and/or take a final decision on each proposed site/ project activities. Carrying out the screening process in this way is designed to give it the integrity and transparency it needs to allow all stakeholders to have confidence in the process.

118. For project activities that do not have any resettlement issues and do not trigger ESS 5, the provisions of a RF / social provisions of the ESMF does not apply and the reference is the Environmental Focus of the ESMF.

119. The screening and categorization of impact on involuntary resettlement will be initiated by PIU either with its own Social Development Specialist and other relevant staff or, if there are no such skills, with the help of external consultants. The social screening report will be prepared by the Consultant or PIU's Social Development Specialist and reviewed by authorized person of the Implementing Agency and PIU Director for clearance. The Social Development Specialist and Director at the PIU will finally endorse the social screening and confirm the necessity to develop the Resettlement Action Plan for the proposed sub-project as described in the project's RF.

120. Resettlement Action Plan (RAP) is a resettlement instrument (document) to be prepared when subproject locations are identified. RAPs contain specific and legally binding requirements to be abided by to resettle and compensate the affected party before implementation of the project activities causing adverse impacts. Outline of the RAP is enclosed in the RF.

2.3. Key National Social Legal Provisions and Citizen Engagement Legal Framework

121. *Law on Freedom of Information* is underpinned by Article 25 of the Constitution, which states that governmental agencies, social associations and officials are required to provide each person with the possibility of receiving and becoming acquainted with documents that affect her or his rights and interests, except in cases anticipated by law.

122. Per the *Law on Public Associations*, a public association may be formed in one of the following organizational and legal forms: public organization, public movement, or a body of public initiative. Article 4 of this law establishes the right of citizens to found associations for the protection of common interests and the achievement of common goals. It outlines the voluntary nature of associations and defines citizens' rights to restrain from joining and withdrawing from an organization. August 2015 amendments to this legislation require non-governmental organizations to notify the Ministry of Justice about all funds received from international sources prior to using the funds.

123. *Law on Public Meetings, Demonstrations and Rallies* (Article 10) bans persons with a record of administrative offenses (i.e. non-criminal infractions) under Articles 106, 460, 479 and 480 of the Code for Administrative Offences from organizing gatherings. Article 12 of the Law establishes that the gathering organizers must obtain permission from local administration fifteen days prior to organizing a mass gathering.

124. *Land Code* contains basic provisions on land acquisition for public and state purposes. The Code allows the state to seize the land from land users for the needs of projects implemented in the interests of state and at the state scale, and describes methods, system and order of protection of rights and interests of persons whose land is subject for withdrawal for the purposes of the project, and provides for the complex of compensatory measures to cover the land users' losses. The Regulation about an order of compensation of the land users' losses and losses of agricultural production, approved by the Resolution of the Government of the Republic of Tajikistan # 641, dd. 30th December, 2011, establishes concrete and detailed order of reimbursement of the land users' losses.

125. *Law on Physical and Legal Entity Addresses* contains legal provisions on established information channels for citizens to file their complaints, requests and grievances. Article 14 of the Law sets the timeframes for handling grievances, which is 30 days from the date of receipt.

126. *Labour Code* prohibits forced labour (Article 8). The Labor Code also sets the minimum age at which a child can be employed as well as the conditions under which children can work (Articles 113, 67, and 174). The minimum employment age is 15, however, in certain cases of vocational training, mild work may be allowed for 14 year olds (Article 174 of the Labor Code). In addition, there are some labour restrictions on what type of work can be done, and what hours of work are permissible by workers under the age of 18. Examples of labor restrictions include: those between 14 and 15 cannot work more than 24 hours per week while those under 18 cannot work more than 35 hours per week; during the academic year, the maximum number of hours is half of this, 12 and 17.5 hours, respectively. These limitations are consistent with the ILO Convention on Minimum Age. In addition, Law on Parents Responsibility for Children's Upbringing and Education makes parents responsible for ensuring their children not involved in heavy and hazardous work and they are attending school.

127. *Law of Republic of Tajikistan on Appeals of Physical and Legal Entities* (2016) contains legal provisions on established information channels for citizens to file their complaints, requests and grievances. Article 14 of the Law sets the timeframes for handling grievances, which is 15 days from the date of receipt that do not require additional study and research, and 30 days for the appeals that need additional study. These legal provisions will be taken into account by the project-based Grievance mechanism.

128. *The Public Health Code* (2017) governs the public relations in the field of health care and is directed to realization of constitutional rights of citizens and health protection. The Code includes sections on responsibilities of the healthcare system and the sanitary and epidemiological protection.

129. *Law on Targeted Social Assistance* (2017) provides legal, financial and institutional basis for targeted social assistance delivery to low-income citizens (households). Article 4 of the Law underlines the accessibility of the targeted social assistance to vulnerable households. Article 10 describes the targeted social assistance application forms and assignment procedures. Article 11 identifies two forms of the targeted social assistance, including monetary aid and in-kind support (food products, cloths, medicine etc.)

130. The legal and regulatory framework at the national and local levels provides an adequate and appropriate enabling framework for implementing the key activities to be supported under the Project. Responsiveness to complainants' inquiries/questions, and public accountability are adequately covered by the legal framework at different levels. The legislation highlights the importance of state's commitment to serving and ensuring citizen protection, in general, and people to be affected by the project in particular. The laws on access to information, consumer rights; grievance redress; and ethics codes in place stipulate rules governing fair services.

2.4. National Sectoral Legal Framework

131. Tajikistan also has key policies and strategies which detail road maps for the country's short-term and long-term development. Of relevance to the health sector is Strategy of public health protection of the Republic of Tajikistan for the period up to 2030.

132. Strategy of public health protection of the Republic of Tajikistan for the period up to 2030 included:
- the reform of the existing healthcare financing system as an important step towards improving the efficiency of the medical care system and solving important problems, accessibility and acceptability of primary health care (PHC) and other basic health services for the population.
 - modernization of legislation and regulatory framework on public health sector and supervision of their implementation;
 - formation of intersectoral and interdepartmental partnerships to improve the standard of living in the country;

2.5. International Treaties and Obligations

133. Under the Republic of Tajikistan unified (monist) legal system, international agreements and treaties, once ratified or acceded to by the Government, have the same force as national legislation.

134. Tajikistan is party to several international environmental conventions and protocols. It has passed state laws to implement the terms of these international conventions, with the provision that, *"If an international treaty to which Tajikistan is a party is inconsistent with this law, then the provisions of the international treaty shall prevail."*

135. **International environmental and social conventions.** In recognition of its global responsibilities, Tajikistan is a party to several international environmental and social conventions. The major ones are shown in Table 2

Table 3: Relevant International Environmental and Social Conventions

International Convention	Year of Accession
UN Convention on Biological Diversity , 1997. Related updates to the Convention on Biological Diversity are: Cartagena Protocol on Biosafety to the Convention on Biological Diversity, 2004; Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits	1997

Arising from their Utilization to the Convention on Biological Diversity, signed in 2011 and ratified in 2013.	
UN Framework Convention on Climate Change, 1998; A related update is the Kyoto Protocol accessed on 29 December 2008 and entered into force on 29 March 2009.	1998
UN Convention on Combating Desertification	1997
Vienna Convention for the Protection of the Ozone Layer, 1996 and updated by the Protocol on Substances that Deplete the Ozone Layer (Montreal), 1998; London Amendments to Montreal Protocol on Ozone Depleting Substances, 1998; Copenhagen Amendments to Montreal Protocol on Ozone Depleting Substances, 2009; Montreal Amendments to Montreal Protocol on Ozone Depleting Substances, 2009; Beijing Amendments to Montreal Protocol on Ozone Depleting Substances, 2009.	1996
Convention on International Trade in Endangered Species of Fauna and Flora (CITES)	2016
Stockholm Convention on Persistent Organic Pollutants (POPs) (ratified 2007); Related updates: 2009 amendments listing 9 new Persistent Organic Pollutants, 26 August 2010; 2011 amendment listing endosulfan, 27 October 2012; and 2013 amendment listing HBCD, 26 November 2014.	2007
UNESCO Convention Concerning the Protection of the World Cultural and Natural Heritage	1997
Aarhus Convention (joined 2001); A related update is the Kiev Protocol on Pollutant Release and Transfer Registers to the Convention on Access to Information on 21 May 2003.	2003
Bonn Convention on the Conservation of Migratory Species of Wild Animals (joined 2001); A related update is the Bukhara Deer Memorandum, 2002.	2001
International Convention for the Protection of New Varieties of Plants UPOV Convention (1961), as revised at Geneva (1972, 1978 and 1991)	2012
Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal	2016
The Rotterdam Convention on Prior Informed Consent (PIC) Procedure for Certain Hazardous Chemicals and Pesticides in International Trade	1998
Occupational Safety and Health Convention	2009
Tripartite Consultation (International Labor Standards) Convention	2014
Convention for the Safeguarding of the Intangible Cultural Heritage	2006
International Covenant on Economic, Social and Cultural Rights	1999
Convention on the Elimination of all forms of Discrimination Against Women	1993
Convention on Minimum Age for Admission to Employment	1993
Convention on Worst Forms of Child Labor	2005
Abolition of Forced Labor Convention	1999
Employment Policy Convention	1993
Labor Inspection Convention	2009
United Nations Convention on the Rights of the Child CRC	1993

2.6. World Bank's Environmental and Social Standards and their requirements

136. The World Bank is committed to supporting Borrowers in the development and implementation of projects that are environmentally and socially sustainable, and to enhancing the capacity of Borrowers' environmental and social frameworks to assess and manage the environmental and social risks and impacts of projects. To this end, the Bank has defined specific Environmental and Social Standards (ESSs), which are designed to avoid, minimize, reduce or mitigate the adverse environmental and social risks and impacts of projects. ESSs define the material standards of protection, procedural requirements, and individual rights of the project-affected communities, which borrowers must comply with and whose fulfilment the World Bank supports and works with borrowers to ensure compliance during implementation. The standards carry over numerous environmental and social requirements.

137. The Environmental and Social Framework (ESF) enables the World Bank and Borrowers to better manage environmental and social risks of projects and to improve development outcomes. It was launched on October 1, 2018¹². The ESF offers broad and systematic coverage of environmental and social risks. It makes important advances in areas such as transparency, non-discrimination, public participation, and accountability—including expanded roles for grievance mechanisms. It brings the World Bank's environmental and social protections into closer harmony with those of other development institutions. The ESF consists of:

- the World Bank's Vision for Sustainable Development
- the World Bank's Environmental and Social Policy for Investment Project Financing (IPF), which sets out the requirements that apply to the Bank
- the 10 Environmental and Social Standards (ESS), which set out the requirements that apply to Borrowers
- Bank Directive: Environmental and Social Directive for Investment Project Financing
- Bank Directive on Addressing Risks and Impacts on Disadvantaged or Vulnerable Individuals or Groups

138. The WB Environmental and Social Standards (ESSs) are the followings:

- ESS 1: Assessment and Management of Environmental and Social Risks and Impacts;
- ESS 2: Labor and Working Conditions;
- ESS 3: Resource Efficiency and Pollution Prevention and Management;
- ESS 4: Community Health and Safety;
- ESS 5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement;
- ESS 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources;
- ESS 7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities;
- ESS 8: Cultural Heritage;
- ESS 9: Financial Intermediaries; and
- ESS 10: Stakeholder Engagement and Information Disclosure.

139. ESS6 and ESS8 are not considered relevant to this project as they are not directly related to the construction or operation of PCFs. While there may be indirect impacts on these areas however, as the construction of new PCFs will take place in densely populated areas and the movement of mobile PCFs will take place on public roads, the likelihood of impacts on biodiversity is negligible. For the same reason, the likelihood of impacts on cultural heritage during construction and operation is not expected. Therefore, WB ESS6 and ESS8 are not considered relevant in the context of this project.

140. Even though the likelihood of impacts on cultural heritage is very low, it is still necessary to have proper procedures in place to protect and preserve any artifacts or sites that may be discovered during construction or operation. Therefore, it is recommended to prepare chance find procedures as a precautionary measure.

¹² <https://www.worldbank.org/en/projects-operations/environmental-and-social-framework>

141. The requirements of these ESSs and their implications for the current project are presented in Table 3 below.

142. WB found that both environmental and social (E&S) risks for the Project are assessed as Moderate. The following Environmental and Social Standards (ESS) are relevant to the Project: ESS 1 - Assessment and management of environmental and social risks and impacts; ESS 2 - Labor and working conditions; ESS 3 - Resource efficiency, environmental pollution and management; ESS 4 - Community Health and Safety; ESS 5 - Land Acquisition, Restrictions on Land Use and Involuntary Resettlement; and ESS 10 - Stakeholder Engagement and disclosure. Detailed information on the ESSs directly relevant to the project provided in table 3.

Table 4: The WB Environmental and Social Standards relevant to the Project

ENVIRONMENTAL AND SOCIAL STANDARDS (ESS)	RELEVANCE RATE	MAIN REQUIREMENTS ¹³	ADDRESSING ESSs ¹⁴
ESS 1. Assessment and Management of Environmental and Social Risks and Impacts	Relevant	<p>The Client will undertake an environmental and social assessment to assess the environmental and social risks and impacts of a project throughout the project life cycle (ESS1 par. 14, 23).</p> <p>Expected Actions of the Borrower: (a) Conduct an environmental and social assessment of the proposed project, including stakeholder engagement; (b) Undertake stakeholder engagement and disclose appropriate information in accordance with ESS10; (c) Develop an ESCP, and implement all measures and actions set out in the legal agreement including the ESCP; and (d) Conduct monitoring and reporting on the environmental and social performance of the project against the ESSs (ESS1 par. 15).</p> <p>The environmental and social assessment will be based on current information, including a description and delineation of the project and any associated aspects, and environmental and social baseline data at an appropriate level of detail sufficient to inform characterization and identification of risks and impacts and mitigation measures. The assessment will evaluate the project’s potential environmental and social risks and impacts; examine project alternatives; identify ways of improving project selection, siting, planning, design and implementation in order to apply the mitigation hierarchy for adverse environmental and social impacts and seek opportunities to enhance the positive impacts of the project (ESS1 par. 24).</p> <p>The Borrower will ensure that the environmental and social assessment takes into account in an appropriate manner all issues relevant to the project, including: (a) the country’s applicable policy framework, national laws and regulations, and institutional capabilities (including implementation) relating to environment and social issues; variations in</p>	<p>This ESMF prepared by the Project shows that, overall, the project will provide a series of positive social and environmental impacts. Such as transition away from coal and oil to alternative energy in selected PHC facilities, Improving health care in rural areas.</p> <p>The project may generate some adverse environmental and social impacts associated with potential construction and/or rehabilitation of physical infrastructure of rural health facilities in selected project districts (as waste, noise, dust, air pollution, health hazards and labor safety issues).</p> <p>The construction impacts can be easily mitigated by applying good construction practices and following the provisions of the Environmental and Social Management Plans.</p> <p>As before project appraisal, it is not possible to identify all activities and the subprojects that will be financed, in accordance with the ESS1, the borrower prepared an Environmental and Social Management Framework (ESMF), which specifies rules and procedures for the activities and subprojects’ Environmental and Social Impact Assessment (ESIA) and for preparing Environmental and Social Management Plans (ESMPs).</p>

¹³ The requirements provided above are only a brief summary. For a complete understanding of the requirements, please refer to the full Environmental and Social Safeguards (ESSs) document.

¹⁴ The text provides a brief overview of certain measures without presenting the complete set of actions. To provide a comprehensive understanding, it is recommended to refer to the relevant sections in the ESMF where more detailed information is provided.

		<p>country conditions and project context; country environmental or social studies; national environmental or social action plans; and obligations of the country directly applicable to the project under relevant international treaties and agreements; (b) applicable requirements under the ESSs; and (c) the EHSGs, and other relevant Good International Industry Practice (GIIP) The assessment of the project, and all pro- posals contained in the assessment, will be consistent with the requirements of this paragraph.(ESS1 par. 26).</p> <p>The environmental and social assessment will apply a mitigation hierarchy, which will: (a) Anticipate and avoid risks and impacts; (b) Where avoidance is not possible, minimize or reduce risks and impacts to acceptable levels; (c) Once risks and impacts have been minimized or reduced, mitigate; and (d) Where significant residual impacts re- main, compensate for or offset them, where technically and financially feasible (ESS1 par. 27).</p> <p>The environmental and social assessment, informed by the scoping of the issues, will take into account all relevant environmental and social risks and impacts of the project, as detailed in ESS1 par. 28.</p> <p>The environmental and social assessment will include stakeholder engagement as an integral part of the assessment, in accordance with ESS10 (ESS1 par. 24).</p> <p>For projects involving multiple small subprojects, that are identified, prepared and implemented during the course of the project, the Borrower will carry out appropriate environmental and social assessment of subprojects, and prepare and implement such subprojects, as follows: (a) High Risk subprojects, in accordance with the ESSs; (b) Substantial Risk, Moderate Risk and Low Risk subprojects, in accordance with national law and any requirements of the ESSs that the Bank deems relevant to such subprojects.(ESS1 par. 30)</p>	
ESS2. Labor and Working Conditions	Relevant	ESS2 recognizes the importance of employment creation and income generation in the pursuit of poverty reduction and inclusive economic growth. It is for the Borrowers to be able to promote sound worker- management relationships and enhance the development benefits of a project by treating workers in the project fairly and providing safe and healthy working conditions. This Standard applies to project workers	In compliance with ESS2, the Labor Management Procedures (LMP) have been prepared to describe main labor requirements and risks associated with project implementation and to help the MoHSP to determine the resources necessary to address labor issues. The Project will encompass the following categories of workers: direct and contracted workers.

		<p>including fulltime, part-time, temporary, seasonal and migrant workers.</p> <p>ESS2 aims to: (i) promote safety and health at work and the fair treatment, nondiscrimination and equal opportunity of project workers; (ii) to protect project workers, including vulnerable workers such as women, persons with disabilities; children (of working age, in accordance with this ESS) and migrant workers, contracted workers, community workers and primary supply workers, as appropriate; (iii) to prevent the use of all forms of forced labor and child labor; to support the principles of freedom of association and collective bargaining of project workers in a manner consistent with national law; and (iv) to provide project workers with accessible means to raise workplace concerns. (ESS2 par. 1)</p> <p>The Borrower will develop and implement written labor management procedures applicable to the project. These procedures will set out the way in which project workers will be managed, in accordance with the requirements of national law and this ESS. The procedures will address the way in which this ESS will apply to different categories of project workers including direct workers, and the way in which the Borrower will require third parties to manage their workers in accordance with (ESS2's) paragraphs 31–33 (ESS2 par.9).</p>	<p>LMP provides an overview of labor use in the project, legislative framework governing labor employment in Tajikistan and a gap analysis with that of the World Bank's ESS 2, key potential labor risks and mitigations measures, implementation arrangements, roles and responsibilities, and procedures are outlined. Worker grievance mechanism set up and contractor management requirements are presented in the LMP. The ESMF also includes OHS requirements during the COVID-19 pandemic situation and a reference to the WBG's Environmental Health and Safety Guidelines that do apply to this project.</p>
<p>ESS3 Resource Efficiency and Pollution Prevention and Management</p>	<p>Relevant</p>	<p>ESS3 recognizes that economic activity and urbanization often generate pollution to air, water, and land, and consume finite resources that may threaten people, ecosystem services and the environment at the local, regional, and global levels. The current and projected atmospheric concentration of greenhouse gases (GHG) threatens the welfare of current and future generations. At the same time, more efficient and effective resource use, pollution prevention and GHG emission avoidance, and mitigation technologies and practices have become more accessible and achievable. This ESS sets out the requirements to address resource efficiency and pollution prevention and management throughout the project life cycle consistent with GIIP. (ESS3 par. 1). The applicability of this ESS is established during the environmental and social assessment described in ESS1</p>	<p>The ESMF includes sections on Pollution Prevention and Management with a focus on those issues which might arise while conducting civil works for facilities construction and rehabilitation activities. Assessment of associated with civil works risks and impacts and proposed mitigation measures related to relevant requirements of ESS3, including raw materials, water use, air pollution, hazardous materials, organic and hazardous waste included ESMFs as relevant.</p> <p>The project is likely to generate a significant amount of medical, solid and liquid wastes. These may affect the health of care givers, local communities and the environment. In line with the guidance of this ESS an Infection Control and Waste Management Plan (ICWMP), (including medical, solid and liquid waste management) will be prepared, per template in Annex 8, to assess and manage waste of different kinds (solid, liquid, medical,</p>

		<p>(ESS3 par. 2). The objectives of ESS3 are: (i) to promote the sustainable use of resources, including energy, water and raw materials; (ii) to avoid or minimize adverse impacts on human health and the environment by avoiding or minimizing pollution from project activities; (iii) To avoid or minimize project-related emissions of short and long-lived climate pollutants; (iv) To avoid or minimize generation of hazardous and non- hazardous waste; and (v) to minimize and manage the risks and impacts associated with pesticide use.</p> <p>The important requirements are as follows: Resource Efficiency The Borrower will implement technically and financially feasible measures for improving efficient consumption of energy, water and raw materials, as well as other resources Such measures will integrate the principles of cleaner production into product design and production processes to conserve raw materials, energy and water, as well as other resources. Where benchmarking data are available, the Borrower will make a comparison to establish the relative level of efficiency (ESS3 par. 5). This covers:</p> <ol style="list-style-type: none"> a. Energy use - efficient use of energy b. Water use - When the project is a potentially significant user of water or will have potentially significant impacts on water quality, c. Raw material use - When the project is a potentially significant user of raw materials <p>Pollution prevention and management - The Borrower will avoid the release of pollutants or, when avoidance is not feasible, minimize and control the concentration and mass flow of their release using the performance levels and measures specified in national law or the EHSGs, whichever is most stringent This applies to the release of pollutants to air, water and land due to routine, non-routine, and accidental circumstances, and with the potential for local, regional, and transboundary impacts (ESS3 par. 11). This covers:</p> <ol style="list-style-type: none"> a. Management of air pollution – Borrower will characterize and estimate sources of air pollution related to the project whenever technically and 	<p>hazardous and nonhazardous). The plan will include separation of different kinds of waste, treatment, reuse, recycle and transportation, storage and final disposal of wastes in approved sites/ through incineration/ other methods as per ESS 3 and related ESHGs, GIIP, WHO guidelines and national law. Water and energy are two of the most significant resources used in HCFs and government buildings. Measures such as installing low-flow faucets, using energy-efficient lighting, and implementing water conservation practices can help reduce their consumption. Additionally, wastewater discharges must be treated to prevent contamination of nearby water bodies. Non-hazardous waste generated in HCFs must be managed appropriately. Recycling programs, composting, and waste reduction initiatives can help minimize the amount of waste sent to landfills. Pesticides are often used in HCFs to control pests such as insects and rodents. However, these chemicals can pose a risk to human health and the environment. Therefore, it is crucial to use non-toxic pest control methods whenever possible.</p> <p>Overall, implementing measures for resource use, waste management, potential contamination, and pesticide use can help HCFs a reduce their environmental impact while providing quality services.</p>
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		<p>financially feasible.</p> <p>b. Management of hazardous and nonhazardous wastes - Borrower will avoid, if not, minimize the generation of waste, and reuse, recycle and</p> <p>c. recover waste in a manner that is safe for human health and the environment</p> <p>d. Management of chemicals and hazardous materials - Borrower will minimize and control the release and use of hazardous materials</p>	
<p>ESS4: Community Health and Safety</p>	<p>Relevant</p>	<p>ESS4 recognizes that project activities, equipment, and infrastructure can increase community exposure to risks and impacts. In addition, communities that are already subjected to impacts from climate change may also experience an acceleration or intensification of impacts due to project activities (ESS4 par. 1).</p> <p>The applicability of this ESS is established during the environmental and social assessment described in ESS1 (ESS4 par. 3).</p> <p>The important requirements are as follows:</p> <p>A. Community health and safety – Borrower will evaluate the risks and impacts of the project on the health and safety of the affected communities during the project life cycle (ESS4 par.5). This covers:</p> <ul style="list-style-type: none"> • Infrastructure and equipment design and safety - Borrower will design, construct, operate, and decommission the structural elements of the project in accordance with national legal requirements, the EHSGs and other GIIP, taking into consideration safety risks to third parties and affected communities • Traffic and road safety - Borrower will identify, evaluate and monitor the potential traffic and road safety risks to workers, affected communities and road users through- out the project life cycle and, where appropriate, will develop measures and plans to address them. • Ecosystem services - The project’s direct impacts on ecosystem services may result in adverse health and safety risks to and impacts on affected communities. With respect to this ESS, ecosystem services are limited to provisioning and regulating ser- vices as defined in ESS1. 	<p>Project activities under this project may give rise to a number of risks for community health and safety. The project will generate both non-hazardous and hazardous waste throughout the renovation/construction and provision of medical service phases. All waste management activities will be guided by this ESS. The Infection Control and Waste Management Plan (ICWMP) will address minimizing exposure to medical waste to the community. To address environmental risks and impacts that might affect community Health and Safety, the ESMF includes assessment of work-related health risks; works and road safety; excessive noise and dust levels, site safety awareness and access restrictions; and labor influx. All these issues were required to be included in the site specific ESMPs to be prepared once the investments are identified. ESMPs required that fencing should be installed around all construction sites and areas where there is a risk to community health and safety. Contractors developed and adhered to Codes of Conduct, including requirements for respectful behavior and interaction with local communities and within work sites, prohibition from engaging in illicit activities, sexual exploitation and abuse, or sexual harassment (SEA/SH), forced or child labor. Additional activities to prevent and mitigate risks of SEA/SH, COVID-19 to be conducted by implementation agency, include establishing GBV sensitive grievance redress mechanism, training and awareness-raising for staff, contractors, and local communities (neighboring sites of construction sites) on SEA/SH risks, available support services, Codes of Conduct to be followed by implementation agency staff and contractors, and available GBV-sensitive grievance redress mechanism. COVID-19 Management plan to be developed as part of HS management plan and followed by Contractors and followed. Community awareness raising activities and preparedness will be addressed through the Stakeholder Engagement Plan (SEP).</p>

		<ul style="list-style-type: none"> • Community exposure to health issues - Borrower will avoid or minimize the potential for community exposure to water-borne, water-based, water-related, and vector-borne diseases, and communicable and non-communicable diseases that could result from project activities, taking into consideration differentiated exposure to and higher sensitivity of vulnerable groups. • Management and safety of hazardous materials - will avoid or minimize the potential for community exposure to hazardous materials and substances that may be re- leased by the project. • Emergency preparedness and response - Borrower will identify and implement measures to address emergency events, which are unanticipated incidents, arising from both natural and man-made hazards, typically in the form of fire, explosions, leaks or spills, which may occur for a variety of different reasons, including failure to implement operating procedures that are designed to prevent their occurrence, extreme weather or lack of early warning. <p>B. Security personnel - When the Borrower retains direct or contracted workers to provide security to safeguard its personnel and property, it will assess risks posed by these security arrangements to those within and outside the project site</p>	<p>The Stakeholder Engagement Plan includes the public awareness and educational campaign. Outreach activities will be implemented considering the Covid-19 precautions.</p> <p>Infrastructure and Equipment Design and Safety: Ensure compliance with relevant safety standards and regulations during the design and construction of infrastructure and equipment.</p> <p>Safety of Services. Borrower will Develop and implement safety protocols for service delivery, including risk assessments and emergency response plans. Establish a system for reporting and addressing safety concerns raised by staff or service users.</p> <p>Traffic and Road Safety: Developing and implement traffic management plans to reduce the risk of accidents and improve traffic flow.</p> <p>Emergency Preparedness and Response: Develop and implement emergency response plans for various types of emergencies, including natural disasters, accidents, and security incidents. Establish communication protocols with emergency services and other relevant stakeholders.</p>
ESS5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Relevant	<p>ESS5 recognizes that project-related land acquisition and restrictions on land use can have adverse impacts on communities and persons and sets forth requirements for their avoidance and mitigation. This ESS is covered in Resettlement Policy Framework (RPF), that expounds the policies and procedures to ensure that project affected persons (PAPs) are adequately consulted regarding the project activities and receive compensation or assistance that will at least restore their living status to pre-displacement levels. (ESS5 par. 1)</p> <p>The important requirements are as follows: A. General</p>	<p>The rehabilitation works of healthcare facilities will take place within the existing premises/footprints and will not have resettlement impacts. However, new construction will invariably require lands. While the project is expecting that the Government will make available lands, due diligence is required to ensure that there are no resultant physical; and/ or economic displacements. The Resettlement Framework (RF) has been prepared to guide activities in this regard. The RF defines the procedures for: (i) acquiring land (after all technical alternatives have been exhausted), (ii) dealing with any residual impacts from land acquisition (i.e. identifying, establishing the valuation of, and compensating people that suffer economic losses or loss of private property), (iii) monitoring and verification that policies and procedures are followed, and (iv) grievance redress mechanisms. Where resettlement-related impacts have been identified, site-specific RAPs will be prepared, disclosed and consulted upon by</p>

		<ul style="list-style-type: none"> (i) Eligibility Classification Affected persons may be classified as persons: (a) Who have formal legal rights to land or assets; (b) Who do not have formal legal rights to land or assets, but have a claim to land or assets that is recognized or recognizable under national law;¹⁴ or (c) Who have no recognizable legal right or claim to the land or assets they occupy or use. (ii) Project Design The Borrower will demonstrate that involuntary land acquisition or restrictions on land use are limited to direct project requirements for clearly specified project purposes within a clearly specified period of time. The Borrower will consider feasible alternative project designs to avoid or minimize land acquisition or restrictions on land use, especially where this would result in physical or economic displacement, while balancing environmental, social, and financial costs and benefits, and paying particular attention to gender impacts and impacts on the poor and vulnerable. (iii) Compensation and Benefits for Affected Persons When land acquisition or restrictions on land use (whether permanent or temporary) cannot be avoided, the Borrower will offer affected persons compensation at replacement cost, and other assistance as may be necessary to help them improve or at least restore their standards of living or livelihoods. (iv) Community Engagement The Borrower will engage with affected communities, including host communities, through the process of stakeholder engagement described in ESS10. (v) Grievance Mechanism The Borrower will ensure that a grievance mechanism for the project is in place, in accordance with ESS10 as 	<p>the MoHSP before any civil works start in accordance with the RF.</p>
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		<p>early as possible in project development to address specific concerns about compensation, relocation, or livelihood restoration measures raised by displaced persons (or others) in a timely fashion. Where possible, such grievance mechanisms will utilize existing formal or informal grievance mechanisms suitable for project purposes, supplemented as needed with project-specific arrangements designed to resolve disputes in an impartial manner.</p> <p>(vi) Planning and Implementation Where land acquisition or restrictions on land use are unavoidable, the Borrower will, as part of the environmental and social assessment, conduct a census to identify the persons who will be affected by the project, to establish an inventory of land and assets to be affected, to determine who will be eligible for compensation and assistance, and to discourage ineligible persons, such as opportunistic settlers, from claiming benefits.</p> <p>B. Displacement</p> <p>(i) Physical Displacement In the case of physical displacement, the Borrower will develop a plan that covers, at a minimum, the applicable requirements of this ESS regardless of the number of people affected. The plan will be designed to mitigate the negative impacts of displacement and, as warranted, to identify development opportunities.</p> <p>(ii) Economic Displacement In the case of projects affecting livelihoods or income generation, the Borrower's plan will include measures to allow affected persons to improve, or at least restore, their incomes or livelihoods. The plan will establish the entitlements of affected persons and/or communities, paying particular attention</p>	
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		<p>to gender aspects and the needs of vulnerable segments of communities, and will ensure that these are provided in a transparent, consistent, and equitable manner.</p> <p>C. Collaboration with Other Responsible Agencies or Subnational Jurisdictions The Borrower will establish means of collaboration between the agency or entity responsible for project implementation and any other governmental agencies, subnational jurisdictions or entities that are responsible for any aspects of land acquisition, resettlement planning, or provision of necessary assistance.</p> <p>D. Technical and Financial Assistance The Borrower may request technical assistance from the Bank to strengthen Borrower capacity, or the capacity of other responsible agencies, for resettlement planning, implementation, and monitoring.</p>	
ESS8: Cultural Heritage	Not relevant	ESS8 recognizes that cultural heritage provides continuity in tangible and intangible forms between the past, present and future. It sets out measures designed to protect cultural heritage throughout the project life cycle.	ESS 8 is not relevant, but as a precautionary measure, chance find procedure is included in the ESMF and will be part of mitigation measures to be provided in site-specific ESMPs.
ESS10: Stakeholder Engagement and Information Disclosure	Relevant	<p>This ESS recognizes the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice. Effective stakeholder engagement can improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation. (ESS10 par.1)</p> <p>ESS10 applies to all projects supported by the Bank through Investment Project Financing. The Borrower will engage with stakeholders as an integral part of the project's environmental and social assessment and project design and implementation, as outlined in ESS1. (ESS10 par 4)</p> <p>The important requirements are as follows:</p>	<p>The MoHSP will engage in meaningful consultations with all stakeholders as per ESS10 requirements. Key stakeholders include the MoHSP, local governments, medical service providers and community representatives and civil society organizations dealing with community, women's and children's health issues. An inclusive stakeholder engagement plan (SEP) has been prepared, disclosed, and consulted upon before Appraisal. The SEP defines a program for stakeholder engagement, including public information disclosure and consultation, throughout the project cycle. The SEP also outlines how the MoHSP will communicate with the local partners and stakeholder communities if needed and will include a grievance mechanism (GM) by which stakeholders can bring their concerns/feedback relating to project activities.</p> <p>The MOHSP has designed an electronic GM for the healthcare sector being piloted under the WB-funded Health Services Improvement Project (HSIP) that will respond to complaints</p>

		<p>A. Engagement during Project Preparation</p> <p>(i) Stakeholder Identification and Analysis The Borrower will identify the different stakeholders, both project-affected parties and other interested parties</p> <p>(ii) Stakeholder Engagement Plan In consultation with the Bank, the Borrower will develop and implement a Stakeholder Engagement Plan (SEP) proportionate to the nature and scale of the project and its potential risks and impacts.</p> <p>(iii) Information Disclosure The Borrower will disclose project information to allow stakeholders to understand the risks and impacts of the project, and potential opportunities.</p> <p>(iv) Meaningful Consultation The Borrower will undertake a process of meaningful consultation in a manner that provides stakeholders with opportunities to express their views on project risks, impacts, and mitigation measures, and allows the Borrower to consider and respond to them. Meaningful consultation will be carried out on an ongoing basis as the nature of issues, impacts, and opportunities evolves.</p> <p>B. Engagement during Project Implementation and External Reporting The Borrower will continue to engage with, and provide information to, project-affected parties and other interested parties throughout the life cycle of the project, in a manner appropriate to the nature of their interests and the potential environmental and social risks and impacts of the project.</p> <p>C. Grievance Mechanism The Borrower will respond to concerns and grievances of project-affected parties related to the environmental and social performance of the project in a timely manner. For this purpose, the Borrower will propose and implement a grievance mechanism⁹ to receive and facilitate</p>	<p>registered by citizens on any issue of concern, including issues related to the project specific interventions. It will also accommodate the new project complaints. At the PHC level, the project will also use the existing GMs and disseminate information about the MoHSP electronic GM as soon as it is functional. The grievance mechanism will contain stipulations for sensitive grievances, including those related to SEA/SH.</p>
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		<p>resolution of such concerns and grievances.</p> <p>D. Organizational Capacity and Commitment The Borrower will define clear roles, responsibilities, and authority, as well as designate specific personnel to be responsible for the implementation and monitoring of stakeholder engagement activities and compliance with this ESS.</p>	
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2.6.1. World Bank Group environmental, health, and safety guidelines

143. The World Bank Group has promulgated a number of Environmental, Health, and Safety Guidelines (EHS Guidelines), with the following being applicable to the project:

- *General EHS Guidelines* (April 30, 2007) includes guidelines for environmental controls during facility operation (air and water emissions, hazardous materials management,
- Environmental, Health, and Safety Guidelines for Health Care Facilities (April 30, 2007) include information relevant to the management of EHS issues associated with health care facilities (HCF) which includes a diverse range of facilities and activities involving general hospitals and small inpatient primary care hospitals, as well as outpatient, assisted living, and hospice facilities.

2.7. Comparison of National legislation and World bank's ESSs

144. Overall, while the national regulatory framework is largely consistent with the ESF, certain gaps exist. These gaps are being covered by suitable project-specific framework instruments and implementation arrangements listed in the ESMF. Table 5 provides a comparison of the national Policy, Regulations and ESF duly highlighting the policy gaps and gap filling/ redressal measures.

Table 5: Comparison of National Policies, Regulations and ESF and Gap Filling Measures/ Redressal

No	ESS	Equivalent National Environmental Policy and Regulations	Policy Gaps vs ESS	Gap filling (redressal) Measures
1	ESS1: Assessment and Management of Environmental and Social Risks and Impacts	<ul style="list-style-type: none"> - Law on Environmental Protection - Law on Environmental Impact Assessment - Law on Environmental Monitoring - Law on Environmental Expertise - Law on Environmental Information 	<ul style="list-style-type: none"> - Associated facilities not covered by Tajikistan law as such, except to the extent that all activities in Tajikistan are subject to laws - No provision for alternative requirements except that international standards take precedence if agreements are in place - ESIA law has much less emphasis on social conditions and impacts, but other laws partly fill gaps, but with less specificity concerning community impacts - No distinction between international and Tajikistan experts - No reference to EHSs or GIIP - No equivalent provision for offsets 	<p>ESS1 is applicable for all projects, sub-projects and Associated Facilities. Gaps exist regarding assessments, consultations, monitoring and ESCP. The following additional measures are required:</p> <ul style="list-style-type: none"> - Conduct an environmental and social assessment of the proposed project; - Undertake stakeholder engagement and disclose appropriate information in accordance with ESS10; - Develop an ESCP, and implement all measures and actions set out in the legal agreement including the ESCP; and - Conduct monitoring and reporting on the environmental and social performance of the project against the ESSs

No	ESS	Equivalent National Environmental Policy and Regulations	Policy Gaps vs ESS	Gap filling (redressal) Measures
			<ul style="list-style-type: none"> - No equivalent provisions for vulnerable and disadvantaged people - No coverage of primary suppliers - No provision in permits/approvals for delayed compliance - Monitoring required but less emphasis 	
2	ESS2: Labour and Working Conditions	<ul style="list-style-type: none"> - Labor Code of the Republic of Tajikistan - Public Health Code 	<p>The National legal provisions almost cover all requirements in ESS2 except:</p> <ul style="list-style-type: none"> - minimum employment age is 14, with other limits consistent with ILO, but no work that could “cause health or moral damage” if under 18 - labor Code applies to employers and employees, not volunteers - No specific requirement for grievance mechanism for workers - No requirements for accommodations - Safety requirements apply to all employers, including contractors, but no obligation for developers to verify compliance - No requirements for prime contractor 	<p>Hence, an overall project level Labor Management Procedure will be prepared to cover above requirements. The project specific OHS management plan will use appropriate good international practices/standards (such as WBG EHS guidelines, ILO standards) which will be followed in conjunction with requirements defined under various legislations of Republic of Tajikistan.</p>
3	ESS3: Resource Efficiency, Pollution Prevention and Management	<ul style="list-style-type: none"> - Law on Environmental Protection - Law on Protection and Use of flora - Law on Soil Conservation - Water Code - Law on Production and Consumption of Waste 	<ul style="list-style-type: none"> - No specific limits to energy usage. - Permits required for water usage - Resource usage requires permits - Emissions limits. <p>Project will have only minor emissions.</p>	<p>The majority of ESS3 requirements are addressed by existing regulations and indirectly for resource efficiency, pollution prevention and management aspects. Further, provisions need to be made to commensurate mitigation measures as:</p>

No	ESS	Equivalent National Environmental Policy and Regulations	Policy Gaps vs ESS	Gap filling (redressal) Measures
			<ul style="list-style-type: none"> - Detailed requirements for hazardous and other wastes - Signatory to international conventions - No requirements to verify haulers/contractors 	<ul style="list-style-type: none"> - To assess the resource requirement and implement technically and financially feasible measures for improving efficient consumption of energy, water and raw materials, as well as other resources. - Preparation of Resource Efficiency and Pollution Prevention Plan as part of Contractors EMP to assess and minimize/control the concentration of release of pollutants to air, water and soil.
4	ESS 4: Community Health and Safety;	<ul style="list-style-type: none"> - Public Health Code - Protection of Population and Territories from Natural and human-made Emergencies - Law on Protection of Atmospheric Air - Medical insurance in the Republic of Tajikistan - Medicine, medical products, and pharmaceutical activities 	<ul style="list-style-type: none"> - General requirements to minimize risk, no specific requirements for services, ecosystem services, emergencies, etc - 	While laws cover for all of ESS 2 and ESS 4 requirements, gaps exist for community - community exposure to health issues. The gaps need to be addressed through suitable provisions in ESMP.
5	ESS 5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement;	<ul style="list-style-type: none"> - Land Code of the Republic of Tajikistan - Civil Code of the Republic of Tajikistan - Law On Land Valuation 	<ul style="list-style-type: none"> - All land in state ownership - Rights to use land granted with legal certificates - May be used only as authorized - Legal users may lease land for authorized uses - Only those with legal rights eligible for replacement land or compensation - Replacement land preferred option 	The gaps are addressed with suitable provisions in RPF

No	ESS	Equivalent National Environmental Policy and Regulations	Policy Gaps vs ESS	Gap filling (redressal) Measures
			<ul style="list-style-type: none"> - No requirement for assistance - Detailed requirements for committee memberships and actions - Compensation based on established rates for trees or other items lost - Replacement with equivalent land and houses preferred over compensation - Compensation for lost profits required, but not livelihood restoration - Committee membership and responsibilities defined in Land Code 	
6	ESS 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources;	Not applicable for the project		
7	ESS 7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities;	Not applicable for the project		
8	ESS 8: Cultural Heritage (relevant if any cultural heritage is found during the construction process of one of the subprojects.);	- Law On the protection and use of objects of historical and cultural heritage	<p>Less detailed requirements but generally consistent</p> <ul style="list-style-type: none"> - Law covers non-material (language, customs, ceremonies and celebrations, knowledge and skills, traditional crafts, dancing, music, 	<p>Chance finding procedures will be developed in case of discovering cultural heritage artifacts or sites that may have been overlooked or hidden.</p> <p>Chance finding procedures can help to address gaps</p>

No	ESS	Equivalent National Environmental Policy and Regulations	Policy Gaps vs ESS	Gap filling (redressal) Measures
	Not applicable for the project		art, etc.) and material cultural heritage <ul style="list-style-type: none"> - Some legal limits on weddings, funerals, and other activities - General requirements to protect cultural heritage and not to disturb sites of interest - No specific requirement for chance find procedure - No requirement for consultations except with Ministry of Culture representatives 	
9	ESS 9: Financial Intermediaries;	Not applicable for the project		
10	ESS 10: Stakeholder Engagement and Information Disclosure.	<ul style="list-style-type: none"> - Law on Environmental Protection - Law on Environmental Information - Law On Freedom of Information - Law On appeals of individuals and legal entities - Law On Local Government Bodies - Civil Code 	Generally consistent but less detailed <ul style="list-style-type: none"> - No requirement to analyze stakeholders - No formal plan required - Early disclosure required 	Measures to address the gap include – preparation of SEP wherein process of stakeholder consultations with all stakeholders – affected, other interested and physically disadvantaged and vulnerable groups who will be identified and engaged by the project; information disclosure that will take place on project activities/developments and feedback sought; and GRM mechanism that shall be put in place for the entire project

2.6. National Institutional Framework

2.6.1. National Institutions involved in the Environment Sector

145. In order to create an effective system of governance strategic planning and sustainable socio-economic development of the country and in accordance with Article 69 of the Constitution, the environmental institutional and management system has been established by the GoT which includes various state agencies. Tajikistan's current environmental institutional and management system includes the following institutions:

- Parliament,
- Presidential Administration,
- Committee for Environment Protection (CEP) under the Government of Tajikistan,
- State Committee of Statistics,
- Ministry of Agriculture,
- Ministry of Energy and Water Resources,
- Ministry of Health and Social Protection,
- Ministry of Economic Development and Trade,
- Ministry of Finance,
- Agency for Land Reclamation and Irrigation,
- Tajik Standard Agency,
- Tajik Academy of Science and its research Institutes,
- other minor institutions.

146. A brief description of key institutions and their role within the public administration is provided below:

147. *The Environmental Protection Agency (EPA)* of Tajikistan (namely the Committee for Nature Protection of the Tajik Soviet Socialistic Republic) was established for the first time in August 1989. Its mandate included coordination of the activities related to environmental protection among government agencies and the control over natural resource use, land protection, subsoil, forests, water, and other resources. In 1994 EPA's legal status was improved and reorganized into the Ministry of Nature Protection of the Republic of Tajikistan with the same mandate. However, 10 years later due to restructuring of the GoT the Ministry became again a State Committee for Environmental Protection and Forestry (SCEPF) in 2004. The EPA mandate was expanded slightly by including the former Forestry Management agency. In 2006 due to further restructuring of the GoT EPA was merged with the Ministry of Agriculture, which became the Ministry of Agriculture and Environmental Protection. EPA's mandate within the new Ministry was kept the same. During 2008 EPA became the Committee for Environmental Protection (CEP) under the Government of the Republic of Tajikistan.

148. CEP coordinates all activities related to environmental protection among GoT and oversees natural resources use, land protection, subsoil, forests, water, and other resources. The decisions of CEP are considered mandatory for all legal entities and individuals. Currently CEP has a total of 400 staff of which about 50 in Dushanbe Headquarter.

149. *The Parliament of Tajikistan* plays a key role in determining policies, strategies and rules for sectors that may affect and be affected by environmental factors. It consists of two chambers - (*Majlisi Namoyandagon*), Lower Chamber, and (*Majlisi Oli*), Higher Chamber. The Parliament involves relevant legislative committees related to environmental and social risk management which overview relevant sectoral legislation with active role in endorsing supporting laws and regulations (sub-laws).

Several Parliamentary committees are of particular relevance:

- The Ecological Committee, which oversees environment-related legislation;
- The Education Committee, which oversees the Law on Environmental Education and laws regarding post-secondary education and professional (vocational) training; and
- The Committee on Social Issues, Family and Healthcare will be essential to integrating environmental social risk management issues into public health, gender and other policies. Parliament's facilities include an information library for members of the Lower Chamber that contains more than 16,500 publications. Among 63 Parliamentarians, 6 are members of the Ecological Committee which work directly on environment-related legislation.

150. ***The Ministry of Health and Social Protection*** provides sanitary-epidemiological services to the public. It conducts the state sanitation-epidemiological supervision, carries out activities on environmental safety, environmental protection and sanitation as well as develops national industry health norms, regulations and hygiene standards. The Ministry has an affiliated research institute, the Institute of Epidemiology and Sanitation, and it also manages about 73 sanitary- epidemiological observation stations. The State Epidemiological Service is an independent agency participating in a WHO regional project on health and climate change. The project team has drafted a Strategy for Health and Climate Change.

151. ***The Ministry of Economic Development and Trade (MEDT)*** is the government agency with task in overseeing the system of state economic planning and forecasting and facilitating the effective implementation of socio-economic development priorities in Tajikistan. One of the main tasks of this Ministry is to develop and implement economic development programs and strategies of the Republic of Tajikistan with the aim of reducing poverty and stabilizing socio-economic conditions. According to governmental regulations, the Ministry of Economy is to be included in all working groups that develop sustainable strategies, plans and budgets. Representatives of the Ministry are headed the editing group to prepare the country's National Development Strategy and the Poverty Reduction Strategy. The Ministry also monitors the implementation of the two strategies. Among its other roles, MEDT is one of the co-executive bodies of the National Action Plan for Climate Change Mitigation.

152. ***The Ministry of Finance*** aside from economic and financial functions is responsible to review and approve the budgets of state agencies including those related to the environment and climate change.

153. ***The Ministry of Industry and Innovative Technology*** is involved with environmental issues despite its role as Designated National Authority for Clean Development Mechanism projects conducted under the Kyoto Protocol of the United Nations Framework Convention on Climate Change in Tajikistan. The Ministry is responsible for data flow coordination, monitoring, and analysis under the National Development Strategy process.

2.6.2 National Institutions involved in Social Risk Management

154. Identified government institutions to be engaged in the project implementation are outlined in Table 4 below. They are divided into categories based on at what administrative level(s) the institutions represent: national, oblast, and district authorities.

Table 6: Relevant Government Institutions

Institution Category	National level	Oblast (region)	Rayon (district)	Local/commu nity level	Role and Engagement
Government Administrations	Cabinet of Ministers	Governor's office	District and town administrations, including chairman's office	Local self-governing bodies (jamoats)	Approvals and strategic planning on land management issues, child/forced labor monitoring
Line Ministries and Agencies	Ministry of Health and Social protection	Health Department of the Mountainous-Badakhshan Autonomous Region, regions and Dushanbe	District Health departments	Rural health centers and health houses	Implementation agency, responsible for project operations
	State Control Service for Medical and Social Protection Activities (Hadamot) under the MOHSP	4 Regional Departments of Hadamot	Centers of state sanitary and epidemiological surveillance of cities and districts of GBAO, Sughd, Khatlon, Dushanbe		Monitors the quality of public health and social protection services and main two-way communication with service providers and users
	Labour Inspection under the Ministry of Labour, Migration and Employment	Regional Department	District Department		Controls compliance to occupational safety norms and rules, labor conditions and rights
	The State Committee for Architecture and Construction (SCAC)	Chief Oblast Architect	Chief District Architect		Controls compliance to the construction standards for social infrastructure and Local Master Plans
	State Committee for Land Management and Geodezy	Regional Department for Land Management and Geodesy	District Department for Land Management and Geodesy		Land Certification Issues
	Women and Family Affairs Committee	Regional/Oblast Department for Women and Family Affairs	District Office for Women Affairs	Active woman of mahalla committees	Support women engagement and GBV prevention and Gender Action Plan implementation support

III. BASELINE DATA

3.1. Physical Resources

155. **Topography and geology.** Tajikistan has a mountainous terrain that accounts for 93% of its land area. Its rugged topography ranges from a few hundred meters to 7,000 meters above sea level (masl). China borders the Eastern Pamir Plateau and Uzbekistan borders the Fergana Basin in the north Kyrgyzstan Border. The main elements of Tajik geography are the following: the Kuramin Mountain Range and the Mogoltau Mountains, Fergana Depression, Hissar-Alai Mountains (the South Tian Shan), the depressed area in southwestern Tajikistan (Tajik depression), and Pamir. Altitudes range from 300-7,495 meters above sea level (masl) (Figure 1). The modern relief of Tajikistan is the result of activities of alpine tectonic movements of the earth surface and the denudation process. The majority of plain territories in the country are the broad areas of river valleys or the vast depressions between the mountains. Most of the country's population is concentrated in these particular areas along with the main fields of industrial production and agricultural potential of the country.

Figure 1: Elevation Map of Tajikistan



Relief map of Tajikistan

Altitude in metres	
	3 000 m
	1 000 m
	National border
	Provincial border
	Khoroq Provincial capital

156. **Seismicity.** Tajikistan is located near the border between the Eurasian and the Indian plates, a region where relatively large earthquakes occur. It is a country of intense tectonic movements and high seismicity. According to records of the International Institute of Seismology and Earthquake Engineering, there have been seven earthquakes with a magnitude of over 6.5 with epicenter in Tajikistan since 1900 (Table 15). There are many earthquakes near the Afghanistan border in southern Tajikistan. Earthquakes are dependent on many factors: geotechnical conditions, nature of the soil, presence of groundwater, landforms, etc. Major seismic zones in Tajikistan are with 7, 8, and 9 degree seismic intensity on the MSK-64 scale¹⁵ (Table 16). In each of these zones, earthquakes at the mentioned levels are possible. Most southern districts are in seismic Zones 7 or 8. Northern districts are in Zone 8, except for Mastchoh District, which is in Zone 7. Dushanbe, the districts of Republican Subordination, and Gorno-Badakhshan Autonomous Region (GBAO) are in Zone 9. The seismic map of Tajikistan showing the subproject locations is shown in Figure 2.

Table 7: Major Earthquakes in Tajikistan from 1930-2022

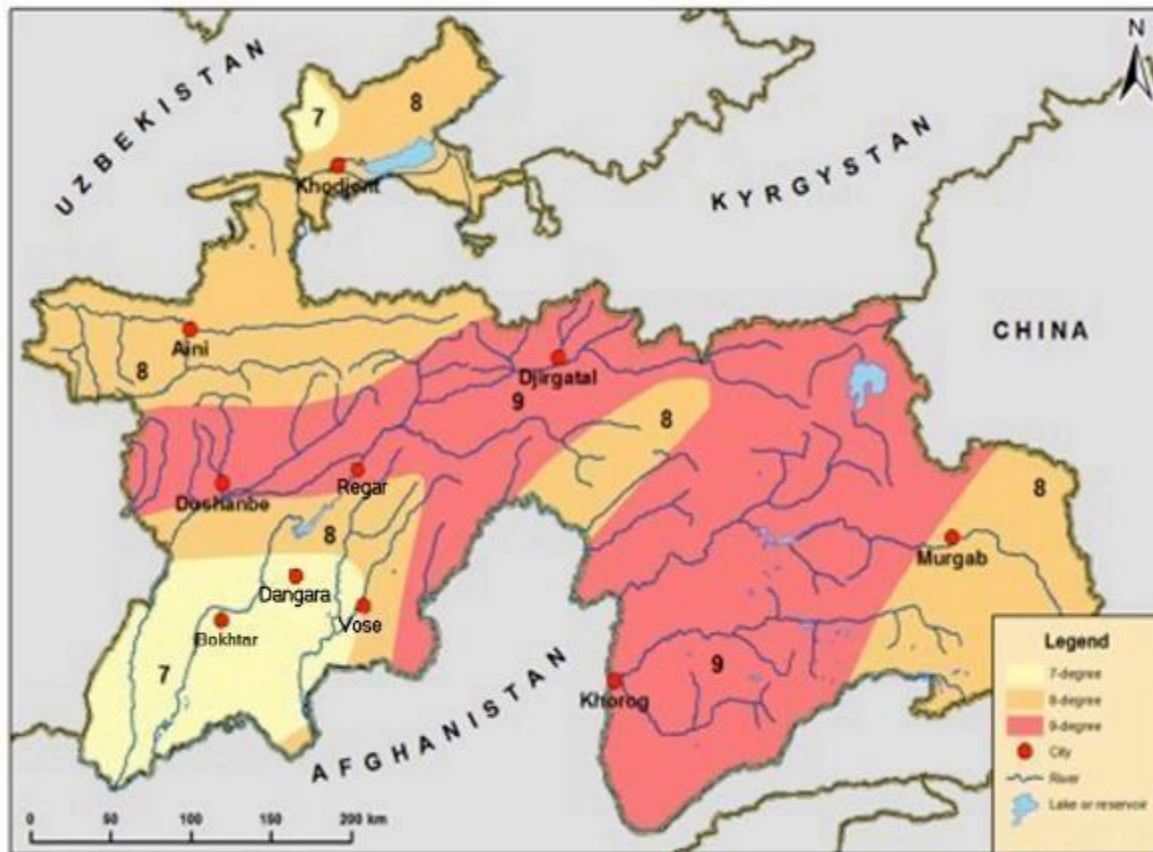
Date	Place	Latitude	Longitude	Deaths	Injuries	Magnitude	Comments
2021-10-07	Rasht district of Districts of Republican Subordination	38.96	70.57	5	30	5.7	More than 20 buildings destroyed
2021-02-12	Gorno Badakhshan Autonomous Region	38.14	73.55	1	5	5.9	Minor damage
2018-05-09	Gorno Badakhshan Autonomous Region	36.99	71.38	0	2	6.2	Minor damage
2018-03-29	Roghun district of Districts of Republican Subordination	38.72	69.98	0	0	5.7	Dozens of houses damaged
2017-05-03	Laksh district of Districts of Republican Subordination	39.49	71.44	0	1	6.0	Severe damage
2015-12-07	Gorno Badakhshan Autonomous Region	38.26	72.77	2	12	7.2	Many homes destroyed
2012-05-13	Districts of Republican Subordination	38.61	70.35	1		5.7	Many buildings destroyed / livestock killed
2011-07-19	Fergana Valley	40.05	71.44	14	86	6.2	
2006-07-29	Khatlon Province	37.26	68.83	3	19	5.6	

¹⁵ This normative map of seismic zoning was compiled in 1978 by A.M. Babayev, T.A. Kinyapina, K.M. Mirzoev, R.S. Mikhailova and G.V. Koshlakov under the guidance of S.Kh. Negmatullaev

1989-01-22	Gissar	38.47	68.69	274	Many	5.3	
1985-10-13	Kayrakum (Guliston)	40.3	69.82	29	80	5.9	Extreme damage / many homes destroyed
1984-10-26	Lakhs *Rasht Valley	39.16	71.33			6.1	Moderate damage / some homes destroyed
1949-07-10	Gharm (Rasht)	39.2	70.8	7,200		7.5	
1930-09-22	Dushanbe	38.4	68.5	175		6.3	

Source: National Geophysical Data Center (NGDC).

Figure 2: Seismic Map of Tajikistan

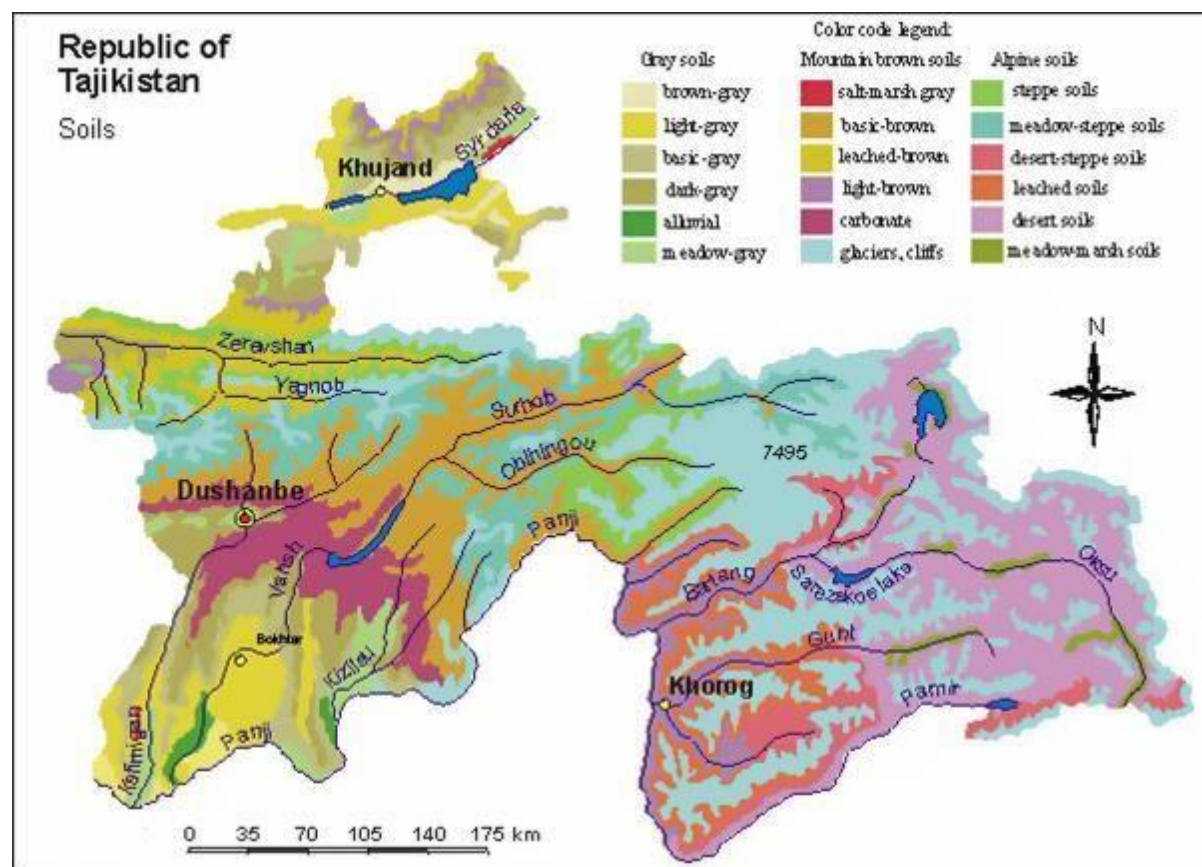


157. **Soils.** As a typical alpine country, Tajikistan has vertical variability of soil cover. Three major vertical belts of soil distribution can be found in the country: (i) gray soils of valleys and idle fields; (ii) brown soils of middle belts of mountains; and (iii) soils of highlands. There is a distinguished gradient from the more humid northern part of the study area to the very dry southern part. The soils of the study area are

highly productive, with much of the area used for agriculture. In the dry southern part of the subproject area, agricultural use is, however, only possible when soils are irrigated. Soil erosion is a major environmental concern throughout the country due to seismic activity, steep slopes, the fragility of soils, and human activities such as inappropriate livestock management, the removal of protective vegetative cover, and poor water management practices.

158. Soil profiles are typically loess, loamy sands, and loamy soils, occasionally bench gravel of the upper quaternary age, classically formed through wind deposition over arid or semi-arid areas. Soils are brown-gray, light gray. The humus layer of the loess and loamy sands is fairly fertile and agriculture is possible. For these soils to be converted into agricultural use, they require irrigation and the mineral fertilizers (Figure 3).

Figure 3: Soil Map of Tajikistan



159. **Air quality.** The problem of air quality is one of the basic ecological issues of industrial and urbanized areas in Tajikistan. The main stationary sources of air pollution in Tajikistan are mining, metallurgy, chemical industries, buildings, mechanical processing, light industries, heat and power generation, and agriculture.

160. In 2005, the share of motor transport emissions was 170,300 tons (t) or 83 % of the total amount of pollutants released into the atmosphere. Motor transport is the main source of substances accumulating in the atmospheric surface layer. Products of fuel combustion are released to the atmosphere and generate smog. Old vehicles with increased toxic gas emissions comprise 30-40% of the total number of vehicles for

road transportation. The exhaust emissions include about 200 chemical components and dangerous substances such as carbon monoxide, nitrogen oxide, hydrocarbons, lead, etc.

161. Typically, a vehicle with an internal combustion engine using 1,000 liters (l) of fuel emits about 200 kilograms (kg) of carbon monoxide, 20 kg of nitrous oxides, 1 kg of ash and solid particles, and 200-400 g of lead components. In urban conditions, emissions from road transport potentially rise because of frequent changes in operation mode and traffic jams. Illegal burning of leafage, street litter, and household wastes contributes to the pollution of urban atmospheric air. It is dangerous as leaves absorb harmful elements and heavy metals, such as lead, while household wastes contain rubber, plastic, and other organic substances that emit 40 harmful and toxic components when burning. The emission of harmful substances into the atmosphere potentially affects many natural and societal objects not depending on the pollution source and distance. As a result of air pollution, cultural values, vulnerable ecosystems, agricultural lands, and population might be damaged.

162. **Climate.** Tajikistan has three major climate zones: continental, subtropical, and semiarid, with some desert areas. The climate changes drastically according to elevation, however. The location of the country in the middle of Eurasia, its remoteness from oceans and seas, and proximity to deserts predefine its climate, which can be characterized as continental, with considerable seasonal and daily fluctuations in temperature and humidity. The climate in the central and southwest regions of Tajikistan is characterized by rather hot summers and mild winters. The cold period lasts for 90-120 days, and the warm period, 235-275 days. Of the annual precipitation, 75-85% occurs from December to May. The country's very complicated relief structure, with huge variations in elevation, creates unique local climates with great temperature differences, as shown in Figures 35-37. The country's capital, Dushanbe, and Khatlon provinces, are classified as having a continental climate, where it is hot and dry from June to September in the plains with a maximum temperature exceeding 35°C. On the other hand, snow is observed from December to February with minimum temperatures below 0°C.

163. **Wind.** Tajikistan is characterized as having few strong winds from large-scale lows, such as typhoons, although there are relatively many seasonal winds with dust. The wind speed is similar to that in South Asia at about 40 m/sec (mps). The wind direction and average wind speed in the subproject areas are shown in Table 6.

Table 8: Wind Direction of the Cardinal Points and Average Wind Speed (m/sec)

Location / Wind Direction	N	NE	E	SE	S	SW	W	NW
Dushanbe	1.9	1.5	1.9	1.8	1.6	1.6	1.9	1.7
Khujand	2.2	4.6	4.5	2.2	3.1	5.7	3.9	2.1
Bokhtar	1.6	1.4	1.6	2.2	2.0	1.6	1.5	1.6

Source: Construction Climatology (MKC 23-01-2007, Table 10).

Figure 4: Climatological Map of Tajikistan

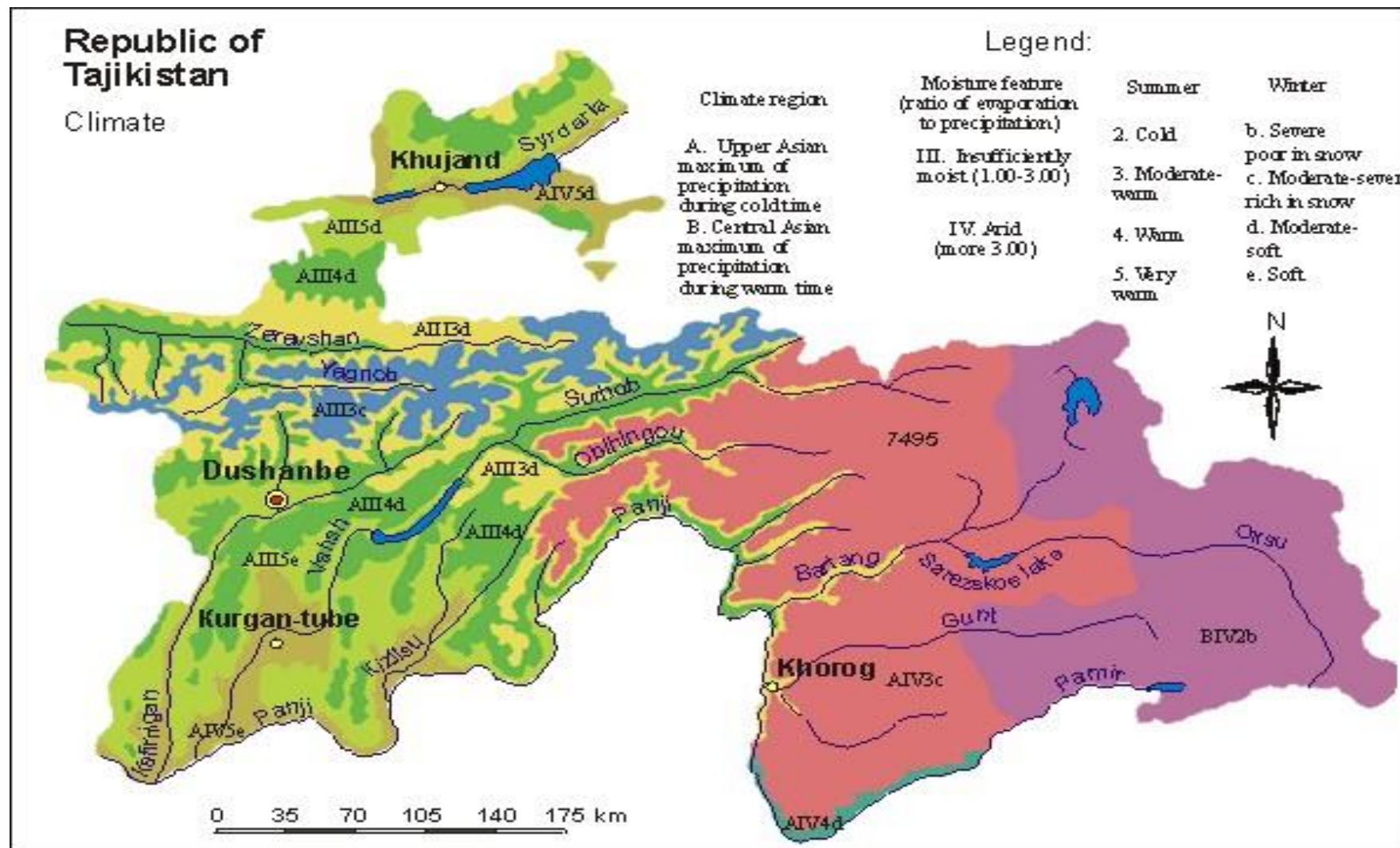


Figure 5: Average Annual Temperature Map of Tajikistan

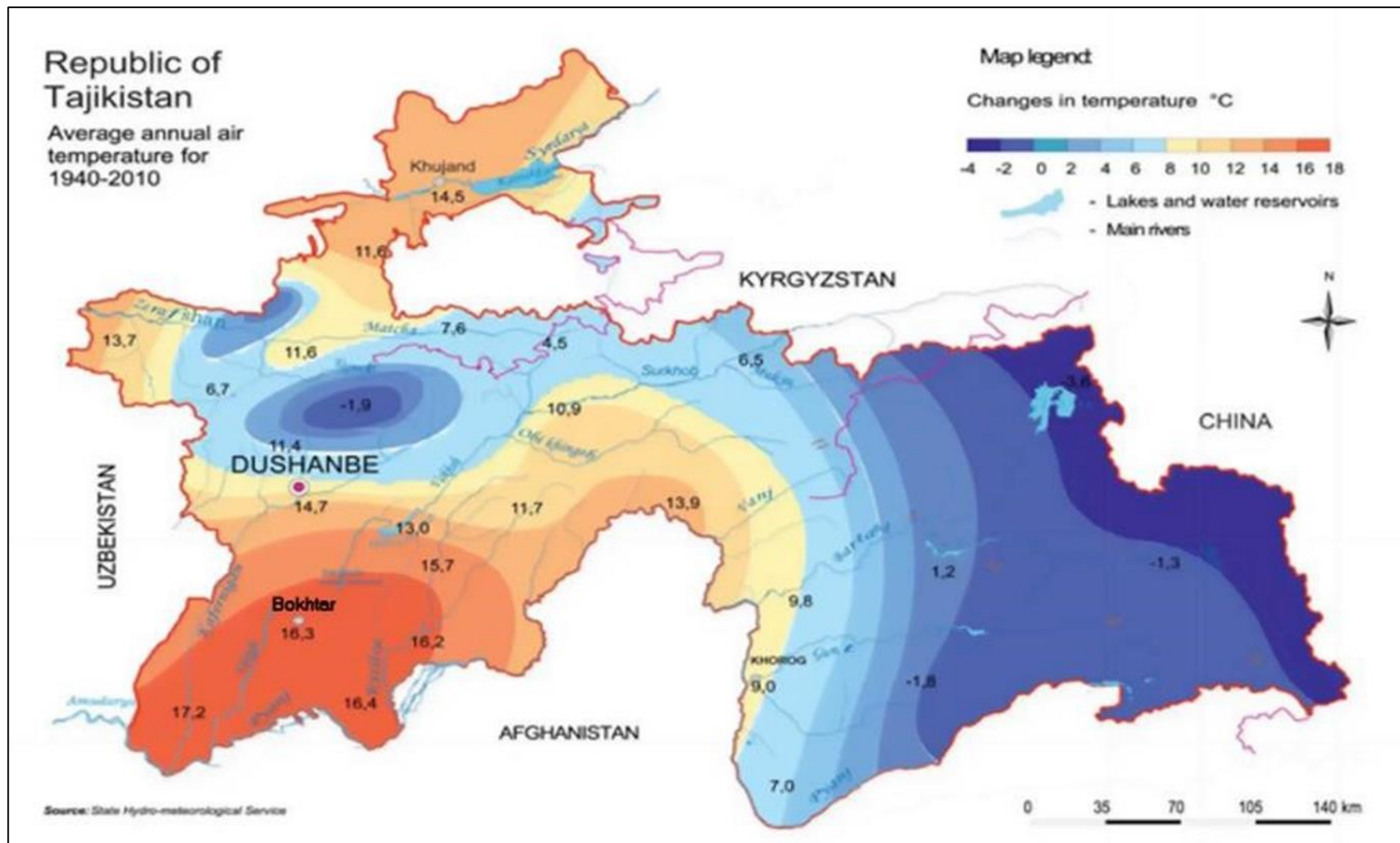
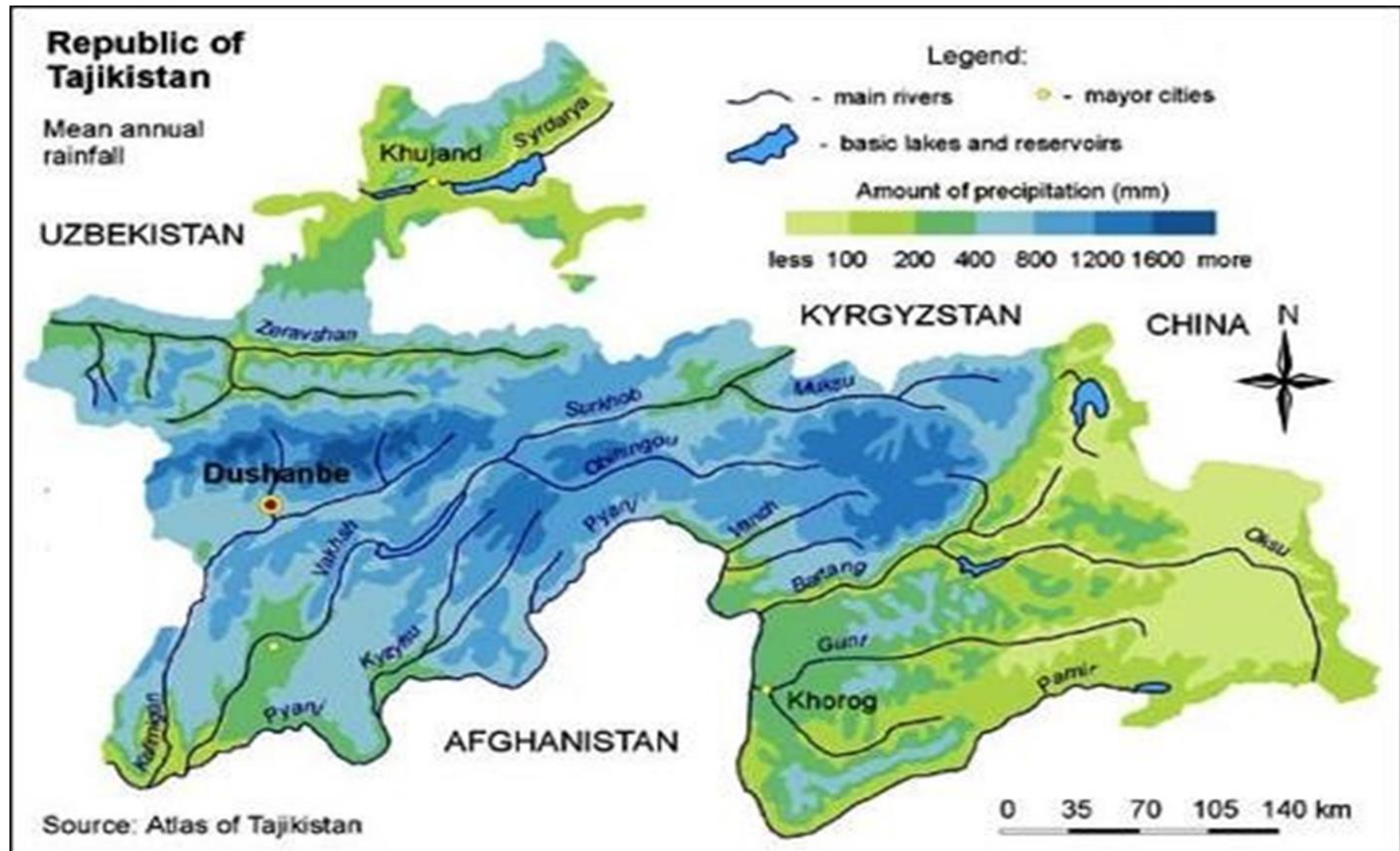


Figure 6: Mean Annual Precipitation in Tajikistan



164. **Water resources** Tajikistan is rich in water resources. It is necessary to note that mountains of Central Asia occupying 20% of the total area of the Aral Sea basin (350 thousand sq. km) gives 90% of surface runoff. On average, the water flow formed in this zone is 115 cub.km mainly within Amudarya and Syrdarya river basins. On average, 51.2 cub.km of water is formed on the territory of Tajikistan which comprise 44% of annual water flow of the Aral Sea basin rivers: in the basin of Amudarya River - 50.5 cub.km and Syrdarya River - 0.7 cub. km. The main water flow comes from Pyanj, Vakhsh, Kafirnigan, Syrdarya and Zeravshan river basins.

165. Tajikistan's water resources mainly arise owing to glacier melting and precipitation. Total freshwater reserves in Tajikistan's glaciers and snowfields are estimated at 550 cub. km. Many of them are located in the basins of Obihingou, Gunt, and Muksu rivers as well as in other high-mountain areas. Glaciers and snowfields occupy about 6% of country's territory. Over 1,300 lakes contain 44 cub.km of water, including 20 cub.km of freshwater and 24 cub.km of saltwater. Their total area is 705 sq. km.

166. Peculiarity of mountain territory and plenty of water supply sources promoted the development of rich river network, numbering 947 rivers with length more than 10 km and with total length 28,500 km, which have glacier-snow and rain feeding. Surface runoff varies from place to place and in some areas exceeds 45 l/sec/sq.km. The maximum water discharge is observed in June-August when snow and glacier melting is most intensive.

167. There are 9 water reservoirs containing from 0.028 to 10.5 cub.km of water. The largest reservoirs are Kairakkum on the north of Tajikistan, and Nurek in the central part of Tajikistan. They are mainly used for electric power generation, irrigation, fish breeding, water supply, and mudflow protection.

Table 9: Main rivers near project districts

Project Region	Project District	River valley	Project Region	Project District	River valley
DRS	Shahrinav	Kafernigan	Khatlon-Kulob	Farkhor	Pyanj
	Sangvor	Vakhsh		Baljuvon	Vakhsh
GBAO	Khorugh	Pyanj		Muminobod	Pyanj
	Roshtqala	Pyanj		Sh. Shohin	Pyanj
	Shugnan	Pyanj		Khovaling	Pyanj
Sughd	Aini	Zerafshan		Dangara	Vakhsh
	Shahrison	Syrdarya		Temurmaliq	Vakhsh
	K. Mastchoh	Zerafshan		Khatlon-Bohtar	Nurek
	Panjekent	Zerafshan	Levakant		Vakhsh
	Devashtich	Syrdarya	J. Balkhi		Vakhsh
	Istarafshon	Syrdarya	Kuroson		Vakhsh
	Buston	Syrdarya			
	Asht	Syrdarya			

3.2. Ecological Resources

168. While Tajikistan is home to a wide diversity of animals, birds, vegetation, and habitats, biodiversity in the subproject areas is low as the subprojects are located in urbanized areas. No important, rare, endangered, or protected species or critical habitats are found in the project affected areas. Urban vegetation includes ornamental trees and shrubs (e.g., sycamore, elm, plain trees, *ligusticum*, maple, poplar, pine, *microbiota spp.*, cedar, Chinese rose, Russian silverberry, etc.) and orchard/garden fruit-bearing species (e.g., mulberry, apple, fig, apricot, cherry, walnut, pomegranate, grape, Pontic hawthorn, Albert's pearl bush, and dog rose). No protected or biodiversity-rich areas exist within the vicinity of the subproject areas.

169. **Floral communities.** The Hissar Valley is characterized by rich vegetative cover. The vegetation of the Vakhsh Valley can be attributed to the desert and steppe (300-800 masl) belt and the low-mountain (800-1,300 masl) belt, as well as the river valley belt. The Vakhsh River with its tributaries form three floodplain terraces. The surrounding hills and mountains are of relatively low elevation, ranging from 1,000-1,500 masl, on average. The highest peak is Mundy-Tau at 2,227 masl. The natural vegetation consists mainly of short meadow grass and sedges as well as other herbaceous vegetation. Some are planted to almonds and pistachios. Natural vegetation has been severely destroyed or altered by the influence of anthropogenic factors. Vakhsh Valley is the most important region of Tajikistan for agricultural cultivation, with cotton as the predominant crop.

170. **Fauna.** The fauna of Tajikistan is characterized by a great genetic diversity. Mountain fauna are richer than in the plains and contain a substantial number of European-Siberian and East Asian elements. The fauna of the hot, lowland deserts comprise plenty of Indo-Himalayan, Ethiopian, and Mediterranean species. Figure 7 shows the distribution of rare mammals in Tajikistan.

Figure 7: River Basins in Tajikistan

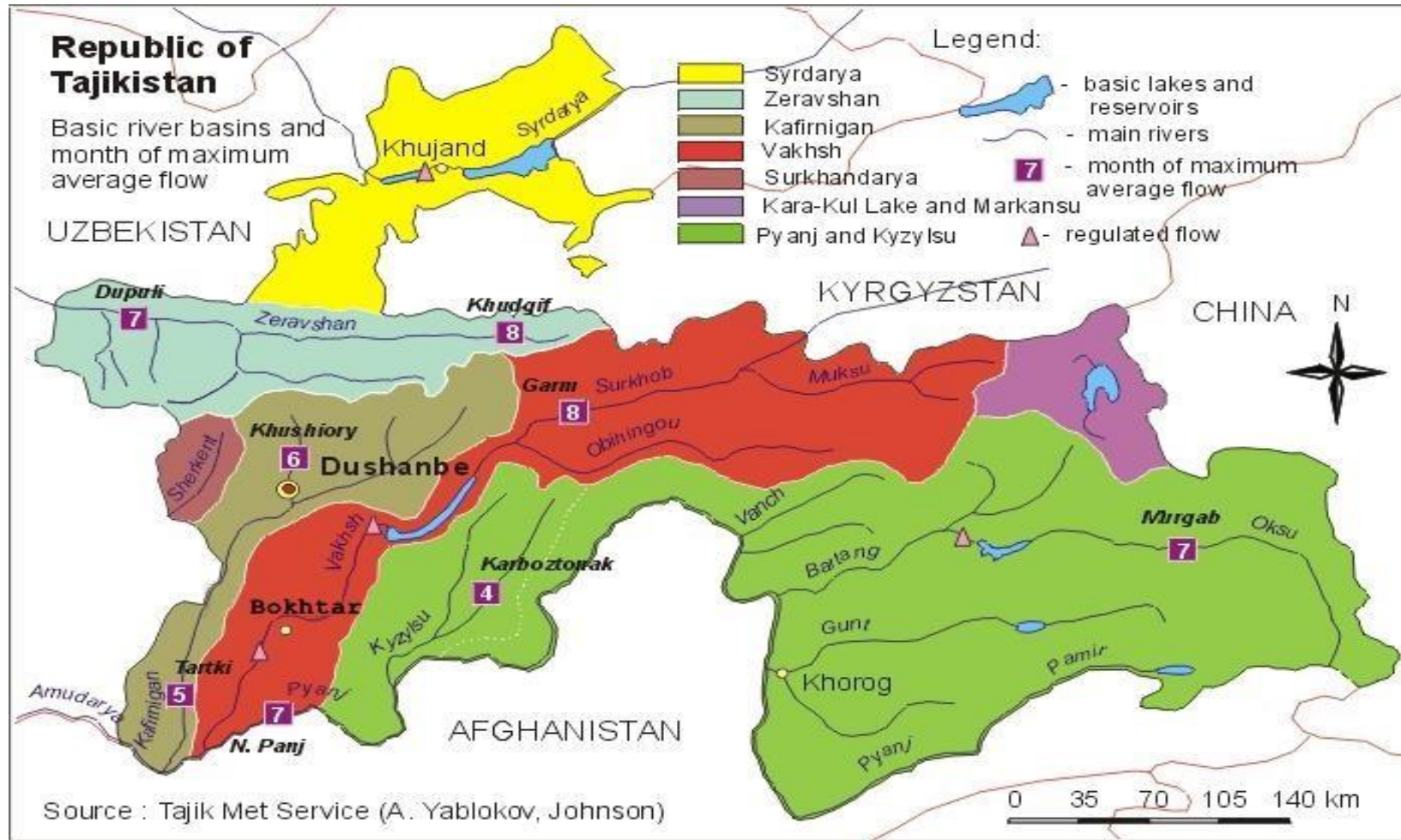


Figure 8: River Network in Tajikistan



Figure 9: Vegetation of Tajikistan

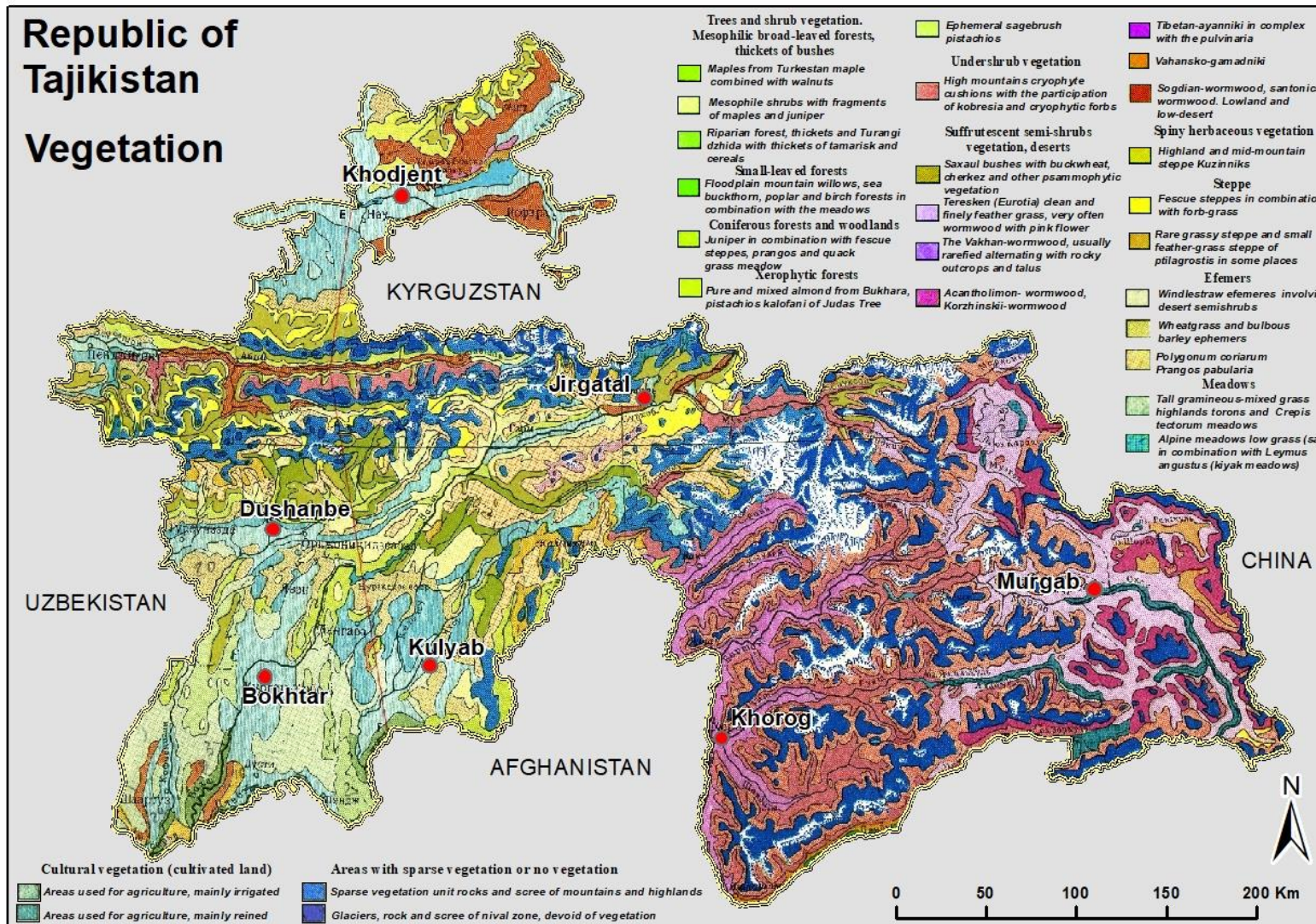
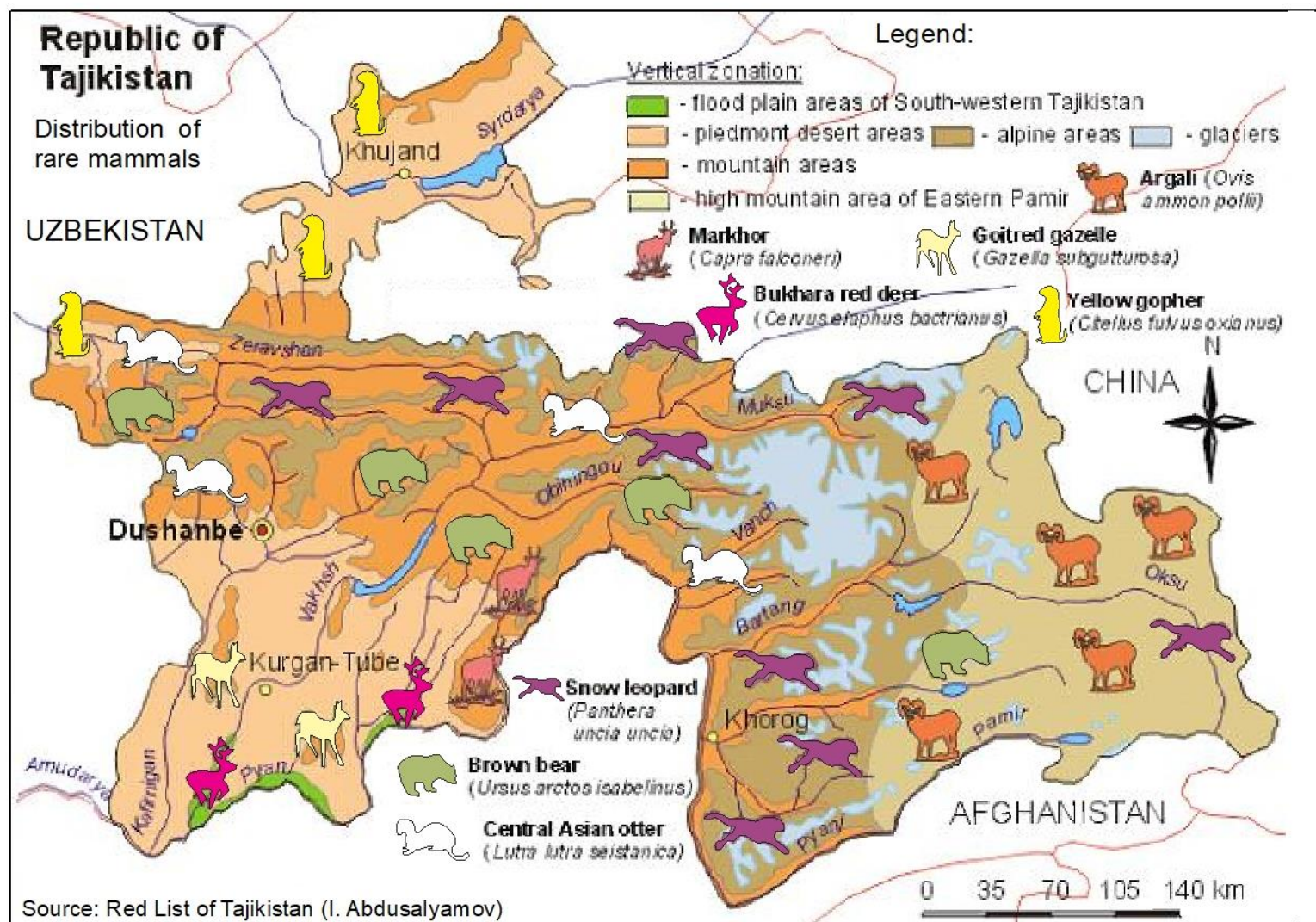


Figure 10: Distribution Map of Rare Mammals in Tajikistan



3.3. Social and Economic Characteristics

3.3.1 Population

171. The Republic of Tajikistan is one of the countries with a rapidly growing population; in 2021, it reached 9.5 million people (49% of them are women, 40.6% are children under 18 and 66% are young people under 30).¹⁶ The average permanent population in Tajikistan has increased from 6.1 million., people (2000) to 9.5 million people (2021), or 49 percent. About 74 percent of the population lives in rural areas. The population of Tajikistan is very young; for the past 70 years the number of populations increased in 6 times. Annual population growth rate in the country varies within 2.1 – 2.5%. According to latest estimates, average age of the population is 25, and median age is 22.4.

The population of the target districts is shown in the below table based on annual statistical Databook of Agency on Statistics under the President of the Republic of Tajikistan: “Regions of the Republic Tajikistan”, January 1, 2022.

Table 10: Population of the target districts

Region	District	Total Population, <i>thousand people</i>	Population Density, <i>person per 1 km²</i>	# of Jamoats
DRS	Shahrinav	121,900	121,9	7
	Sangvor	25,100	4,2	5
GBAO	Khorugh	31,100	-	2
	Roshtqala	28,100	6,5	6
	Shugnan	39,400	8,6	8
Khatlon-Bohtar	Nurek	64,900	162,2	2
	Levakant	49,700	497,0	3
	J. Balkhi	210,500	233,9	8
	Khuroson	126,300	140,3	6
Khatlon-Kulob	Farkhor	179,100	149,3	10
	Baljuvon	32,700	25,2	5
	Muminobod	99,300	110,3	7
	Sh. Shohin	57,700	25,1	7
	Khovaling	58,300	34,3	4
	Dangara	171,900	86,0	9
	Temurmalik	75,300	75,3	7

¹⁶ TajStat, as of 01.01.2021

The most populated area is Bakhi district (210 500) and the smallest in Sangvor district (25 100) while the highest population density is in Levakant and Nurek.

3.3.2 Economy

172. Agriculture is the main economic activity in regions where the majority of the population lives in rural areas. The main crops and agricultural products are cotton, cereals, oilseeds, potatoes, carrots, onions, cucumbers, cabbage, melon, vine, milk, wool, honey and eggs. Vegetable gardens and small farms are also considered an important part of the local economy. These include apples, peaches, apricots, almonds, pears, pomegranates, mulberries, and walnuts grown in homesteads in addition to crops. Cotton makes an important contribution to both the agricultural sector and the national economy. Cotton accounts for 60 percent of agricultural output, supports 75 percent of the rural population, and uses 45 percent of irrigated arable land. Cotton is a cash crop that is widely grown in the project's target areas, but it involves high levels of irrigation and chemicals, while many local farmers make small profits from its sale (compared to intermediaries and dealers). With the declared freedom to cultivate agricultural land has declined dramatically, giving way to other crops preferred by farmers. The irrigation infrastructure inherited at the end of the Soviet era suffered from a lack of investment in routine maintenance, which led to the gradual loss of cultivated land and damage to embankments, water intakes, and canals.

173. About 45 percent of the country's irrigated land is located in the Khatlon region. Cotton is the main crop grown in the area and accounts for 60 percent of the country's cotton crop. Its industry is represented by 334 enterprises specializing in chemical production, production and processing of agricultural and food products, as well as steel production. The Sughd region has 38% of the irrigated land in the country, together with the Khatlon region, they make up 83% of all irrigated land in Tajikistan. Its industry is represented by 459 enterprises. Sughd region has important industries such as uranium deposits, reservoirs, textile enterprises, gold mining and coal mining plants. The province's production rate is 31.5% of the country's total industrial output. About 44% of rice yield accounts for Zeravshan and the Ferghana valleys in Sughd oblast. In the North of the country, apricots, pears, plums, apples, cherries, pomegranates, figs and nuts are produced. Crops grown mainly include grain, wheat, barley, maize, rice, beans, potatoes, vegetables, fruits, grapes, forage, etc. The soils are mainly gray-brown serozems (gray soils), brown-carbonate and ermine. The regions of Republican subordination are engaged in the production of construction materials and agricultural products, mainly vegetables and fruits.

174. The ten major crops by planting area account for 86% of the total planting area and include wheat, cotton, barley, apples, potatoes, grapes, watermelons (includes melons), onions, maize, and tomatoes, all of which, with the exception of some apples and grapes, are generally propagated from seed. Overall wheat and cotton account for 53% of the total area cultivated¹⁷.

The table below indicates cultivated areas and types of crops grown in the target districts. Dangara district has the biggest crops area and Khorugh the smallest area as it is located within mountains. Cotton production is high in Balkhi and the most wheat and fruits are produced by Dangara.

Table 1011: Agricultural Capacity of Target Districts

Region	District/city	Total Area, km2	Agri Land, ha	Potato, ha	Grain products, ha	Cotton prod, ha	Vegetable prod, ha	Grain, tons	Fruit prod, tons
DRS	Shahrinav	1006	12414	363	7981	360	1992	20267	7533
	Sangvor	6000	3044	1027	1539	-	213	5565	1886
GBAO	Khorugh	17,5	112	11	12	-	5	21	145
	Roshtqala	4 300	1349	300	671	-	63	859	585
	Shugnan	4 600	2084	410	996	-	163	1283	4397

¹⁷ Muminjanov, H. 2008. State of Plant Genetic Resources for Food and Agriculture (PGRFA) in the Republic of Tajikistan.

Khatlon-Bohtar	Nurek	400	1141	56	732	-	109	2578	2556
	Levakant	131,09	2525	95	633	1080	348	5500	1026
	J. Balkhi	905,02	23179	594	5140	9900	2309	51222	11731
	Khuroson	900,00	16628	405	8858	4374	973	48213	4693
Khatlon-Kulob	Farkhor	1 183,10	28210	616	12890	9570	1901	74596	8695
	Baljuvon	321,40	5615	270	3625	-	157	7606	6651
	Muminobod	2 386,90	15176	589	11072	-	627	29691	15522
	Sh. Shohin	2300	13262	304	11041	-	100	28866	14890
	Khovaling	1 700	8161	286	6280	-	346	14512	8670
	Dangara	2 009,80	38419	760	27234	4680	1506	101646	24952
	Temurmaliq	1 700	16038	223	13742	-	270	35113	2007

Source: Databook of Agency on Statistics under the President of the Republic of Tajikistan: "Regions of the Republic Tajikistan", as of January 1, 2022.

3.3.3 Migration and Employment by Gender

175. Most Tajik people are forced to combine subsistence agriculture, labor migration and shuttle trade in order to earn a living. People try to find different ways of earning income by working in villages or elsewhere as a driver, a day laborer, shopkeeper, tailor, obstetrician, shepherd, etc. The labor market at the local and district level is very limited, and the pay for temporary work is very low. Therefore, the most significant way to generate income is labor migration- mainly to Russia. The increase in migration since independence has created both challenges and opportunities for women. According to the interviews, the wives of migrant workers assume the role of head of household after the departure of their husbands and make most of the decisions. From numerous individual examples, it can be said that migration also led to an increase in the number of female headed households (abandoned or divorced women) in Tajikistan. The right to make individual decisions in households, for example, concerning agricultural production, remains with men, and it is granted based on age, merit and experience. Women do most of the domestic and agricultural work in rural areas, in particular in areas where there is a migratory outflow among men. The proportion of officially registered labor migrants averages 5% in the Khatlon region and over 10% in the target regions of GBAO.

176. A different level of migration is observed in the villages, where it makes up about 10% of the working population of villages. Mostly local residents migrate to the Russian Federation. Most migrants (over 90%) are men who go abroad for seasonal work. There are also people who leave for several years, or, as they are often called, long-term migrants. Despite the fact that only 10-15% of the total population of villages migrate, they send relatively high incomes to their households. The level of labor migration and its growth is associated with unemployment, which reaches 60% of the total working population of the community.

177. Significant unemployment has led to large-scale migration, especially among men who leave women to manage their households, which makes them responsible for supporting their families, as well as for other household duties and caring for children. By the age of 25 years, 70% of women become inactive, which means that they do unpaid work at home, compared with 20% of men who also become inactive by this age. Over 43% of Tajik women do unpaid housework, work in the garden or care for other family members compared to 9% of men. The proportion of households managed by women is growing, often due to labor migration. A third of men aged 20 to 39 years emigrate for most of the year or more, and about 41% of men divorce their Tajik wives after leaving the country. According to the results of the divorce proceedings, about 80% of Tajik women are denied property rights and alimony. Women are forced to cope with the situation by performing, in addition to their traditional roles of caring for children and senior family

members, traditionally male responsibilities, such as maintaining and maintaining the household, caring for fields and animals. These additional responsibilities limit their participation in education and income-generating activities outside the home. In addition, women's paid employment is hampered by a significant decline in the number of preschool educational institutions, especially in rural areas, which is the result of the collapse of the socialist system and the civil war in the country¹⁸.

178. The country has a Gender Inequality Index (GII) value of 0.314, ranking it 70 out of 162 countries in the 2019 index. In Tajikistan, 20.0 percent of parliamentary seats are held by women, and 93.3 percent of adult women have reached at least a secondary level of education compared to 95.7 percent of their male counterparts. For every 100,000 live births, 17.0 women die from pregnancy related causes; and the adolescent birth rate is 57.1 births per 1,000 women of ages 15-19.

179. There is high prevalence of gender-based violence. Gender inequality is another major challenge in the country¹⁹ that impacts health outcomes. Married women report that they do not participate in decisions about their own health²⁰ and according to the latest Demographic and Health Survey (DHS) in 2017 almost a third (31 percent) of married women experienced domestic violence.²¹ As the coverage of gender-based violence (GBV) services is patchy, this shocking number stresses the importance of expanding access to GBV services through the national healthcare system, particularly at the primary health care (PHC) level.

3.3.4 Poverty and Vulnerability

180. Despite various efforts to promote growth and development in Tajikistan, the country is still hampered by high levels of poverty and limited economic opportunities. In Tajikistan, 26.2% of the population lives below the national poverty line in 2021²². There are significant variations in the poverty rates among the regions with poverty being predominantly the rural phenomena. The average poverty rate for urban areas is 21.5%, while the same indicator for rural areas was 30.2% in 2018. By regions, the lowest poverty rate is in Sughd, which is 17.5%, and the highest is 33.2% in the Districts in Republican Subordination, while in GBAO the poverty rate was 27.7%.²³

181. Poverty rates fluctuate considerably during any given year resulting from the availability of the employment and remittance income. Job creation was slow and unable to keep pace with a fast-growing population.

182. The issue of the working poor continues to be one of the dominant features of poverty in Tajikistan. Half of the employed in the domestic labor market are poor. Almost 80 percent of the working poor live in rural areas. Low labor incomes and high prevalence of temporary work arrangements, informality (no labor contract), and unpaid work are the main reasons there are so many working poor.

183. Migration, mostly in the form of temporary work abroad, has become one of the key strategies for households to cope with poverty. The analysis indicates that a quarter of households have at least one migrant abroad. In households that have migrants, remittances account for as much as 35 percent of household consumption—and even more for the households in the lower deciles of the consumption distribution. The Tajikistan migration model is one of predominantly seasonal low-skill migration, with 96 percent of the migrants heading to Russia, and of those, 55 percent worked in the construction sector, and another 30 percent in other low-skill jobs.²⁴

¹⁸ Asian Development Bank, *Gender Assessment* (2016); International Labor Organization, *Maternity Protection and the Childcare Systems in Central Asia: National Studies in Kazakhstan and Tajikistan* (Moscow: ILO, 2014).

¹⁹ The country has a Gender Inequality Index (GII) value of 0.314, ranking it 70 out of 162 countries in the 2019 index.

²⁰ World Bank (2021) *Gender and GBV in Central Asia, Literature Review*.

²¹ According to the 2017 Demographic and Health Survey, the rate of violence varies by region, from 16% in the capital city, Dushanbe, to 43% in the rural region of Khatlon.

²² www.worldbank.org/en/news/infographic/2021/10/15/poverty-in-tajikistan-2021

²³ <https://www.worldbank.org/en/news/infographic/2019/10/17/poverty-in-tajikistan-2019>

²⁴ Jobs and Skills Assessment, 2018

184. Against a background of high poverty and low employment, Tajikistan runs a rudimentary social protection (SP) system dominated by old-age and disability pensions. The largest program in terms of coverage is the old-age pension, which is received by one-third of households. Total social assistance spending is very low—at 0.5 percent of GDP it is the lowest in the ECA Region—and programs are small in size and benefit coverage. Less than 1 percent of households receive any of the smaller social assistance benefits, such as the gas and electricity compensation. To improve the SP system and its impact on poverty, the Government of Tajikistan introduced a targeted social assistance to achieve a higher coverage of the poor and vulnerable, though they are considered very small payments.

3.3.5 Primary Healthcare System

185. PHC service delivery is characterized by low quality of care, duplication, and poor integration with the higher levels of care. Currently, general PHC services are provided under a locally funded and administered district or city health centers, as well as rural health centers and health houses. In 2017, about 70 percent of the PHC network applied family medicine principles. Still a large part of PHC functions (reproductive health, integrated management of childhood disease, immunization, or tropical diseases, sexually transmitted diseases, tuberculosis) are provided by centrally government funded and administered specialized centers (vertical programs). This lack of integration of vertical programs leads to duplication and low productivity and undermines the continuity and coordination of care. One of the goals of the 2010-2020 National Health Strategy was to integrate PHC services delivered by various specialized care centers into PHC facilities. However, implementation has been limited.

186. Moreover, the basic conditions for providing quality PHC services are not present in the PHC network, which suffers from poor infrastructure, lack of equipment, and poor providers' capacity to deliver quality of care. Data on quality of care is very limited, but existing evidence show that it is poor, both in terms of providers knowledge and physical inputs, and that it varies strongly across regions. For example, a 2015 survey of PHC facilities found that (a) only small shares of family doctors and nurses successfully passed a basic knowledge test for the diagnosis of cardiovascular conditions; (b) only two out of nine essential drugs were available in more than 50 percent of facilities; and that (c) only around half of health houses, which form the first line providers for the majority of the population, had access to clean water, a functional toilet, and heating. The same survey found substantive regional inequities in service readiness: In the poorer Khatlon oblast, with a population of 3.3 million, 20 percent of rural health centers had no functional toilet and only half access to clean water, while the corresponding rates amounted to 8 and 83 percent in Sughd, respectively. Supply-side readiness to deliver quality health services must improve particularly in the least served areas of the country as this is a critical step to lay the foundations for strategic purchasing in the country.

187. Besides lacking provider knowledge and performance, human resources for health are plagued by an inadequate skill mix. Like other former Soviet countries, Tajikistan employs an unusually large number of healthcare workers per population – 7.3 per 1,000 inhabitants compared to the average 5.7 (2.6) per 1,000 inhabitants across all upper (lower) middle-income countries. Yet, most of these healthcare workers are low-skilled nurses that are not allowed to carry out many basic tasks. The share of general practitioners and family medicine doctors among all physicians remains low, particularly in rural areas, despite efforts in recent years to train and place more family doctors and strengthen their role as gatekeepers for higher level of care. This is partly due to brain drain of qualified health professionals seeking better work conditions and higher pay in the Russian Federation and other countries.²⁵ The limited available data indicate low health worker productivity. For instance, a 2016 study of PHC facilities in Sughd and Khatlon shows that clinical staff see a mere 3.8 patients per day on average.²⁶

²⁵ WHO. 2020. Health-related SDG targets in Tajikistan: implementation of policies and measures for health and well-being. Progress Report.

²⁶ Ahmed, Tashrik, et al. (2019) "Incentivizing quantity and quality of care: evidence from an impact evaluation of performance-based financing in the health sector in Tajikistan."

188. The medical data of the target districts is stated in the table below. Khorugh has the highest number of health care facilities, beds and doctors as it is a capital of GBAO and serves the entire area. Dangara has the highest number of nurses. There are functioning medical college and institute in the district.

Table 11: *Health care facilities, maternal and child health data by districts*

Region	District	# of health care facilities / # of beds	# of doctors	# of nurses	Birth rate, # of births per 1,000 population	Mortality rate, # of deaths per 1,000 population
DRS	Shahrinav	2 / 221	146	878	24,3	4,0
	Sangvor	3 / 120	34	107	21,2	2,6
GBAO	Khorugh	11 / 925	252	768	13,5	4,5
	Roshtqala	2 / 102	21	122	13,3	5,0
	Shugnan	5 / 190	38	248	15,0	6,1
Khatlon-Bohtar	Nurek	1 / 221	104	406	35,0	5,4
	Levakant	2 / 300	68	405	62,8	8,9
	J. Balkhi	9 / 625	212	702	23,4	3,4
	Khuroson	7 / 256	111	474	22,4	3,2
Khatlon-Kulob	Farkhor	8 / 465	192	1065	26,9	3,9
	Baljuvon	3 / 192	41	187	30,9	3,9
	Muminobod	3 / 227	75	662	23,5	3,0
	Sh. Shohin	7 / 193	59	511	29,1	3,1
	Khovaling	5 / 192	55	300	23,6	2,9
	Dangara	5 / 375	154	1222	31,2	4,3
	Temurmaliq	5 / 360	64	421	26,4	3,9

Source: Databook of Agency on Statistics under the President of the Republic of Tajikistan: "Regions of the Republic Tajikistan", as of January 1, 2022.

3.4. Waste management

189. Most of Tajikistan's waste, along with most of the population and industry, is concentrated in the lower elevations in the south-western and northern parts of the country. The rest of the country comprises high mountains with little population and no industry. The disposal of industrial waste, particularly legacy waste from Soviet-era uranium mining and processing, is a major environmental concern in northern Tajikistan. Natural disasters and erosion are the key forces negatively affecting the current state and future safety of the legacy waste.

190. Tajikistan has the most rapidly growing population in Central Asia (2.2 per cent natural increase or 200 000 people per year), and with only 26 per cent of the people living in cities, is the least urbanized nation in the region. Waste collection coverage is relatively high for urban areas at 70-85 per cent and very low for rural areas – below 10-15 per cent. As a result, the municipal waste generation and collection rate (38 per cent) is probably the lowest in the region – amounting to 0.6 million tonnes (converted from estimated 2 million m³) or less than 100 kg per person as the country average. In the capital city of Dushanbe, more than 250 000 tonnes of waste per year are delivered to the waste landfill. Waste metal, PET and waste paper processing and mercury lamp recycling capacities exist in Dushanbe and the Gissar Valley. In Khujand, the second largest city of Tajikistan generating about 50 000 tonnes of municipal waste per year, there is a growing potential for sorting and recycling of paper, glass, metals and textile waste.

Official waste collection and disposal practice does not include waste separation. There is, however, an active informal system.

Municipal solid waste

191. The system of municipal solid waste (MSW) collection, transportation and disposal is improving in several districts as are disposal practices, by concentrating waste at a single disposal site. However, the existing landfill does not meet international sanitary norms and standards. Collection of waste improved after the city purchased new vehicles. Waste separation is operated through a system of buy-out points, where citizens receive payments for recyclables. Other cities in Tajikistan are served by municipal collection companies. However, disposal practices do not meet required standards. On the whole, rural areas are not covered by municipal waste collection services.

192. Based on the disposal figures, municipal solid waste (MSW) generation in Dushanbe is estimated at more than 800,000 m³/y (about 212,000 t/y). The impact of unofficial recycling under current conditions is not estimated. The total amount of MSW delivered for disposal in Tajikistan is estimated at 3 km³/y.

193. Collection of MSW in Dushanbe is organized at the district level. Three of the four districts of Dushanbe have assigned responsibility for MSW collection to the Road Maintenance Unit, which also carries out road maintenance, street cleaning and other urban services. The fourth, the central district of Somoni, has established a specialized unit responsible solely for MSW collection.

194. Vehicles used for MSW collection are old: 60 per cent of them have been in operation for more than 15 years and the remaining 40 per cent are out of order.

195. As a result, only some five per cent of vehicles used for MSW collection are specialized waste collection vehicles, while the remaining collection is covered by other means of transport (trucks, tractors).

196. MSW collection services are only provided for the urban population, which represents about 26 per cent of the total population. The rural population is not served, as the assumption is that their MSW generation potential is minimal.

197. MSW is collected from designated places, which may or may not be equipped with containers. If waste is dumped on the ground, a front-loader is used to transfer the waste to collection trucks. This is mainly used in areas with apartment blocks. Another option is large containers (skips) located at entrances to family housing areas.

198. MSW is disposed of in allocated areas, which lack basic measures for avoiding dispersion of pollution from waste. Within Tajikistan, 67 disposal sites have been identified, covering 263 ha of land, but this information is considered by the draft national waste strategy to be incomplete. Every collection company is expected to have its own disposal site.

199. Until 2001, each of the four districts of Dushanbe was using its own dump and the city was surrounded by illegal dumping sites. However, the disposal site in Shokhmansur District was designated as the only official site for disposal of MSW in 1997, but was receiving only about 50,000 m³/y. The campaign to reduce dumping at other sites in 2001 had a positive impact, as available information indicates that most MSW is delivered to this site (Figure 8.1) and that the number of illegal disposal sites has decreased. As a result, the amount of MSW disposed of at the disposal site in Shokhmansur District has increased twofold in recent years when compared with 2001.

200. The disposal site of Dushanbe in Shokhmansur District is located in a valley some 10 km from the town centre. The reception area is equipped with a weighbridge but this is not used, as incoming vehicles exceed maximum allowable capacity. Thus, the staff registers volumes of delivered waste based on the capacity of incoming vehicles. Waste in the disposal area is spread by a bulldozer, but there is no compaction of waste and no coverage with soil of the fully filled areas.

Industrial waste

201. There is little information on industrial waste available, because regular reporting is not carried out. Although the system of data collection of the Statistical Committee includes a specific form 2-TP for reporting solid waste, this is not used by companies nor requested by responsible authorities. Industrial enterprises and organizations, based on an agreement with the Road Maintenance Units transport their waste to the municipal disposal site where it is disposed of together with municipal waste. Significant amounts of waste are stored inside industrial premises (Aluminium plant, cement plant, asbestos and cement plant, and Tajiktekstil mash). Enterprises also sell some of their waste to other companies or to individuals for recycling, but no data are available.

202. An inventory of industrial waste in 42 companies from chemical, mining, machinery and metallurgy industries revealed only 548.5 t of solid waste generated annually, in comparison to 1,047.8 t of gaseous emissions and 4,354.6 t of discharge to waters. Experience from other countries shows that the amount of waste should be significantly larger – at least on the level of waste water amount. These figures indicate that only some types of waste are reported and suggests the need to improve the existing waste classification, as well as the efforts of Government in enforcement of the existing waste legislation.

203. Due to missing regular annual reporting of waste amounts, available data on industrial waste indicate only total accumulated amount, which is not very informative for the assessment of actual industrial waste generation.

204. Mining industries are mainly concentrated in the Sughd Region, and their activities resulted in a number of tailing ponds which contain heavy metals. Anzob Integrated Mining and Concentrating Plant generates antimony and mercury polluted waste. In addition, the activities of Adrasman Integrated Mining and Concentrating Plant result in lead and zinc pollution and gold mining in Zeravshan generates cyanide pollution.

205. The Yavan electrochemical plant further generates wastes related to production of caustic soda and chlorine-based bleaches. However, production from industries dropped by 80 per cent compared with the situation in 1990, so current generation of industrial waste is minimal.

Hazardous waste

206. Tajikistan continues to use the former Soviet system of five hazard classes, which are based on toxicity of individual substances present in waste. However, the Annual Report on Environmental Protection of the State Statistic Agency presents MSW statistics according to the European Waste Classification.

207. There are no comprehensive data on the amounts of hazardous waste in the country, but non-aggregated information is available on several types, which are considered the main problem.

Radioactive waste

208. Approximately 54.8 million tons of waste from past uranium mining operations are still located in unsecured sites in northern Tajikistan, a number of them close to Khujand, the country's second-largest city. The largest single dump site, containing some 12 million tons of radioactive waste, is in the town of Taboshar, north of Khujand.

209. The company Vostokredmet was established in 1945 in Leninabad (now Khodzhent) for processing uranium ore from Kyrgyzstan, Tajikistan and Uzbekistan. During the period of its operation, some 35,000 m³ of low-level radioactive waste was accumulated on its territory.

210. The waste is stored in 9 tailing dumps with a total area of 1.7 km² and 21 dumps of unyielding ores with a total area of about 225,000 m² in the mining and processing enterprises. Table 8.3 provides an overview of accumulated radioactive waste as identified in 1990. However, due to the current standstill in this industry sector, no changes are expected in the figures.

Obsolete pesticides and POPs

211. The stock of expired pesticides is concentrated in large burial storage in Vakhsh and Kanibadam. Additional obsolete pesticides are buried in small stores close to the places where they were used. The Vakhsh storage area is located in Hatlon Region, to the south-west of the regional centre. It occupies about 12 ha. The distance from it to Vakhsh settlement is about 30 km. The Vakhsh irrigation channel is at a distance of 17 km and the nearest settlement, Ak-Gaza, is some 8 km away. The Vakhsh area storage receives for burial the obsolete and banned pesticides from commercial activities in the Hatlon Region, Gorno-Badakhshan Autonomous Region and regions of republican subordination (RRS).

212. The Kanibadam storage area is located in Sugd Region to the south-east and is 7 km from Kanibadam town. It occupies an area of around 2 ha. The Kanibadam burial site receives banned and obsolete pesticides from Sugd Region and also from the border districts of Uzbekistan and Kyrgyzstan.

213. The information base on obsolete pesticides in Tajikistan is sufficiently developed and the Government should consider participation in activities financed by international donors aimed on destruction and/or safe disposal of obsolete pesticides.

3.4.1. Medical Waste Management and Treatment System

214. In Tajikistan, medical waste is often disposed of in open pits or burned in open areas, which can release harmful pollutants into the air and contaminate soil and water sources. The lack of proper medical waste management infrastructure is a major challenge for the country's healthcare system, and efforts are needed to improve waste management practices to protect public health and the environment.

215. There are no centralized healthcare waste management facilities or sanitary/secured landfills in Tajikistan. Medical waste generated from RHCs typically includes sharps (discarded needles/syringes, scalpel blades, empty vials), anatomical and infectious solid waste, including syringes, needles, cotton wool, bandages, etc.

Segregation system for sharp and infectious waste

216. According to the regulations, infectious wastes, including sharp waste, are supposed to be soaked in a 0.5 % chloride solution. Chloride solutions need to be regularly prepared as fresh solutions to avoid growth of micro-organisms in the solution and to ensure optimal activity of the disinfectant chemical. For safe disinfection the infectious waste has to get in optimal contact with the chloride solution, especially in the case of hollow materials, like intravenous lines, it is not sufficient to soak the waste in the solution because it is likely that not all parts inside the tube are soaked by the disinfection solution.

217. Many disinfectants have toxic effects, ranging from irritation of the skin and mucous membranes to carcinogenesis, and some have physical properties that make them dangerous to handle and use. These properties should be taken into consideration when selecting a disinfectant for a particular use. The effectiveness of a disinfectant depends not only on the properties of the micro-organisms against which it is used, but also upon factors in the environment in which it is used.

Pathological waste

218. In accordance with Islamic traditions, pathological waste like organs and extremities are handed over to the patient or family for religious ceremonies. Placentas are mostly buried in placenta pits.

Pharmaceutical waste

219. The management of pharmaceutical waste is dealt by the Regulation on Pharmaceutical Waste no. 370, issued in 2002 by the Ministry of Health. The pharmaceutical waste from the oblasts is transported to

Dushanbe one to two times per year where it is packed and transported to the landfill and buried at a designated cell.

Chemical waste

220. In Tajikistan, no waste disposal system exists for chemical waste from healthcare facilities.

IV. PROJECT ENVIRONMENTAL AND SOCIAL IMPACTS

221. The project will generate positive social and economic benefits through the creation and maintenance of the necessary infrastructure. However, certain types of activities that will be financed under the project may result in several adverse environmental impacts, mainly during the construction phase of the planned sub-projects. Impacts will be related to waste generation, noise, dust and air pollution, impacts from possible medical waste, health and safety risks, etc. It is expected that they all be typical of small-scale construction/rehabilitation work, temporary in nature and site-specific, and they can be easily mitigated by applying the best construction methods and appropriate mitigation measures.

222. The project will contribute to (i) improved quality and equity of PHC services in selected districts/regions and (ii) strengthened national capacity to respond to health emergencies. Social risks could emanate from the following planned investments: (i) investments in PHC service delivery capacity (human resources, infrastructure, and equipment) at the PHC level in selected districts and at the national level, and (ii) national capacity and physical infrastructure enhancement to improve response to various emergencies, including: training of health workers; repairing, equipping, and modernizing public health workplaces; construction of warehouses for emergency medical equipment and goods at the regional level; procurement of medical goods to stockpile for future emergencies; and investment in biosecurity and transportation arrangement to improve regionally coordinated research into pathogens and other potential causes of health emergencies.

223. This section presents a general summary of principal ESHS impacts/risks and that for each relevant subproject an ES assessment will be performed to identify the subproject specific direct, indirect and cumulative ESHS impacts and risks for both construction and operation phases and propose the necessary complete set of ESHS measures (e.g. mitigation, monitoring, contractual requirements, supervision, reporting, training, etc.). The subproject specific mitigation and monitoring measures shall be based upon the subproject specific ESHS impacts and risks and requirements as established in applicable Tajikistan regulatory requirements, Project specific WB ESHS requirements including ESSs and applicable WB EHSs (General, and for Health Care Facilities)

224. A summary of potential environmental and social risks and impacts during the implementation of the project that, along with the recommended mitigation measures, is presented in **Error! Reference source not found.** 8 below. The proposed measures can be used to develop site specific ESMP for selected subprojects.

4.1. Potential environmental impacts and risks

225. *Waste generation* will take place during the construction phase and during civil (construction/repair) works and the dismantling of the premises and individual building elements. Waste generation - two types of waste are expected to be generated because of project work implementation: non-hazardous and hazardous. Non-hazardous wastes will be represented by construction wastes, which will be generated during construction/repair works. Storage of such waste in areas close to populated areas and untimely or inappropriate disposal can effect air quality, dust generation and affect neighboring communities. In addition to this waste, used welding rods, packaging materials and wood will also be generated. Generally, most of the waste that will be generated at this stage relates to recycled waste and its timely and correct disposal will ensure minimal environmental impact. Construction waste as well as other waste (paper, glass, plastic, etc.) should be classified into separate containers. Hazardous waste - can be generated at the stage of functioning of such sub-project as technology transfer (demonstrations at the extension service and on farmers' plots, demonstration orchards and greenhouses. As indicated in **Error! Reference source not found.**8, special attention should be paid to the handling of medical waste. Temporary waste disposal sites must be chosen with caution at construction sites, and environmental management plans should include guidelines for waste classification and recycling. The local environmental departments and municipality will determine the designated areas for placement and disposal of construction and household waste. Contractors are required to coordinate with these authorities

and include waste disposal locations in their Waste Management Plan. This ensures proper disposal and reduces the negative impact on the environment during construction works.

226. To ensure adequate Project related waste management during operations, the Project will develop a Waste Management Plan including ICWMP and e-Waste management plan that will be prepared to handle all types of waste generated during Project implementation. The Plan will include provisions for the design, installation, and operation of medical waste disposal equipment/operations. The Waste Management Plan will take into consideration the lack of proper medical waste management infrastructure in the country. The Plan will also consider the absence of centralized healthcare waste management facilities or sanitary/secured landfills in Tajikistan. Additionally, it will address the lack of a waste disposal system for chemical waste from healthcare facilities.

227. **Air pollution** is mainly expected to be caused by dust and construction equipment emissions. Dust generation will occur during the majority of construction/rehabilitation activities related to excavation, traffic, renovation of buildings, etc. In particular, the risk of dust pollution will increase in windy weather. The magnitude of the impact will increase when construction/rehabilitation works are carried out in the vicinity of a populated area. Given the nature of most of the works, this impact is expected to be short-term, low-risk and can be mitigated by implementing the measures recommended in Table 8. However, additional measures (most often watering, installation of a dust screen) may be required for subprojects involving the dismantling of existing buildings. Particular care should be taken when coming into contact with toxic asbestos dust, which may occur when removing thermal insulation or roofs containing asbestos gaskets. Personnel should wear protective masks. The increased risk of air pollution in the vicinity of primary healthcare facilities can have a significant impact on the health of patients and healthcare workers. This is particularly true for those with respiratory conditions such as asthma or chronic obstructive pulmonary disease (COPD). Exposure to pollutants such as particulate matter, nitrogen oxides, and volatile organic compounds (VOCs) can exacerbate these conditions and lead to other health problems.

228. Indoor air quality issues at primary healthcare facilities can also pose a risk to patients and healthcare workers. Poor ventilation in laboratories, for example, can lead to the buildup of hazardous chemicals or pathogens, which can cause respiratory or other health problems. Asbestos-containing materials or lead-based paint may also be present in older buildings, which can cause serious health problems if disturbed during rehabilitation works.

229. The use of emergency generators during power outages can also contribute to indoor air pollution. Diesel generators emit pollutants such as particulate matter, nitrogen oxides, and sulfur dioxide, which can worsen respiratory conditions and increase the risk of heart disease and stroke.

230. Mobile primary healthcare facilities can also contribute to air pollution. These vehicles typically run on diesel fuel and emit pollutants such as particulate matter and nitrogen oxides.

231. Overall, it is important to address these potential sources of indoor and outdoor air pollution at primary healthcare facilities in order to protect the health of patients and healthcare workers. This may involve improving ventilation systems, reducing the use of diesel generators and mobile facilities, and addressing hazardous materials during rehabilitation works.

232. Adverse impacts can be prevented by applying best construction practices and appropriate mitigation measures.

233. **Noise pollution** can occur mainly during the operation of the equipment and the movement of trucks. Noise levels are not expected to exceed the established limits during project activities. During construction activities near primary healthcare facilities, it is important to consider the presence of sensitive receptors such as patients, staff, and visitors. These individuals may be more susceptible to noise exposure and its negative effects on health and well-being. Therefore, special noise risk measures should be implemented to minimize the impact of construction noise on these sensitive receptors. This may include the use of noise barriers, sound-absorbing materials, and scheduling noisy activities during off-hours or when the facility is closed. Additionally, regular monitoring of noise levels should be conducted to ensure that they are within acceptable limits and do not exceed the recommended exposure levels for sensitive receptors. By implementing these measures, construction activities can proceed while minimizing the

impact on the health and well-being of those in the vicinity of the primary healthcare facility. Given the specific nature of the project, vibration is not expected to affect human health and structural integrity as there will be no significant vibration generation activities. Sanitary Norms CH 2.2.4/2.1.8.562-96 are used in Tajikistan to ensure acceptable noise levels for residential areas. These rules and regulations establish permissible noise parameters for residential and public buildings and residential development of inhabited areas created by external and internal sources and the noise level should not exceed 55 dB(A) during the day and 45 dB(A) at night.

234. **Surface water pollution.** Earthworks, oil storage, storage of hazardous materials will be sources of pollution of river water if the watercourse is nearby. Leakage of oil, hazardous materials, debris, and household waste can lead to chemical contamination. All fuel and chemical storage facilities (if any) should be located on a sealed basis inside the bund and protected by a fence. The storage area should be located away from any watercourse or wetland. The base and bund walls must be impermeable and have sufficient capacity to hold 110% of the tank volume. Do not dispose of lubricating oil and other potentially hazardous liquids in the ground or in water bodies.

235. In the event of an accidental spill, immediate cleaning will be carried out. All cleaning materials must be stored in a safe place on the site where hazardous waste can be disposed of. The surface water treatment plan should be carefully planned during the feasibility study to meet the discharge water quality standard. A sedimentation basin, neutralization tank, and standby tank should be prepared for inundation.

236. **Waste water** As primary healthcare facilities generate waste water, it is important to consider the potential impacts on the environment. Waste water discharges can contain harmful chemicals, pathogens, and other pollutants that can contaminate soil, ground water, and surface water. These pollutants can pose a threat to human health and the environment.

237. In addition to waste water discharges, the operation phase of healthcare facilities can also result in storm water runoff and erosion. Storm water runoff can carry pollutants such as sediment, nutrients, and bacteria into nearby waterways, causing harm to aquatic ecosystems and potentially contaminating drinking water sources. Erosion can also lead to soil degradation and loss of vegetation, further exacerbating the environmental impacts.

238. To mitigate these impacts, healthcare facilities should implement best management practices for waste water management and storm water runoff control. This may include proper treatment of waste water before discharge, implementation of erosion control measures, and regular monitoring of water quality. By taking these steps, healthcare facilities can help protect the environment and ensure the health and safety of their communities.

239. **Energy Consumption.** Healthcare facilities and ambulances require a significant amount of energy for heating, cooling, lighting, and medical equipment. This can lead to greenhouse gas emissions, air pollution, and climate change.

240. **Water Consumption.** Healthcare facilities require a significant amount of water for various purposes such as cleaning, sterilization, and patient care. This can lead to water scarcity, depletion of groundwater resources, and water pollution from wastewater discharge.

241. **Soil contamination.** Leakage of fuel, lubricants, debris and pit latrines can cause soil contamination. A possible source of soil contamination should not be located near a natural source. The surface runoff from the construction site should be removed. All surface tanks with fuel and lubricants will be equipped above the ground and the integrity of their walls will be monitored at all times. Rules for registration, treatment and storage of hazardous materials, a soil pollution prevention plan and a fire safety plan shall be prepared in environmental management plans.

242. **Materials Sources.** Environmental and Social Impacts associated with use materials Physical environmental Impacts associated with haul route is expected, especially for placement of construction materials and equipment.

243. **Traffic disturbance** is another potential impact of construction of health care facilities and providing mobile healthcare services. Construction activities may cause road closures or lane restrictions, which can cause traffic congestion and delays. Similarly, ambulances may cause traffic disruptions as they move through busy areas with sirens and flashing lights.

244. **Flora and fauna** - all project work will be conducted within the confines of the current facilities, and it is not expected to have a significant impact on the local flora and fauna. However, it is important to note that construction work often involves the removal of vegetation and cutting down trees, which can lead to the destruction of habitats and nesting sites for various species of animals and birds.

245. To minimize the impact of construction work on wildlife and their habitats, there are several mitigation measures that can be taken. Firstly, preserving existing trees and vegetation as much as possible and planting new ones to replace any that are removed is crucial. Secondly, avoiding clearing land and removing vegetation during breeding and nesting seasons is also essential. Finally, it is recommended to collaborate with local Departments of Committee on environmental protection to ensure that all necessary precautions are taken to protect the local wildlife and their habitats.

246. **Chance finds** - Throughout the territory of Tajikistan presence a chance of finding archeological heritage. It is expected that during construction of PHC facilities which would involve significant excavations, movement of earth, or other changes in the physical environment, during which unexpectedly might be found physical cultural resources. To address this issue all such subprojects' ESMP, will have special clauses in all contracts for civil works on “chance finds procedure” which will set out how chance finds associated with the subproject will be managed.

4.2 Potential Social Impacts and Risks

247. In general, project areas are essentially different regions and are exposed to common risks of instability and conflict, which will affect the final results of the project. Thus, the project areas are characterized by: (i) geographical risks - inter-regional and inter-district risks; (ii) economic risks - high unemployment, especially among young people, and a significant dependence of household incomes on remittances, which is subject to external economic conditions and fluctuations; (iii) social exclusion; and (iv) institutional risks - insufficient client potential in applying ESS. The following social risks are relevant in the context of the project:

4.2.1 Resettlement Impacts

248. **Access restrictions.** The second and third components involve civil constructions, some anew and others repairs and rehabilitation. Rehabilitation of existing health facilities will likely have temporary impacts, such as limited access to facilities and services. Construction work may result in insignificant restriction of access to houses, land, or other private or public property. Construction and / or reconstruction may also cause certain inconvenience to the population. The ESMP for individual buildings prepared as part of the project should include, if necessary, measures to mitigate potential adverse impacts and risks, and the construction of public buildings should be carried out at each construction site before the start of construction of civil facilities.

249. **Land Acquisition.** Construction of new health facilities and warehouses will require land acquisition, which may lead to involuntary resettlement. While the project is expecting that the Government will make available lands, due diligence is required to ensure that there are no resultant physical; and/ or economic displacements. Since locations are not defined yet, the MoHSP/PIU has prepared a Resettlement Framework (RF) to guide activities in this regard. The RF defines the procedures for: (i) acquiring land (after all technical alternatives have been exhausted), (ii) dealing with any residual impacts from land acquisition (i.e. identifying, establishing the valuation of, and compensating people that suffer economic losses or loss of private property), (iii) monitoring and verification that policies and procedures are followed, and (iv) grievance redress mechanisms. Where resettlement-related impacts will be identified, site-specific Resettlement Action Plans (RAPs) would be prepared by the MoHSP/PIU in accordance with the RF. Project activities that will cause physical and/or economic displacement will not commence until

site specific RAPs or abbreviated RAPs (ARAPs) acceptable to the Bank will be consulted upon and implemented.

4.2.2 Labor Risks

250. The project proposes some small/ medium scale infrastructure for the construction or rehabilitation of PHC facilities; therefore, the majority of contractors are expected to be from the local vicinity. The expectation is that the majority of labor will be locally hired with the exception of a few skilled workers. The labor camps will be small in size and no residential labor camps are anticipated at this stage.

251. Health risk. Exposure to hazardous chemicals: Technical assistance activities may involve working with hazardous chemicals, which can pose serious health risks if proper precautions are not taken. Physical hazards: Technical assistance activities may involve working with heavy machinery, electrical equipment, and other physical hazards that can cause injury or even death if proper safety measures are not taken. Ergonomic hazards: Activities may involve repetitive motions or awkward postures that can lead to musculoskeletal disorders if proper ergonomic practices are not followed. Noise exposure: Technical assistance activities may involve working in noisy environments, which can lead to hearing loss if proper hearing protection is not used. Biological hazards: Technical assistance activities may involve working with biological materials, which can pose a risk of infection or illness if proper safety measures are not taken. Psychological hazards: activities may involve working in high-stress environments, which can lead to mental health issues if proper support and resources are not provided.

252. The risk of child labor/forced labor is considered to be limited, as based on the national legislation the contractors have to comply with the minimum age of employment and mutually agreed written contracts. However, according to the Tajik Labour Code, the persons between 14 and 16 years old may also be employed with reduced working hours, for employment that is not considered heavy or hazardous, and with parental permission and outside the school hours. For civil works no child labour is allowed.

253. The MoHSP/PIU has prepared Labor Management Procedures (LMP), which outline the type of project workers, labour conditions and associated labour risks, as well as mitigation measures. Provisions will be also made to train and hire as many as possible workers from local communities where the activities are taking place.

4.2.3 Health and Safety of Workers and Community

254. *For workers* - Employers and supervisors are obliged to implement all reasonable precautions to protect the health and safety of workers. Although the focus is placed on the operational phase of projects, much of the guidance also applies to construction and decommissioning activities. Project should hire contractors that have the technical capability to manage the occupational health and safety issues of their employees, extending the application of the hazard management. Preventive and protective measures should be introduced according to the following order of priority: i) Eliminating the hazard by removing the activity from the work process. Examples include substitution with less hazardous chemicals, using different manufacturing processes, etc; ii) Controlling the hazard at its source through use of engineering controls. Examples include local exhaust ventilation, isolation rooms, machine guarding, acoustic insulating, etc; iii) Minimizing the hazard through design of safe work systems and administrative or institutional control measures. Examples include job rotation, training safe work procedures, lock-out and tag-out, workplace monitoring, limiting exposure or work duration, etc. iv) Providing appropriate personal protective equipment (PPE) in conjunction with training, use, and maintenance of the PPE.

255. In addition, all workers need to be introduced to working procedure with hazardous materials (such as asbestos materials, etc.). Contractors have to provide workers with appropriate living conditions: safe water supply, washing conditions, rooms for rest and etc.

256. Given that the contractors will engage the workforce in construction, there is potential for the spread of infectious diseases such as COVID-19 during the construction phase. There is also a potential risk of community exposure to COVID-19 infection by the Project workers.

257. **For community** - Inadequate lighting and fencing of construction sites inside of settlement areas can be dangerous for pedestrians and vehicles especially during the night-time. Increasing of traffic due to trucks and vehicles movements to construction sites may cause inconvenience for local population as well. In addition, some construction/rehabilitation activities will cause temporary blockage of household access. Untimely and inefficient disposal of solid waste and improper sanitary conditions generated by the construction workers at construction sites may cause pollution of the surrounding environment and affect the health of local people. Moreover, a movement of heavy trucks may destroy or deteriorate conditions of roads inside settlements.

258. Health care facilities pose a number of occupational health and safety (OHS) risks during operation due to the nature of the work that is carried out in these settings. Some of the most common OHS risks in health care facilities include: i) Biological hazards: Health care workers are at risk of exposure to infectious diseases such as tuberculosis, hepatitis B and C, and HIV/AIDS. These diseases can be transmitted through contact with bodily fluids, contaminated surfaces, or through the air. ii) Chemical hazards: Health care workers may be exposed to hazardous chemicals such as cleaning agents, disinfectants, and chemotherapy drugs. Exposure to these chemicals can cause respiratory problems, skin irritation, and other health problems. iii) Health care 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 project will exercise appropriate precautions against introducing the infection to local communities. iv) Physical hazards: Health care workers may be exposed to physical hazards such as lifting heavy objects, slips, trips and falls, and workplace violence. These hazards can result in musculoskeletal injuries, fractures, and other injuries. v) Psychosocial hazards: Health care workers may be exposed to psychosocial hazards such as stress, burnout, and workplace bullying. These hazards can lead to mental health problems such as anxiety and depression.

259. To mitigate these risks, health care facilities should implement effective OHS management systems that include risk assessments, hazard identification and control measures, training and education programs for workers, and regular monitoring and review of OHS performance.

4.2.4 Sexual Exploitation and abuse/Sexual Harassment Risks

260. The SEA/SH risk is assessed as moderate mostly due to the status of national Gender-Based Violence (GBV) legislation, gender norms, and the rural location of most project activities. The current rating is based upon the country context of norms and legal protections for women in working environments and project-specific indicators.

261. The project will invest in rehabilitation and construction of primary health centers (PHC) and other health facilities under Subcomponents 1.2, 2.2 and 3. The civil works will be implemented in the vicinity of health facilities or fenced territories. There might be some remote mountainous districts to be selected, which are hard-to-supervise. The project will include focus group discussions with women to get their feedback before civil works start. Tajikistan has a national gender-based violence (GBV) law and legislation is in place. De facto there is no systemic and adequate psychosocial service providers countrywide. The capacity of health workers on identifying and registering GBV cases needs to be strengthened. The existing referral and coordination services in the health facilities are malfunctioning, as the system does not provide comprehensive care to survivors; at the same time the survivors are afraid to seek support from the judicial institutions and police. At the national level clear policy guidelines and protocols to identify and respond to the physical and mental health needs of survivors of physical and sexual violence shall be developed and implemented in collaboration with other government partners. To address those challenges, the Project will support the development of a national policy to guide the health sector GBV response. It will also finance the implementation of selected activities of the national policy priorities, which includes the development of expertise and training to recognize, prevent and respond to GBV at the PHC level. At the project level adequate SEA/SH mitigation measures will be included in the site-specific ESMPs and OHS management plans to be prepared and implemented by contractors. The mitigation measures will include but not limited to signing codes of conduct, ensuring that alternative sanitation

facilities/arrangements for health facilities are envisaged during construction stage, securing worksites to protect community members, health workers and patients from trespassing etc. The project grievance mechanisms will include appropriate approaches for dealing with SEA/SH complaints, including confidential and sensitive referral mechanism.

262. The SEP describes the project-specific Grievance Mechanism (GM) which will accept, review, and seek to resolve any project related concerns or feedback, and be easily accessible to project-affected parties and local communities, among other stakeholders. GM will have a special window to address SEA/SH complaints such as to ensure privacy and dignity of the affected persons. The Project's SEA/SH Action Plan will be prepared within three months of the Project Effective Date.

4.2.5 Social Exclusion Risks

263. One of the key challenges for the project will be to ensure social 'inclusion'. Exclusion may happen due to differentials in: (i) geography – given the vast expanse of the PHC facilities throughout the country and the fact that some of the terrain is mountainous and remote, particularly near the Afghanistan border, it is likely that some areas (regions, districts and villages) may not be covered by the project; (ii) scale of investments – large and richer districts/regions may receive preferential investments; (iii) absorption capacity - technologies developed should be more friendly to health workers at large, and (iv) administrative expediency and economy in reaching out to rural health workers and vulnerable households in remote and poor areas across the country.

264. Some regions and districts could be deprived from the project investments and benefits, as the selection criteria will be set and selection process will be implemented by the central bodies and institutions. There is also potential exclusion of PHC and health workers, especially those who lack ICT skills/experiences or technological resources to access the online platform for continued medical education and to use modernized workplaces. Some vulnerable households/groups may face barriers to receive free services and drugs under the state guaranteed benefit package.

4.3. Mitigation Measures

Pre-Construction Phase

265. Key environmental and social issues that should be considered at the planning and design stage may include considering the following features of the subproject:

- **Location, type and scale of healthcare facilities and associated waste management facilities, including waste transport routes.**
 - **Location of facilities:** In addition to normal considerations regarding proximity to sensitive areas such as a cultural heritage site or a nature reserve, the environmental and social assessment should examine nearby sensitive social receptors such as a residential area or school and availability of municipal services such as public water supply, sewage and waste collection services at the location.
 - **Type and scale of facilities:** The assessment should identify and examine the salient characteristics and carrying/disposal capacity of a targeted facility. The assessment should consider the waste processing and transportation arrangements, operational procedures and working practices, and the required capacity of the type of disposal facility needed for the volume of the wastes generated. For example: a general PHC facility, a high-level biosafety laboratory, a pyrolytic incinerator or a hazardous waste landfill for medical waste disposal.
- Proper design and functional layout of primary healthcare facilities, which may involve several aspects: i) structural and equipment safety, universal access²⁷; ii) nosocomial infection²⁸ control; iii) waste segregation, storage and processing. Internationally recognized guidelines are available and should be referenced.

²⁷ Refer to ESS 4 Community Health and Safety

²⁸ Nosocomial infection can be described as an infection acquired in hospital by a patient who was admitted for a reason other than that infection. Also called "hospital acquired infection".

- No land acquisition is envisaged since civil work involved will be refurbishment and rehabilitation of healthcare facilities. No new infrastructure has been planned to be built either on public or private property. Existing waste management facilities will be used for waste disposal and no additional waste management facilities/ dumpsite/ landfill will be required.

266. **Rehabilitation and construction work at existing HCFs.** The PIU will screen each HCF for potential environmental and social risks per World Bank Group EHS Guidelines, WHO COVID-19 Guidelines²⁹, and the E&S screening forms contained in Annex 2 and Annex 3. Screening will include:

- The assessment of existing Primary health Care Facilities' EHS regulatory compliance and liabilities is an important aspect of the screening and subproject environmental and social assessment. This assessment involves conducting an EHS audit of the facilities to identify any deficiencies in their compliance with environmental, health, and safety regulations. The EHS audit should cover all aspects of the facilities' operations, including waste management, water and air quality, occupational health and safety, and emergency preparedness. The audit should also assess the facilities' compliance with local, national, and international EHS regulations and standards.
- Identifying what social risks may occur during rehabilitation\expansion works - whether the construction envisions acquisitions of land, buildings (residential and business); or, will the project involve any permanent or temporary restrictions in land use or access to legally designated parks or protected areas and cause people or any community to lose access to natural resources, traditional habitats, communal land, or communal facilities; and , will the project use government land or any public land or property, which will require the permanent or temporary removal of informal occupants or users (residential or economic).
- Determination of any needed design changes in the facility or its operation, structural and equipment safety, universal access, nosocomial infection control, medical waste disposal, etc.;
- Identification of the scope of works expected (i.e. wards rehabilitation, installation of box chambers, installation/augmentation of water supply and installation of sanitary stations, rehabilitation or installation of medical waste incinerators, etc.);
- Determination that utilities (power, water, heat, etc.) are adequate for planned works;
- Identification of how such works might interfere with normal operation of the HCF;
- Determination if works are eligible for financing - for example, activities excluded from financing under the project include those requiring the acquisition of land or works conducted in wards or areas where patients are being treated where asbestos insulation or pipe lagging was used in original construction;
- Determination as to whether external or additional security personnel are needed; and
- Prior bidding, preparation of a site-specific ESMP based on the templates found in Annex 6 and Annex 7.

267. The social exclusion risk will be addressed to a large extent through a well-crafted Stakeholder Engagement Plan (SEP) supplemented with an effective Information, Education and Communication campaign. The MOHSP/PIU will have a project specific GM in place to reduce conflicts and risks such as external interference, corruption, mismanagement; improving the quality of project activities and results; and serving as the important feedback and learning mechanism for project management regarding the strengths and weaknesses of project procedures and implementation processes.

Construction Stage

268. The PIU will ensure that all rehabilitation work done at the HCFs under the project will be carried out in compliance with a site-specific ESMP based on the template in Annex 6 of this ESMF. The PIU will develop site specific ESMPs through the E&S consultants hired for the project before the approval of each subprojects. The site-specific ESMPs will include:

²⁹ The World Bank ESF, including ESS 4, also contain relevant information. See <https://www.worldbank.org/en/projects-operations/environmental-and-social-framework>

- Environmental risks and impacts associated with resource efficiency and material supply; construction related solid wastes, wastewater, noise, dust and emission management; hazardous materials management
- Occupational Health and Safety (OHS) issues;
- Community health and safety issues;
- Social issues, including in relation to labor influx, GBV/Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) risks, gender or disability
- Labor and working conditions. Arrangements for employment and accommodation of workers to be engaged in project activities, and issues relating to working conditions (including in relation to periods of sickness and quarantine), particularly if these are impacted by emergency legislation
- Prevention and mitigation measures during civil works there may be a temporary restriction on access to the health and public facilities by install warning signs, barriers, and separation walls so that the work area is clearly visible; providing safe passageways and transitions for patients and health personnel to the building if necessary; adjusting working time.
- Mitigation impacts related to resettlement impacts associated with destroyed structures of project affected people at the replacement costs as per the RF. Compensate or fix all damages occurred during construction (i.e., damages to crops, infrastructure) as set out by the ESMP or RAP/RF, as relevant.

269. The ESMP will form part of the Contract and the ESMF will be part of the bidding document. The key suggestions are given below:

- The implementing agency to depute a qualified environment social expert/focal officer to work with the contractors, the agency officials and the WB to comply the relevant needed measures according to above guidance and National regulation.
- For supervision, using monitoring tool that will assist both the contractor, government and relevant stakeholders to monitor construction sites, The contractors are required to complete a daily report per project, whereby all subproject details, and health and safety status of employees.

270. OHS and labor and working conditions: Labor Management Procedures (LMP) have been developed to address the labor and SEA/SH risks during construction and operational stages.

271. The ESMP will form part of the Contract and the ESMF will be part of the bidding document.

272. The Contractor shall review and analyze the subproject ESMP prepared by the PIU and develop a comprehensive C-ESMP for the subproject. The C-ESMP shall be based on the requirements and guidelines provided in the subproject ESMP, as well as any additional requirements specified by the Contract. C-ESMP shall also incorporate Occupational Health and Safety (OHS) measures to ensure the safety and wellbeing of workers and other stakeholders involved in the subproject activities. The Contractor shall identify potential OHS risks and hazards associated with the subproject and develop a set of measures to prevent or mitigate them.

273. The Contractor shall submit the draft C-ESMP to the PIU for review and approval. The PIU shall provide feedback and comments on the draft C-ESMP within a reasonable timeframe. The Contractor shall revise the C-ESMP based on the PIU's feedback and obtain final approval from the PIU before commencing any subproject activities.

Operational Stage

274. Primary health care facility operation phase EHS Management Plan will be developed and implemented. Implementation of this EHS Management Plan will ensure that the primary health care facility operates in a safe and environmentally responsible manner, protecting the health and safety of staff, patients, and visitors while minimizing its impact on the environment.

275. **Medical waste management and disposal.** The PIU and PHC facilities will ensure the following:

- Each PHC facility is operated in accordance with the ICWMP prepared for the project;

- Waste segregation, packaging, collection, storage disposal, and transport is conducted in compliance with the ICWMP and WHO Infection prevention Guidelines;
 - Onsite waste management and disposal will be reviewed regularly and training on protocols contained in the ICWMP conducted on a weekly basis;
 - The PIU will audit any off-site waste disposal required on a monthly basis and institute any remedial measures required to ensure compliance; and
- Waste generation, minimization, reuse and recycling are practiced where practical.

276. **E-waste management plan** Standard e-waste management plan will be developed and implemented. By developing and implementing an e-waste management plan, facilities with project-related data/computer equipment and activities can reduce their environmental impact, comply with regulations, and demonstrate their commitment to sustainability.

277. **EHS management plan for mobile PHC** will be developed and implemented. Implementing EHS management in mobile primary healthcare is essential in ensuring the safety and health of healthcare providers and patients. This plan outlines the steps that should be taken to develop and implement an effective EHS management program. By following this plan, mobile primary healthcare providers can deliver healthcare services in a safe and healthy environment, thereby improving the quality of care provided to patients.

278. **Protecting healthcare workers.** The PIU and PHC facilities will ensure the following:

- Regular delivery and proper storage of goods, including samples, pharmaceuticals, disinfectant, reagents, other hazardous materials, PPEs, etc.;
- Ensure protocols for regular disinfection of public spaces, wards, ICUs, equipment, tools, and waste are in place and followed;
- No person under the age of 18 is employed for the project given the hazardous work environment.
- Ensure that if health care workers are pushed to work without proper PPEs, they can access the GRM register for complaints. A Grievance Mechanism (GM) has been developed in the LMP to allow workers to raise workplace safety, assignment and other security/safety issues through multiple channels.

Table 12: Potential Environmental and Social Impacts and Mitigation Measures³⁰

No	Project components And activities	Impact Description	Impact Severity	Expected Environmental and Social Risks and Impacts	Significance before Mitigation	Mitigation Measures	Significance after Mitigation
COMPONENT 1: PRIMARY HEALTHCARE STRENGTHENING							
Project implementation /Pre- and Construction phases							
1	Sub-component 1.1: Quality Improvements through investments in human resources and demand stimulation	No environmental impact					
		Social exclusion risk	Moderate	Exclusion may happen due to differentials in: (i) geography; (ii) scale of investments; (iii) absorption capacity; and (iv) administrative expediency	Moderate	Raise stakeholder awareness on (i) selection criteria on the PHC facilities to be covered by the project; (ii) preferential investments - where, how and what will be funded; (iii) technologies developed should be more friendly to health workers at large, and (iv) reaching out to rural health workers and vulnerable households in remote and poor areas across the country. The SEP will be instrumental to ensure effective engagement.	Low
		Ineffective and unsystematic stakeholder engagement	Low	Limited coverage of non-state actors by information and education campaign	Moderate	Stakeholder Engagement Plan will be implemented and reported.	negligible
2	Component 1.2: Physical infrastructure improvements Civil works, such as the construction of new and/or rehabilitation of existing physical infrastructure of rural health facilities.	Impact from cutting/clearing of trees and other vegetation	Low	Trees and vegetation at the site	Moderate	Cutting of trees will be undertaken as per approved design and only upon approval. The cutting of trees will be avoided as much as possible and damage to vegetation minimized.	negligible
		Land acquisition and resettlement impacts	Moderate	Land leasers and commercial owners	Low	The TSG will screen subprojects for potential risks and mitigate them as per the Resettlement Action Plan to be developed, if needed.	Low
		Impact on historical and archaeological sites such as damage to relics and artefacts during the conduct of the works	Low	Archaeological artefacts and cultural heritage sites	Low	Contractor will ensure that the workforce is briefed that in the event of accidental finds of relics, they should immediately cease any works in the area and promptly report the find to their supervisor.	negligible
		Temporary disruption of existing	Low	Residents and owners	low	Walking access will be maintained to the	negligible

³⁰ This table presents a general list of mitigation and monitoring measures. For each subproject an ES assessment will be performed to identify the subproject specific direct, indirect and cumulative ESHS impacts and risks for both construction and operation phases and propose the necessary complete set of ESHS measures (e.g. mitigation, monitoring, contractual requirements, supervision, reporting, training, etc.). The subproject specific mitigation and monitoring measures shall be based upon the subproject specific ESHS impacts and risks and requirements as established in applicable Tajikistan regulatory requirements, Project specific WB ESHS requirements including ESSs and applicable WB ESHGs (General, and for Health Care Facilities)

No	Project components And activities	Impact Description	Impact Severity	Expected Environmental and Social Risks and Impacts	Significance before Mitigation	Mitigation Measures	Significance after Mitigation
		community roads, pathways, and access		of commercial/ businesses in the surrounding areas		affected properties and access routes. Particular attention will be given to ensuring safety along roads and paths used by locals. The contractor will be required to immediately rehabilitate the excavated areas and any damaged road and path sections.	
		Air pollution from dust (PM10 and less) and air emissions from earthworks and movement of vehicles posing nuisance and health risk to nearby communities.	Moderate	Residents and owners of commercial/ businesses in the surrounding areas	Moderate	<ul style="list-style-type: none"> • The contractor will be required to cover materials with tarpaulin or other suitable materials while in transit to avoid spillage of materials. • Earthen roads, particularly roads near residences, commercial and agricultural business areas will be moistened during dry and dusty conditions. • Speed limits will be imposed on construction vehicles. • Construction equipment and vehicles will be regularly maintained to control air emissions during vehicle operation 	Minor
		Noise and Vibration from operation of construction equipment causing excessive noise, resulting in nuisance to the communities.	Low	Workers and residents and owners of commercial/ businesses in the surrounding areas	Moderate	<ul style="list-style-type: none"> • Construction activities, particularly operation of noise generating equipment, will be limited to daytime. • Noise suppression devices will be installed in noise generating equipment. • Drivers will be required to minimize blowing of horns and to comply with speed limits. 	negligible
		Contamination of the soil and nearby water courses may result from the utilization of hazardous materials. Improper handling, storage or utilization of hazardous materials poses a significant health risk to the workers and residents of nearby settlement areas;	Moderate	Workers and nearby residential areas, aquatic and terrestrial ecosystems	Substantial	<ul style="list-style-type: none"> • Ensure that safe storage of fuel, other hazardous substances consistent with national and local regulations to prevent soil and water contamination. • Fuel storage tanks to be on impervious surface with bund to catch spills, bund shall have holding capacity of 110% of tank capacity. Fuel tanks etc shall not be located within 50 m of a water course. • Ensure all storage containers are in good 	Minor

No	Project components And activities	Impact Description	Impact Severity	Expected Environmental and Social Risks and Impacts	Significance before Mitigation	Mitigation Measures	Significance after Mitigation
						<p>condition with proper labeling;</p> <ul style="list-style-type: none"> Used oil and other residual toxic and hazardous materials shall be disposed of in an authorized facility off-site; Ensure availability of spill cleanup materials (e.g., absorbent pads, etc.) specifically designed for petroleum products and other hazardous substances where such materials are being stored; Spillage, if any, will be immediately cleared with utmost caution to leave no traces, Spillage waste will be disposed at approved disposal sites. 	
		Generation of construction waste such as excavated soil	Low	Project site land	Low	<ul style="list-style-type: none"> Contractor to develop and implement Waste Management Plan Surplus excavated material/cut soil from construction will be used as backfill material for low-lying portions per site development plan 	negligible
		Generation of construction wastes such as solid wastes, inert construction wastes, during construction will result in the pollution of land and receiving water bodies.	Low	Land and any nearby receiving body of water (drainage channels) Exceedance of local capacity to treat or dispose of such waste	Low	<ul style="list-style-type: none"> Appropriate segregation bins or areas for construction wastes will be provided. The storage of all hazardous materials including fuels will be secure and controlled. Recyclable construction wastes, such as wood, steel, and scaffoldings, will be reused or sold to junk shops. Solid waste will be collected and disposed in the approved disposal site in the city. 	negligible
		Impacts on community health and safety such as from accidents risks to surrounding communities from vehicles transiting territory adjacent to the residential buildings near the site.	Low	Local residents	Moderate	<ul style="list-style-type: none"> Contractor to develop a Traffic Management Plan. Signage and appropriate speed limits Requiring suppliers that delivery vehicles transporting construction materials are maintained in a safe operating condition, loads are to be secured and all loads with fugitive materials (e.g. excavated soil and 	negligible

No	Project components And activities	Impact Description	Impact Severity	Expected Environmental and Social Risks and Impacts	Significance before Mitigation	Mitigation Measures	Significance after Mitigation
						<ul style="list-style-type: none"> sand) are to be covered with tarpaulins. All drivers and machinery operators act responsibly. 	
		Covid19 virus outbreak	Substantial	Construction workers, contractors, suppliers	Substantial	<ul style="list-style-type: none"> Check the health certification of worker before joining the site and hold briefing at the beginning to discuss on Covid-19 virus. Assign focal point to implement and monitor prevention measures (appoint medical staff) Restrict entry to all visitors during the epidemic If a worker or any other individua feels ill, they must stay home. Take the temperature of all personnel and ensure they wash their hands before entering the construction site. At the construction site, all people must: <ul style="list-style-type: none"> Avoid handshakes, hugs and nay other forms of close contact Maintain a minimum distance of 2 meters at all times Avoid touching face without washing hands The contractor must provide in sufficient quality liquid soap, alcohol-based gel, dry hand-wash agent, disposable towels and tissues; located stations for hand washing at various point of the site; closed containers or bags for disposable towels and tissues; masks, disposable gloves and protective glasses; remote or tape thermometers. 	low
		Impact on community health and safety from access and intrusion of unauthorized personnel.	Moderate	Local people	Substantial	<ul style="list-style-type: none"> Watchmen/security personnel will be hired to secure the facilities on a 24-hour basis. This will minimize the safety risks to the community. 	negligible
		Occupational health and safety	Moderate	Construction workers,	Moderate	<ul style="list-style-type: none"> The contractor will be required to 	negligible

No	Project components And activities	Impact Description	Impact Severity	Expected Environmental and Social Risks and Impacts	Significance before Mitigation	Mitigation Measures	Significance after Mitigation
		hazards from operating and using heavy machinery, refueling hazards, traffic accident hazards		contractors, suppliers		<p>implement the construction health and safety plan in accordance with the World Bank EHS</p> <ul style="list-style-type: none"> Guidelines (http://www.ifc.org/ehs/guidelines) as a minimum standard. Contractor will appoint an EHS officer to ensure implementation of the plan. Workers will be provided with a safe working environment including conduct of safety induction, safety equipment appropriate for the task in which they are employed, medical and first aid facilities provided together with a person qualified in first aid. 	
		Labor risks, including child/forced labor, labor influx, SEA/SH	Low / Moderate	Project workers and communities	Low	<ul style="list-style-type: none"> All contractors will be required to comply with LMP. All civil works contracts will include standard Codes of Conduct that include measures to prevent SEA/SH. The Contractors will sign written labor agreements with all contract workers, including Code of Conducts to be part of their labor contracts; Worker GM and community GM will have SEA/SH complaint uptakes. 	negligible
		Restriction of access to HCF and surrounding private and public facilities	Moderate	HCF service beneficiaries and surrounding communities	Moderate	<ul style="list-style-type: none"> Raise public awareness on the upcoming civil works, their scope and duration through construction sign boards and public meetings; Arrange for transfer of the medical rooms into other easy to access buildings; Arrange for heavy machinery traffic management 	low
Operation phase and maintenance phase							
		Medical waste management and disposal.	Substantial	Project workers and communities	Substantial	<ul style="list-style-type: none"> Each HCF is operated in accordance with the ICWMP prepared for the project; Waste segregation, packaging, collection, 	low

No	Project components And activities	Impact Description	Impact Severity	Expected Environmental and Social Risks and Impacts	Significance before Mitigation	Mitigation Measures	Significance after Mitigation
						<p>storage disposal, and transport is conducted in compliance with the ICWMP and WHO Guidelines;</p> <ul style="list-style-type: none"> • Onsite waste management and disposal will be reviewed regularly and training on protocols contained in the ICWMP conducted on a weekly basis; • Waste generation, minimization, reuse and recycling are practiced where practical 	
	Providing mobile PHC services to populations in remote areas	Traffic accidents	Low	Local people	Moderate	<ul style="list-style-type: none"> • Proper training of ambulance drivers: Ambulance drivers should be properly trained and certified to handle emergency situations while driving. They should be trained in defensive driving techniques, emergency vehicle operation, and traffic laws. • Regular maintenance of ambulances: Ambulances should be regularly maintained to ensure that they are in good working condition. This includes regular checks on brakes, tires, lights, and other critical parts. • Installation of safety equipment: Ambulances should be equipped with safety features such as seat belts, airbags, and roll cages to protect passengers in the event of an accident. • Use of sirens and lights: Ambulances should use sirens and lights to alert other drivers of their presence on the road. However, drivers should also be cautious when using these devices to avoid causing accidents. • Proper communication: Ambulance drivers should communicate effectively with other drivers on the road to avoid confusion and prevent accidents. This includes using hand signals, flashing 	low

No	Project components And activities	Impact Description	Impact Severity	Expected Environmental and Social Risks and Impacts	Significance before Mitigation	Mitigation Measures	Significance after Mitigation
						<p>lights, and other non-verbal cues.</p> <ul style="list-style-type: none"> • Adherence to traffic rules: Ambulance drivers should follow traffic rules and regulations to prevent accidents. This includes obeying speed limits, stopping at red lights, and yielding to pedestrians. • Regular training and refresher courses: Ambulance drivers should undergo regular training and refresher courses to update their skills and knowledge on safe driving practices. This will help them stay up-to-date with the latest safety measures and techniques to prevent accidents. 	
		Air pollution	low	Local people	Moderate	<ul style="list-style-type: none"> • Regular maintenance of ambulances: Ambulances should be regularly maintained to ensure that they are in good working condition. 	Low
	Basic medical and laboratory equipment for PHC facilities	Packaging materials waste	Moderate	Local people	Substantial	<ul style="list-style-type: none"> • Separation of waste into recyclable and non-recyclable; • Recyclable waste shall be passed out / sold to relevant organizations; • Non-recyclable waste shall be disposed at municipal landfills; • Avoid the waste storage outside the territory of the facility; • Ensure timely disposal of all waste (within 1 day). 	low
COMPONENT 2: STRATEGIC PURCHASING AND DIGITALIZATION OF PHC SERVICES							
	Component 2.1: Digitalization of the PHC network in rural PHC facilities and development of the national healthcare data repository	Packaging materials waste	Moderate	Local people	Substantial	<ul style="list-style-type: none"> • Separation of waste into recyclable and non-recyclable; • Recyclable waste shall be passed out / sold to relevant organizations; • Non-recyclable waste shall be disposed at municipal landfills; • Avoid the waste storage outside the territory of the facility; • Ensure timely disposal of all waste (within 	low

No	Project components And activities	Impact Description	Impact Severity	Expected Environmental and Social Risks and Impacts	Significance before Mitigation	Mitigation Measures	Significance after Mitigation
						1 day).	
		Fires: New healthcare facilities may have a higher risk of fires due to the use of medical equipment, flammable chemicals, and electrical systems.	low	Health care facilities' workers	low	<ul style="list-style-type: none"> • Regular maintenance of electrical systems and equipment to prevent short circuits and overheating. • Installation and maintenance of smoke detectors and fire alarms. • Implementation of fire safety training programs for employees and residents. • Proper storage of flammable materials and chemicals. • Regular inspection and cleaning of chimneys, exhaust systems, and ventilation ducts. • Installation of fire-resistant doors and windows. • Proper disposal of cigarettes and other smoking materials. • Installation of sprinkler systems and fire extinguishers. • Implementation of evacuation plans and emergency procedures. • Regular inspection and maintenance of heating and cooling systems. • Proper storage and handling of combustible materials such as gasoline, propane, and oil. • Use of fire-retardant materials in construction and renovation projects. • Limiting the use of open flames and candles. • Regular inspection and maintenance of cooking equipment in commercial kitchens. • Proper placement of electrical cords and appliances to prevent tripping hazards and overheating. 	negligible
		Seismic activities: The location	low	Health care facilities'	low	<ul style="list-style-type: none"> • Building Codes: Strict building codes 	negligible

No	Project components And activities	Impact Description	Impact Severity	Expected Environmental and Social Risks and Impacts	Significance before Mitigation	Mitigation Measures	Significance after Mitigation
		of the healthcare facility may be prone to earthquakes or other seismic activities, which can pose a risk to staff and workers.		workers		<p>and regulations must be in place to ensure that buildings are constructed to withstand seismic activity.</p> <ul style="list-style-type: none"> • Retrofitting: Older buildings can be retrofitted with seismic-resistant features such as strengthening the foundation, adding steel braces, and reinforcing walls. • Education: Educating people about earthquake safety and preparedness can help reduce the risk of injury and damage. • Emergency Preparedness: Having emergency supplies and plans in place can help minimize the impact of an earthquake and save lives. 	
		Flooding: Natural disasters such as floods can cause damage to the infrastructure of the healthcare facility, leading to potential safety hazards for staff and workers.	low	Health care facilities' workers	low	<ul style="list-style-type: none"> • Elevating buildings: Elevating buildings above the flood level is an effective way to prevent damage caused by flooding. This can be achieved by constructing buildings on stilts or using raised foundations. • Improving drainage systems: Improving drainage systems can help prevent flooding by ensuring that excess water is quickly and efficiently removed from an area. This can include cleaning out storm drains, installing larger pipes, and improving the capacity of existing drainage systems. 	negligible
		Poor potable water: If the healthcare facility's water supply is contaminated or not properly treated, it can lead to health risks for staff and workers.	low	Health care facilities' workers	low	<ul style="list-style-type: none"> • Education and awareness: Educating workers about the importance of clean water and how to maintain hygiene can help prevent waterborne diseases. • Infrastructure development: Developing proper infrastructure for water supply and sanitation can help ensure access to 	negligible

No	Project components And activities	Impact Description	Impact Severity	Expected Environmental and Social Risks and Impacts	Significance before Mitigation	Mitigation Measures	Significance after Mitigation
						clean drinking water.c	
		Sanitation issues: Poor sanitation practices or inadequate waste management can lead to the spread of infectious diseases among staff and workers.	low	Health care facilities' workers	low	<ul style="list-style-type: none"> • Regular cleaning and maintenance of sanitation facilities such as toilets, sinks, and showers. • Proper disposal of waste materials such as garbage, sewage, and hazardous chemicals. • Providing adequate ventilation to prevent the buildup of odors and harmful gases. • Ensuring that all water sources are clean and free of contaminants. • Implementing a pest control program to prevent the spread of disease-carrying insects and rodents. • Educating residents and staff on proper hygiene practices such as hand washing and food handling. • Installing hand sanitizer dispensers in high traffic areas. • Regular inspection of sanitation facilities to identify and address any issues before they become a problem. • Providing easy access to cleaning supplies and equipment for residents and staff. • Implementing a comprehensive emergency response plan to address any sanitation issues that may arise. 	negligible
		Indoor air quality: The quality of indoor air can have a significant impact on the health of staff and workers. Poor ventilation or exposure to harmful chemicals can lead to respiratory problems and other health issue	low	Health care facilities' workers	moderate	<ul style="list-style-type: none"> • Regular cleaning and maintenance of HVAC systems, including air filters, ducts, and vents. • Proper ventilation to ensure fresh air is circulating throughout the building. • Use of low-VOC (volatile organic compound) materials in building construction and furnishings. • Implementing a no-smoking policy 	negligible

No	Project components And activities	Impact Description	Impact Severity	Expected Environmental and Social Risks and Impacts	Significance before Mitigation	Mitigation Measures	Significance after Mitigation
						<ul style="list-style-type: none"> within the building. Providing adequate humidity control to prevent mold and mildew growth. Regular cleaning and maintenance of carpets and upholstery to prevent the buildup of dust and allergens. Educating residents and staff on proper ventilation practices, such as opening windows and using exhaust fans. Implementing a comprehensive emergency response plan to address any indoor air quality issues that may arise. 	
	Component 2.2: Strategic Purchasing of PHC Services	No environmental impacts					
COMPONENT 3 - HEALTH EMERGENCY PREPAREDNESS AND RESPONSE							
	Physical infrastructure improvements to improve response to various emergencies	Environmental and social impacts are the same as for Component 1.2					
		Social exclusion risk	Moderate	Exclusion may happen due to differentials in: (i) geography; (ii) scale of investments; (iii) absorption capacity; and (iv) administrative expediency	Moderate	Raise stakeholder awareness on (i) selection criteria on the PHC facilities to be covered by the project; (ii) preferential investments - where, how and what will be funded; (iii) technologies developed should be more friendly to health workers at large, and (iv) reaching out to rural health workers and vulnerable households in remote and poor areas across the country. The SEP will be instrumental to ensure effective engagement.	Low
		Ineffective and unsystematic stakeholder engagement	Low	Limited coverage of non-state actors by information and education campaign	Moderate	Stakeholder Engagement Plan will be implemented and reported.	negligible
	EHS risks associated with Project Technical Assistance activities	Exposure to hazardous chemicals	Low	Project staff	low	<ul style="list-style-type: none"> Elimination or substitution: Eliminating the use of hazardous chemicals or replacing them with less hazardous alternatives is the most effective way to prevent exposure. Engineering controls: Implementing 	negligible

No	Project components And activities	Impact Description	Impact Severity	Expected Environmental and Social Risks and Impacts	Significance before Mitigation	Mitigation Measures	Significance after Mitigation
						<p>engineering controls such as ventilation systems, closed systems, and barriers can help prevent exposure to hazardous chemicals.</p> <ul style="list-style-type: none"> • Administrative controls: Implementing administrative controls such as training, labeling, and standard operating procedures can help prevent exposure to hazardous chemicals. • Personal protective equipment (PPE): Providing appropriate PPE such as gloves, respirators, and protective clothing can help prevent exposure to hazardous chemicals. • Hazard communication: Properly labeling and communicating the hazards of chemicals can help prevent exposure. • Emergency response planning: Having an emergency response plan in place can help minimize the impact of accidental exposure to hazardous chemicals. 	
		Physical hazards	Low	Project staff	low	<ul style="list-style-type: none"> • Machine guarding: Installing physical barriers or guards around machinery and equipment can help prevent physical injuries. • Ergonomic design: Designing workstations and equipment to reduce physical strain and fatigue can help prevent musculoskeletal disorders. • Personal protective equipment (PPE): Providing appropriate PPE such as hard hats, safety glasses, and steel-toed boots can help prevent physical injuries. • Safe lifting techniques: Training employees on proper lifting techniques and providing lifting aids such as dollies and hand trucks can help prevent back injuries. 	negligible

No	Project components And activities	Impact Description	Impact Severity	Expected Environmental and Social Risks and Impacts	Significance before Mitigation	Mitigation Measures	Significance after Mitigation
						<ul style="list-style-type: none"> Electrical safety: Implementing safe electrical practices such as grounding, lockout/tagout procedures, and regular inspections can help prevent electrical shock and burns. 	
		Ergonomic hazards	Low	Project staff	low	<ul style="list-style-type: none"> Ergonomic assessments: Conducting ergonomic assessments of workstations and equipment can help identify potential hazards and develop solutions to reduce physical strain and fatigue. Training on proper posture and movement: Providing training on proper posture, movement, and stretching techniques can help prevent musculoskeletal disorders. Use of ergonomic equipment: Providing ergonomic equipment such as adjustable chairs, desks, and keyboards can help reduce physical strain and discomfort. Job rotation and breaks: Implementing job rotation and regular breaks can help prevent repetitive motion injuries and reduce physical fatigue. Workstation adjustments: Allowing employees to adjust their workstations to fit their individual needs can help reduce physical strain and discomfort. Regular maintenance of equipment: Regularly maintaining equipment such as chairs, keyboards, and monitors can help ensure they are functioning properly and reduce the risk of physical injuries. Encouraging physical activity: Encouraging physical activity such as stretching or taking short walks during breaks can help prevent physical strain and improve overall health. 	negligible
		Noise exposure	Low	Project staff	low		negligible

No	Project components And activities	Impact Description	Impact Severity	Expected Environmental and Social Risks and Impacts	Significance before Mitigation	Mitigation Measures	Significance after Mitigation
		Psychological hazards: activities may involve working in high-stress environments, which can lead to mental health issues if proper support and resources are not provided.	Low	Project staff	low	<ul style="list-style-type: none"> • Employee training: Employees should be trained on how to identify and manage psychological hazards in the workplace. They should also be educated on the importance of mental health and the impact it has on their overall well-being. • Promoting work-life balance: Employers should encourage employees to maintain a healthy work-life balance by allowing flexible work schedules, encouraging breaks and vacations, and offering employee assistance programs. • Addressing workplace stress: Employers should identify and address sources of workplace stress, such as excessive workload, poor communication, and lack of support. • Encouraging open communication: Employers should create an environment where employees feel comfortable sharing their concerns and seeking help when needed. • Providing mental health resources: Employers should provide access to mental health resources such as counseling services, support groups, and employee assistance programs. • Creating a positive work environment: Employers should promote a positive work environment by recognizing employee achievements, fostering teamwork, and promoting a culture of respect and inclusivity. • Conducting regular assessments: Employers should regularly assess the workplace for potential psychological hazards and take appropriate measures to address them. 	negligible

No	Project components And activities	Impact Description	Impact Severity	Expected Environmental and Social Risks and Impacts	Significance before Mitigation	Mitigation Measures	Significance after Mitigation
COMPONENT 4: PROJECT MANAGEMENT, COORDINATION, AND MONITORING AND EVALUATION (Implementation phase)							
		No environmental impact				•	
	Implementation of project activities at the national and local levels	Labor risks, SEA/SH risks, discrimination	Moderate	Project workers	Moderate	<ul style="list-style-type: none"> • Ensure LMP implementation • Instruct and sign Code of Conduct with each project workers • Establish and maintain worker GM 	Low

V. ENVIRONMENTAL AND SOCIAL ASSESSMENT PROCEDURES

279. National Environmental Impact Assessment framework requires the preparation of the ESMP and the National Environmental Documentation based on national legislation. Although the approaches and principles of the Republic of Tajikistan's legislation are similar to those of the World Bank, they differ in some details. For instance, social risk assessments are not included in national procedures, which only focus on environmental risks and potential negative impacts. Consequently, both procedures will be used simultaneously, and contractors must follow both documents. In case of conflict, contractors should apply the more stringent requirements. The subsequent paragraphs outline the contents of the national environmental documentation.

5.1. Key phases of national EIA procedure

280. Taking into account the requirements of environmental assessment specified in the national law of the Republic of Tajikistan on Environmental Impact Assessment (EIA), the EIA process for selected subprojects includes the following phases:

- review and assessment of the environment of the facility, it is carried out in order to justify the optimum selection of the appropriate land plot for the location of a facility;
- preliminary environmental impact assessment, simultaneously accompanied by a feasibility study of the project and formalized in the form of an application for environmental impact assessment;
- environmental impact assessment, conducted in order to fully and comprehensively analyze the potential impacts of the project implementation, justify alternatives and develop an environmental management plan (program). The environmental impact assessment report shall contain a description of the technical solution to prevent negative impacts on the environment. At this stage, standards for emissions to air and discharges to water bodies, generation, storage and disposal of solid and liquid waste are developed;
- post-project analysis carried out one year after commissioning of a facility (beginning of economic or other activities) to confirm safety for the environment and to adjust the environmental management plan (program).

281. All facilities that have a negative impact on the environment, depending on the level of such impact, according to paragraph 1 of Article 12 of the Law on Environmental Impact Assessment of the Republic of Tajikistan are divided into 4 categories.

- Facilities that have a significant negative impact on the environment and are associated with the areas of application of the best available technologies, and subject to the presence of harmful (polluting) substances discharged and emitted into the environment as well as substances of hazard class 1 and (or) 2 (according to sanitary standards) are classified as category “A” facilities;
- Facilities which have a moderate negative impact on the environment and subject to the presence of substances of hazard class 3 in discharges and emissions of harmful (polluting) substances into the environment are classified as category “B” facilities;
- Facilities which have an insignificant negative impact on the environment and under condition of presence in discharges and emissions of harmful (polluting) substances in the environment of hazard class 4 and (or) 5, are classified as category “C” category facilities;
- Facilities that have a minor negative impact on the environment and under condition of insignificant emissions and discharges are classified as category “D” facilities.

282. Category “A” and “B” projects require an Environmental Impact Assessment (EIA). Activities that are not included in category “A” or “B” require an environmental impact assessment statement and a declaration of commitment to implement the established and proposed environmental protection actions.

An environmental impact assessment statement shall also be submitted when the planned activity has no adverse impact on the environment or has a positive impact on the environment.

283. **First phase** – Draft Environmental Impact Statement (DEIS). This document must be prepared by the Client of this activity, which determines the content of the DEIS. An environmental impact assessment statement is also submitted when the planned activity does not have a negative impact on the environment or has a positive impact on it. The content of the DEIS for Projects of category "C" and "D" is more simplified than for Projects of categories "A", "B". The DEIS must specify a wide range of environmental and social issues based on the subproject feasibility study, and in particular the following: Activities classified as Category A facilities must meet one of the following criteria:

- the object of assessment has a negative and large-scale impact on the environment and (or) sanitary and hygienic well-being of the population;
- the object of assessment has a direct impact on specially protected natural areas protected by environmental conventions and other international agreements or having a different international status;
- the object of assessment has a direct impact on the facilities of historical and cultural heritage;
- the object of assessment has a transboundary impact.

284. Facilities of assessment belonging to category "A" are subject to a full-scale assessment of the impact on the environment. An environmental impact assessment report as part of Project documentation must be submitted to the state environmental expertise in accordance with the legislation of the Republic of Tajikistan. Technical regulation of the issues of ensuring the environmental safety of facilities of assessment belonging to category "A" is carried out in accordance with the principles:

- the obligation to assess the impact on the environment when making decisions on the implementation of economic and other activities, including the adoption of decisions on the abandonment of economic and other planned activities;
- the admissibility of the negative impact of economic and other planned activities on the environment, based on the regulatory requirements for ensuring environmental safety established in the technical regulations;
- ensuring the reduction of the negative impact of economic and other planned activities based on the use of the best available technologies, taking into account the economic feasibility of their implementation, rational use of natural resources and compliance with technical regulations in the field of environmental protection.

285. Category "B" facilities include economic and other planned activities that have a predictable impact on the environment, and this is confirmed by the results of earlier examinations. When assessing the impact on the environment of facilities belonging to category "B", the following are taken into account:

- the main indicators of economic and other activities (information on the volume of output or capacity, the presence of long-term cumulative effects, the volume of use of natural resources, the generation of waste, pollution and risks to the environment);
- the location of the object, taking into account the presence and degree of vulnerability of river bank zones, nature reserves and other protected areas and facilities of historical and cultural heritage, the significance of the environmental impact, its geographical distribution, duration and reverse.

286. The documentation accompanying the statement on the impact on the environment of facilities of category "B" contains an assessment of the types of environmental impact (emissions into the atmosphere and discharges into water sources, the formation and disposal of solid and liquid waste, noise and other types of influence) characteristic of this economic and other activities.

287. The facilities of category "D" include economic and other planned activities that have an insignificant negative impact on the environment and the issues of reducing this impact have been resolved by engineering and technical measures. A prerequisite for facilities of assessment of category "D" is the compliance of the profile of activity with the purpose of the general plan of the territory.

288. The DEIS must be reviewed and approved at the national level by the State Ecological Expertise (SEE) for Projects that belong to Category “A”, “B” “C” or at the regional level for Projects that belong to Category “D” by the regional department for environmental protection. For subprojects classified as Category “C”, “D” an Environmental Impact Assessment (EIA) will be prepared by the consulting company, in accordance with the requirements of national legislation and the final report is submitted for approval to the State Ecological Expertise. The EIA will contain information on environmental mitigation measures but, unlike the ESMPs prepared as required by the Bank, will not contain details of their costs and the institutions assigned to implement them, or a detailed monitoring plan, nor will it contain an assessment of social risks. The SEE confirms the category of the Project and defines the main issues on what the Project beneficiary should focus on in the next stages of the Environmental Assessment process and during Project implementation (construction or rehabilitation works).

289. **Second phase** – development of an Environmental Impact Statement (EIS). This step must be implemented if required by the Environmental Opinion issued by the DEIS. Typically, such documents are developed to fulfill the information provided in the DEIS or to conduct research on specified parameters. The EIS needs to be developed prior to commencement of construction works.

290. **Third phase** – development of an EIS for subprojects under Category “C” and “D” will need to be developed before the selected subprojects start operating. For sub-Projects not included in the list with activities that are the subject of a national EIA, there is no need to conduct an impact assessment.

5.2. Environmental and Social Screening for Subprojects.

291. Taking into account the stages of environmental assessment conducted in accordance with the legislation of the Republic of Tajikistan, the environmental and social assessment of subprojects within the framework of this Project will be carried out in the following sequence:

292. **Phase 1: Preliminary screening (in accordance with the requirements of the Bank and the national legislation of the Republic of Tajikistan)**

293. During this initial phase of Project implementation, the design company with support of international environmental and social individual consultant will conduct a preliminary review of subprojects, including determining the level of socio-economic risk in accordance with the requirements of the WB, as well as assigning those to environmental categories “A”, “B”, “C” and “D” in accordance with the requirements of national legislation.

294. In line with the experience of the TSG in implementing previous Projects in the field of construction of medical facilities, all proposed sub-projects under this Project are expected to have significant, moderate or low risks according to the Bank's classification, and according to the national classification - categorized as “C” or “D” environmental risks. If the screening results show that the subproject has a high risk (according to the World Bank's environmental and social framework) or category “A” or “B” (according to national legislation)³¹, then it will be excluded from the financing.

295. For Projects that will not be excluded from the financing, the following framework approaches are applied during the screening phase:

1. For screening, the TSG, with the support of a consulting company, develops criteria that are subsequently approved by the Bank.
2. Based on the screening results, a report is drawn up, in which for each of the subprojects accepted for financing, the environmental category (according to the legislation of the Republic of Tajikistan) and the risk level (according to the World Bank ESS 1), a list of the main environmental

³¹ Resolution of the GoT “On the procedure of the Environmental Impact Assessment (EIA)”, No. 532 dated November 1, 2018,

and social risks identified at the preliminary stage, and recommendations on the tools to be used and the necessary documentation that needs to be prepared, will be indicated

3. Going forward, the procedure described above is applied to comply with national procedures, and the following framework approaches are applied to comply with the requirements of the Bank. When assigning a risk category and selecting appropriate tools, relevant factors such as the type of subproject, location, sensitivity and size of the subproject are taken into account; the nature and extent of potential environmental and social risks and impacts; as well as the material and technical base of the potential Contractor and its ability to manage social and environmental risks and impacts identified at the screening stage. Depending on the nature of the subproject and the context in which it is being developed, other risk factors may also jeopardize the implementation of environmental and social mitigation measures. These may include legal and institutional aspects; the nature of the proposed measures and technologies; governance structures and legislation; and factors related to stability, conflict or security. Eventually:

- for subprojects with substantial risk and subprojects with moderate risk, but which are unique in nature or location, or impacts on the natural and social environment, it is proposed to develop a ESMP tool, including an environmental and social commitment plan (ESCP).
- for standard subprojects with moderate risk (for example rehabilitation of existing PCF), the Project will use a standardized ESMP tool in the form of a checklist; in this case, the social and environmental requirements are integrated into the table of this checklist.
- for low-risk subprojects, specific ESMPs are not developed, however, these subprojects are assessed in the screening report in terms of the potential for increased direct or indirect risks during the course of the subproject, and these subprojects are included in the regular environmental and social monitoring plan so that if the risk category increases, appropriate measures can be taken in time and the necessary documents developed.

296. Examples of the selection of environmental and social tools and required actions for the activities under the subprojects of the Project are shown in the table below.

Table 13. Preliminary selection of categories for the proposed types of subprojects and the proposed E&S tool (LR - low risk, MR - moderate risk, SR - substantial risk)

#	PROJECT COMPONENTS AND ACTIVITIES	WB	Tajikistan	NOTES	ACTION REQUIRED
COMPONENT 1: QUALITY IMPROVEMENTS THROUGH PRIMARY HEALTHCARE STRENGTHENING.					
1.1.	Subcomponent 1.1: Quality Improvements through Investments in Human Resources and Demand Stimulation	MR		Capacity building activities for medical staff of PCF	
1.2.	Subcomponent 1.2: Quality Improvements through Physical Infrastructure Improvements	MR	C	Investments in construction and rehabilitation, equipment, solar panels, water supply for selected PHC facilities to meet accreditation requirements	ESIA and preparation of an ESMP
COMPONENT 2. STRATEGIC PURCHASING OF PHC SERVICES AND DIGITALIZATION OF PHC NETWORK.					
2.1	Subcomponent 2.1: Strategic Purchasing of PHC services;	MR			

#	PROJECT COMPONENTS AND ACTIVITIES	WB	Tajikistan	NOTES	ACTION REQUIRED
2.2	Subcomponent 2.2: Digitalization of PHC network	MR			
	COMPONENT 3: HEALTH EMERGENCY PREPAREDNESS AND RESPONSE	MR	C	Technical assistance to support the process of developing key strategic documents	ESIA and preparation of an ESMP
	COMPONENT 4: PROJECT MANAGEMENT, COORDINATION, AND RESULTS MONITORING	MR			
	COMPONENT 5: CONTINGENT EMERGENCY RESPONSE	MR			

297. **Phase 2: Preparation of documentation.** For each subproject, in accordance with the recommendations made during the screening phase, a design company, under general management by TSG prepares the necessary documents and coordinate with the World Bank and government agencies, and after completing work on their projects, make these documents publicly available prior to the public consultations. The preparation of these documents should take into account the environmental and social requirements in the design of subprojects.

298. **Phase 3: Consultations with the public.** After the environmental and social assessment and preparation of the ESMP, all documents (prepared in accordance with the principles of the World Bank and in accordance with the legislation of the Republic of Tajikistan) are subject to discussion at consultations with the public. During the consultations with the public, the document will be distributed among all stakeholders and the local population by posting it on the websites and presenting to the local councils, or in another way available for wide discussion. The minutes of public meetings will be maintained and included in the final ESMP. During the consultation session, the TSG, with the support of a consulting environmental and social company and/or regional specialists, will consult a draft ESMP, which should contain information about the project, its location and implementation schedule, an overview of the ESIA process, as well as any conclusions about the impacts, proposed mitigation measures and benefits. This data should be defined as preliminary or intermediate, indicating that benchmark data from the participants can still be applied to the project planning. The participants will be invited to directly submit comments and corrections to what is presented.

299. The consultations with the public on the ESMP of the specific subproject will include an announcement of the TSG meetings on the website no later than two weeks before the beginning of the session with a brief description of the project, its location and specific contact details (including phone numbers). In addition the consulting environmental and social company on behalf of the TSG, will notify the local, regional state authorities about conducting the consultations with the public by providing an invitation and a brief booklet. Documentation for conducting the consultation should be submitted to the TSG as part of the subproject file. Versions of the ESMP in Tajik and/or Russian languages and the minutes of the consultations with the public should be posted on the websites of the IA.

300. **Phase 4: Approval of the tools for the protection of the natural and social environment.** After the consultations with the public, the ESMP documents undergo the examination of the World Bank and are agreed with it. The DEIS undergoes the procedure of the SEE and is agreed with the authorized republican or regional/local authorities. For all approved subprojects, the TSG/PCU will ensure that printed and electronic copies of the final ESMP in the local language are available in a public place. The TSG will post the final documents on the website of the IA.

301. **Phase 5: Integration of ESMP requirements into the project documentation.** All tender documents for subprojects must include a requirement to implement the ESMP. These documents must be attached to the tender documents and then to the construction contracts. The

potential contractor must demonstrate at the tendering phase that the requirements of the ESMP are reflected in its proposal and included in the scope of work.

302. **Phase 6: Monitoring of environmental and social risks.** The TSG, consulting environmental and social company will regularly monitor the subprojects during the construction and operation to ensure proper implementation of the ESMP. If any problems in implementation are noted during the monitoring, they will inform the relevant contractor and jointly take the corrective actions. The TSG will present its findings to the World Bank in the project progress report twice a year or more frequently and, if necessary, bring matters to the attention of the World Bank. The World Bank project group will also visit the subproject sites as part of the project supervision, if appropriate and expedient. The Bank has the right to request additional materials during the monitoring to clarify the state of facilities and risks. Based on the review of reporting documentation and field visits, the Bank may require changes to the risk category and related project documentation, including the ESMP, Project Operational Manual given by the ESMF, etc.

5.3. Roles of different involved parties in the environmental due diligence, ESIA processes and monitoring of ESMP implementation

303. This subsection describes the responsibilities of all parties involved in the ESIA process, as well as the documents that must be prepared and by whom they must be prepared.

304. For sub-projects, it is necessary to complete Forms n Annex 2 and 3 of the environmental social screening checklist to identify possible environmental and social impacts of the proposed activities³². In completing these forms, sub-project applicants will use the information obtained from the field survey and analysis of stock materials, as well as the information provided in the draft environmental impact statement, which will be submitted to the SEE and approved by this body. They are also responsible for obtaining the appropriate permits and approvals that may be required to fund activities and are issued by local authorities responsible for environmental aspects.

305. A design company, if necessary, will develop an EIA for a specific facility (as required by the legislation of the Republic of Tajikistan) and/or an ESMP.

306. During Project implementation, the TSG will also regularly monitor the compliance of the Project activities with the requirements of the ESMP; provide advice to a regional specialist on specific issues. TSG environmental and social specialists will work with potential contractors. Contractors will complete the application form, check the availability of all necessary environmental and social documents and required permits and submit the entire set of environmental documents in the form of a package to the TSG. The Environment and Social Development Specialists will review the completeness of the packages and submit the package to the TSG.

³² The form provided here is preliminary and will be updated by the TSG prior to the screening with the addition of possible additional criteria depending on the type and location of the subproject

VI. INSTITUTIONAL ARRANGEMENTS AND CAPACITY FOR ESMF IMPLEMENTATION

6.1. Project coordination

307. The Agency for Implementation of Project is the Ministry of Health and Social Protection of the Republic of Tajikistan (MoHSP). Day-to-day project coordination responsibility will be with the Reforms, Primary Healthcare, and International Relations Department (RPHCIRD) of the MoHSP. Component leads will work closely with the Project Coordination Group and lead the technical aspects of each component.

308. **Project Coordination Group (PCG)** chaired by the First Deputy Minister in capacity of *Project Coordinator* and consisting of heads of all relevant MoHSP technical and supporting departments, with RPHCIRD acting as the *PCG Secretariat*. Each technical department will be responsible for one project component/subcomponent.

309. The PCG members, while remaining accountable for the progress of their respective component/subcomponent, will not work full-time on project implementation. Similar to HSIP, this will be done by a **Technical Support Group (TSG)** consisting of local *project implementation support personnel* in adequate number and with adequate qualifications (TSG head, component/activity coordinators, liaison staff, fiduciary specialists, legal, IT, and administrative staff), all of them reporting to the First Deputy Minister and working in close day-to-day coordination with RPHCIRD. These project implementation support personnel will be financed from the Project. The others, i.e., core MoHSP staff responsible for project implementation, will be financed by the Government of Tajikistan through regular salaries with an adjustment in their work program to allow sufficient time for project-related tasks.

310. RPHCIRD will report, through its Head, to the First Deputy Minister/Project Coordinator, and he, in turn, reports to the Minister of Health and Social Protection/*Project Director*. Final accountability for project implementation will rest with these three individuals: the Minister, the First Deputy Minister overseeing RPHCIRD and the Head of RPHCIRD.

311. The PIU (TSG) will lead ESF and M&E activities, assuring progress related to project activities, outcomes and results. Through the PIU, MoHSP will be responsible for (1) collecting and consolidating all data related to their specific suite of indicators; (2) evaluating results; (3) providing the relevant performance information to the World Bank, and relevant stakeholders; and (4) reporting results to the World Bank immediately prior to each semi-annual supervision mission. Each department of the MoHSP and other institutions engaged in project activities and the PIU will perform their project-related functions as described in the POM. Each institution will also appoint a focal point to ensure timely provision of project implementation updates and monitoring data.

312. Specifically, the health facility data for monitoring and evaluating project impacts on health service readiness and healthcare quality will be collected through a series of nationwide surveys led by MoHSP. To this end, MoHSP will head a Joint Working Group responsible for the design, implementation and analysis of a baseline and an endline SDI health survey and a series of bi-annual rapid facility phone surveys. Besides MoHSP, the Joint Working Group will include members from World Bank technical and country office teams, as well as two local survey managers, an international and a local survey firm, and a team of sampling experts and data analysts contracted by the World Bank. From the second year of the project, and following capacity building activities, responsibility for the implementation of the rapid facility phone surveys will be transferred to MoHSP's Khadamot unit.

313. Moreover, the PIU/TSG will validate and provide administrative and qualitative data for M&E to World Bank and other stakeholders in a timely manner. The administrative data include statistics from Tajikistan's District Health Information System on key inputs – e.g., on human resources and financing – as well as output indicators like vaccination rates, outpatient visits, and home births. The PIU will also provide up-to-date information from Tajikistan's National Health Accounts and from MoF on government health expenditures at national and subnational levels, as well as by economic and functional classification.

Furthermore, the PIU will gather and analyze timely and verified qualitative data on the implementation progress of Components 1 and 2, including, but not limited to, information to assess achievement of the respective qualitative PDOs, IRIs, and PBCs. Finally, for the evaluation of Project Component 3, MoHSP will annually complete and provide to PIU and the World Bank the results of WHO's State Party Self-Assessment Annual Reporting Tool (SPAR).

314. One Environmental Specialist and one Social Development Specialist will be recruited at the PIU to ensure the project ESF compliance. They will be responsible for implementation of the ESMF and development and monitoring of implementation of ESIA/ESMP for subprojects.

315. **Environmental specialist** The Environmental Specialist in PIU is responsible for ensuring that all infrastructure projects are designed and implemented in compliance with environmental regulations and policies. Some of their key responsibilities include: i) Participation in conducting environmental impact assessments (EIAs) to identify potential environmental risks and impacts associated with infrastructure projects. ii) Participation in developing and implementing environmental management plans (EMPs) to mitigate identified risks and impacts. iii) Providing technical advice and support to project teams on environmental matters. iv). Liaising with relevant government agencies, stakeholders, and communities to ensure that environmental concerns are addressed. v) Monitoring and evaluating the effectiveness of EMPs and making recommendations for improvements where necessary. vi). Ensuring that project documentation, including EIAs and EMPs, are up to date and accessible to relevant stakeholders. vii) Providing training and capacity building to project teams on environmental management practices. viii) Conducting regular site inspections to ensure that environmental requirements are being met. ix) Reporting on environmental performance to relevant stakeholders, including government agencies, project partners, and communities.

6.2. ESF Institutional Capacity Building Activities

316. The ESF instruments requires special knowledge from the beneficiaries and all project participants at each stage of the project. Considering that the implementing agency and line ministry have limited experience in applying ESSs, and local authorities and local construction organizations do not have experience in implementing ESSs, to ensure the effective implementation of the project and a clear understanding of the requirements for environmental and social risks managements to comply with the new WB ESSs, an ESF Training Plan is proposed under this project. The program provides training in both general environmental policy principles of the World Bank, relevant national legislation, and in certain specific aspects relevant to this project. It is planned to conduct training and provide information on such topics as the introduction of ESMF, reporting on ESMF/ ESMP, as well as on specific topics such as the medical waste management, handling, storage and dispose of medical samples and chemicals.

317. MoHSP has experience in implementation of investment projects funded by various IFIs. Under these projects sets of training were provided as a part of capacity building. Nevertheless, taking into account specificity of the project, a wide range of planning activities it is essential to increase capacity of implementation agency to comply with the new ESSs requirements.

318. For the said purpose, prior to commencement of construction work, MoHSP will hire a Consultant with knowledge of the national environmental and social management requirements, as well as substantial knowledge of the provisions and requirements of the World Bank's ESSs, who will develop training materials and trainings themselves. The training will include key WB requirements, national rules and procedures for E&S risk management, as well as case studies in this regard. All developed training materials, after the first series of trainings by the Consultant will be transferred to the Implementing Agency for further application. Training plan will be developed during ESIA of the project.

6.3. ESMF Implementation and Capacity Building Budget

Component 4 of the project will finance capacity building interventions of the TSG staff and other stakeholders.

Table 14: Capacity Building and Budget

Trainings	Target Group	When	Responsible party	Cost tentative (USD)
Introduction to the World Bank Environmental and Social Framework (ESF) and Environmental and Social Standards (ESSs) and ESF reporting. Subproject ESIA process	TSG staff, Project personnel, PHC and State Sanitary and Epidemiological Surveillance Service staff, and other stakeholders	Within one month of the project effective date	PIU/TSG	1000
Medical waste management and site specific ESMPs	HCF staff, contractors' staff	Within three months of the project effective date	SES and TSG	1000
Relevant health, safety, and environment issues, including precautions, including those related to COVID-19; community health and safety;	Community of surrounding areas, contractors, subcontractors, and consultancy firms	After the project launch	TSG	1000
Implementation of the SEP and GM for project beneficiaries	TSG staff, community leaders, HCF staff	Within three months of the project effective date	TSG	1000
Labor management procedures; requirements of the Code of Conduct; GM for workers	All project workers	Before start recruitment of project staff	TSG	1000
Prevention of and response to Sexual Exploitation & Abuse and Sexual Harassment Action Plan	Key national and local stakeholders engaged in GBV prevention and mitigation	TBD		1000
EHS requirements for PCF	PCF staff	After completion construction works	TSG	1000
Total proposed budget for capacity building activities				7000

VII. MONITORING AND REPORTING ACTIVITIES

7.1. General requirements for environmental and social monitoring and reporting

319. Environmental and social monitoring during the implementation of sub-projects shall contain information on key environmental and social aspects of sub-projects, their impact on the environment, social consequences of impacts and the effectiveness of measures taken to mitigate the consequences. This information allows the TSG/MoHSP to monitor the performance of implementation of environmental measures, assess the effectiveness of mitigation measures, and allow timely implementation of corrective action(s) that need to be observed how often, where and by whom monitoring shall be carried out.

320. Monitoring of the implementation of environmental measures shall be carried out by PIU Environmental Specialist. Representatives of the Committee of Environment Protection may also be involved in monitoring. The aim is to verify the main points of compliance with the ESMF, the progress of implementation, the scope of consultations and the participation of local communities. The standard checklist prepared during the evaluation studies will be used for the activities report. In the medium term of the project implementation and at the end of the project, an independent audit will be carried out in the field of environmental, social, health and safety. The audits are necessary to ensure that (i) the ESMF has been properly implemented and (ii) mitigation measures are identified and implemented accordingly. The audit will be able to identify any amendments to the approach to the ESMF to improve its effectiveness.

321. Monitoring for social risk management measure part will be done on the continuous basis by the PIU Social Development Specialist to ensure, that there is no any unanticipated impact during construction works on land, productive assets, illegal users, people's livelihood, assess to the assets etc. Monitoring will also cover health and labor issues, as well as stakeholder engagement activities. If some issues are identified, the mitigated measures will be proposed in the progress reports or separate Corrective Action Plans (CAP) (details are presented in the below section on the Environment and Social reporting).

7.2. Environmental and Social Monitoring

322. To ensure implementation of the environmental measures specified in the ESMP, the monitoring shall be carried out as follows:

- *Visual monitoring - during the construction stage of the sub-projects* Environmental and Social Specialists shall continually monitor the performance of ESMP. This will be achieved through monthly inspections of construction / reconstruction projects by specialists throughout the whole construction period. The Specialists have the right to suspend work or payments if the contractor breaches any obligation on ESMP implementation. For monitoring, it is recommended to use special check lists, that can be compiled based on ESMP with the attachment of photos from the monitoring site.

For functioning facilities, the ESF Specialists shall verify the timeliness of the contractors' reporting on discharges to water bodies, air emissions and solid waste, which the contractors shall submit on a periodic basis to the regional ecology and environment protection committees.

- *Instrumental monitoring of environmental quality*, such as air and water quality. Taking into consideration the types of activities that will be implemented within the framework of this Project, instrumental monitoring may not be carried out. However, in the case of complaints of violations or inconveniences from the local population, instrumental measurements of air or water quality shall be carried out by the TSG through the hiring of a certified laboratory. In case of national standards exceeding, the contractor shall be obliged to take additional measures to reduce the detected exceedances to meet the standards.
- *EHS monitoring to be done by Construction Contractors*, Construction contractors are responsible for ensuring that EHS monitoring is carried out on their sites. This includes implementing safety protocols, providing personal protective equipment (PPE), conducting regular safety inspections, and ensuring compliance with local regulations and laws.

- *EHS monitoring during operation maintenance phase* During the operation and maintenance phase, it is important to ensure that the project complies with all relevant environmental and safety regulations. This includes monitoring air quality, water quality, noise levels, and other environmental factors that may impact human health. Primary health care facilities and other applicable entities can help monitor these factors and ensure that any potential health risks are identified and addressed promptly. In addition to monitoring environmental factors, it is also important to monitor worker safety during the operation and maintenance phase. This includes ensuring that workers are trained on safety procedures, that they have access to appropriate personal protective equipment, and that any potential hazards are identified and mitigated.
- *Effective EHS monitoring can help prevent accidents, reduce the risk of environmental damage, and improve overall project efficiency. It is crucial for construction contractors to prioritize EHS monitoring and take proactive measures to ensure a safe and healthy work environment for all involved.*

323. Environmental and social issues included in the mitigation framework are monitored by designated specialists through the TSG. Although the environmental and social impacts are expected to be not significant, the potential negative impacts on the environment are planned to be prevented or mitigated during the construction and operation phases. Monitoring is based on impact / mitigation / monitoring issues as defined in the ESMP and/or ESMP checklists of subprojects. Observation monitoring will be carried out through weekly audits of the environmental performance by contractors throughout the construction period. The TSG has the right to suspend work or payments if the Contractor is in breach of any of its obligations to implement an ESMP.

324. Separately, the World Bank experts will also annually visit certain sites to monitor the compliance. As has been mentioned above, in the case of non-compliance, Regional Specialist / TSG will investigate the nature and cause(s) of the non-compliance and, if necessary, decide what is necessary to ensure the compliance with the sub-project or financing shall be suspended.

7.3. Environmental and Social Performance Reporting

325. Environmental and social performance, including monitoring, shall be properly documented and reported. In accordance with national legislation for the facilities under construction each contractor shall keep a log with information on health, safety and environment training for workers and another log for the registration of accidents during construction works. In the case of instrumental monitoring, the original records of the results of the required instrumental environmental monitoring (air and water quality) shall also be stored in a separate file for records.

326. *For sub-components related to construction / rehabilitation*, it is recommended that contractors, with the assistance of the TSG, develop a format (checklist) for site inspection to optimize the environmental and social supervision process before commencement of the works. The format can be in the form of a checklist with a list of mitigation measures to be implemented at construction sites, the status of their implementation and some explanations on the status of implementation, as required. On monthly basis the contractor will present short reports on ESMP implementation. The list of measures that are checked by the E&S Specialists when visiting the site shall correspond to the measures specified in the ESMP for the controlled sub-project. Information on the results of the monitoring on the construction / rehabilitated facilities shall be submitted to the Regional Specialist to the TSG on a quarterly basis. Based on received from the Regional Specialist's reports on semiannually basis the TSG will prepare a brief report on ESMF and ESMPs implementation to be included in the regular progress reports to be submitted to the WB.

327. Monitoring reports during the project implementation will provide information on key environmental and social aspects³³ of the project activities, especially regarding environmental impacts and the effectiveness of mitigation measures. Such information will allow the TSG and the World Bank to

³³Including the impact on the labor force, gender issues, impact on socially vulnerable groups, stakeholder and community engagement, social conflicts, GRM, impact on land resources and others.

evaluate the success of measures to mitigate the consequences within the framework of project supervision, and allow, if necessary, to take corrective actions.

328. The sub-projects ESMP monitoring section will provide:

- (a) details of monitoring measures, including parameters to be measured, methods used, sampling locations, frequency of measurements; and
- (b) monitoring and reporting procedures: to (i) ensure early identification of conditions requiring mitigation measures; and (ii) provide information on the progress and results of mitigation.

329. The TSG will provide brief information on the implementation of the ESMF and the environmental and social activities of the sub-project as part of the progress reports to be submitted to the WB every six months.

330. If social monitoring identified any impacts, it should be mitigated immediately. If there is an impact on land, productive assets, illegal users, people's livelihood, assess to the assets etc. the construction works should be stopped and the TSG needs to be informed immediately. A Corrective Action Plan (CAP) needs to be developed. The CAP should contain information on the sub-component of the project, status of the civil works, impact types and social impact assessment, proposed mitigation measures. CAP should be prepared by the sub-component implementer and approved by the TSG. All unanticipated impacts under the subproject, which have been occurred out of the RoW, should be compensated/mitigated by the Contractor. This needs to be reflected in the bidding documents. All impacts in the RoW should be compensated by the Subproject Implementer.

331. TSG Monitoring and Evaluation Specialist is responsible for overall compilation of progress and results. It is suggested that semi-annual reports and quarterly unaudited IFRs will be submitted to WB. These reports should include the scorecards of communities on project implementation and success along with financial records, project implementation records, social audit meetings, and feedback and grievances received. Results measurements are outcomes defined in the results framework and set of output indicators defined in POM. The TSG will be responsible for producing a completion report. All environmental and social issues are monitored and supervised by TSG. Despite of insignificant social impacts, the potential negative impacts must be prevented or mitigated during construction and operation stages.

332. Environmental and social monitoring system starts from the preparation phase of the sub-component of project through the operation phase in order to prevent negative impacts of the project and observe the effectiveness of mitigation measures. This system helps the WB and the MoHSP to evaluate the success of mitigation as part of project supervision and allows taking an action when needed. The monitoring system provides technical assistance and supervision when needed, early detection of conditions related to mitigation measures, follows up on mitigation results, and provides information of the project progress. Monitoring Plan identifies monitoring objectives and specifies the type of monitoring, and their link to impacts and mitigation measures. Specifically, the monitoring section of the ESMP provides: (a) a specific description, and technical details, of monitoring measures, including the parameters to be measured, methods to be used, sampling locations, frequency of measurements; and, (b) monitoring and reporting procedures to: (i) ensure early detection of conditions that necessitate particular mitigation measures, and (ii) furnish information on the progress and results of mitigation.

333. During the operation phase, primary health care facilities must ensure that they comply with all the applicable environmental, health, and safety (EHS) regulations. This includes reporting on their EHS performance to relevant authorities and stakeholders.

7.4. Occupational Health and Safety (OHS) issues reporting

334. OHS issues must be covered in all supervision and monitoring activities. That means specifically observing whether the enterprise adheres to good OHS practices, asking whether all employees have received OHS training, whether there have been any incidents, checking logs and the availability and use of protective and preventative equipment. Respectively, the ESF sections of all progress reports include

statements indicating that the TSG have checked occupational health and safety issues, and existing procedures in this regard, and asked if there have been any serious incidents or fatalities. Similarly, the TSG will ensure that at the project launch workshop and in the operational manual contain adequate provisions for occupational health and safety.

335. Any incidents occurring on project sites and/or within project-supported activities should be reported immediately, e.g., by the contractor to the employer, TSG and subsequently to MoHSP. All incidents should be reported to the World Bank no later than 48 hours from their occurrence.

336. Details on any incidents that have occurred, or lack thereof, will be provided in regular progress reports to MoHSP and the World Bank. The relevant text on OHS to be included in the progress reports might be as follows:

The project has reported X Occupational Health and Safety (OHS) incidents since its start. Of these, X are classified as SEVERE, X as SERIOUS, and X as INDICATIVE. All incidents are confirmed accounted through the Environment and Social Incident Response Toolkit (ESIRT) (see below). During this mission period, the TSG checked with all contractors and consultants under all project activities, if any OHS incidents occurred, either reported or not yet reported. The TSG found (EITHER) (i) no new incidents occurred during this supervision period, or (ii) X incidents occurred (include classification, brief description of event and follow-up actions, and confirmation event was reported via SIRT)]. Monitoring activities during the report period found that OHS practices have been observed / partially observed / not observed. The following deficiencies were found: The following recommendations have been made to [XX Contractor / farm / business]

337. The World Bank Environment and Social Incident Response Toolkit helps to manage incidents consistently by providing clear guidance on how to classify the incident's severity, how to provide a proportional response according to severity, and clarifies roles and responsibilities. ESIRT also requires a root cause analysis to be done by the Borrower when there is a severe incident.

338. "Incident" is defined as an accident, incident, or negative event resulting from failure to comply with identified risk management measures OR conditions that occur because of unexpected or unforeseen environmental or social risks or impacts during project implementation. Examples of environmental or social incidents include: fatalities, serious accidents and injuries; social impacts from labor influx; sexual exploitation and abuse (SEA) or other forms of gender-based violence (GBV); major environmental contamination; child labor; loss of biodiversity or critical habitat; loss of physical cultural resources; and loss of access to community resources. In most cases an incident is an accident or a negative impact arising if the contractor does not comply with the WB security policy or unforeseen events which occurred during the Project implementation.

339. The WB ESIRT does not replace monitoring procedures and implementation of regular monitoring of the implementation of the project ESF provisions. The document includes the following six stages of the incident management and reporting process:

Stage 1. Initial informing about the incident. The contractor, executor, supervisor, is informing the TSG, local authorities, the WB, the public, providing urgent health care and providing the necessary safety measures for workers. All measures must be taken immediately. In parallel, all necessary data about the incident are collected - its scope, degree of danger to public health and environment, location, cause of occurrence, duration, what decisions are taken by the Executor, what actions should be taken next, etc.

Stage 2. Assess severity of the incident. The Executor (should promptly provide information to the WB about the incident and its degree of danger.

Stage 3. Notification. The Executor is preparing an incident notification for the WB. Submission of a notification in the event of an incident should be determined when signing a contract with the Contractor.

Stage 4. Investigation of the incident. The Executor provides any information requested by the WB and does not prevent to visit the incidence scene. The Executor is also obliged with the assistance of the Contractor to analyze the causes of the incident and to document the information received. The Executor may need to involve external experts in investigation of the incident. The term of the investigation should not exceed 10 days after the incident. The findings of the investigation should be used by the Executor and the Contractor to develop corrective actions and draw up a corrective action plan (CAP) to avoid any future repetition of what happened. Besides, the conclusions should be submitted to the WB.

Stage 5. Corrective Action Plan. The Executor develops a CAP with specific actions, responsibilities, implementation dates and monitoring program and discusses it with the WB. In case of serious incidents, the WB and the Executor agree on a set of measures to eliminate the major causes of sources for such incidents. The CAP indicates actions, duties and terms that should be performed by the Executor and the Contractor. The Executor is responsible for implementation of the CAP. The CAP may include development or modernization of technical measures to protect the environment and prevent further pollution, conduct training, including on issues of emergency health care, compensation for insurance claims of injury or death. If the WB considers that the CAP measures are not effective, and/or the Executor has shown unwillingness or inability to take corrective measures, the WB may consider a decision on complete or partial suspension of the loan payments until such actions are taken, or in some cases it may consider a question of cancellation of the whole or part of the Project after its suspension. Such decisions of the WB are transferred to the TSG and the Ministry of Health and Social Protection authorities to determine the appropriate actions of the WB.

Stage 6. Monitoring execution of the CAP. The Executor performs the CAP, monitors execution of individual CAP items and provides a report on implementation to the WB.

340. It will be mandatory for all project participants immediately report on the OHS (on severe and serious) incidents (by contractors - to employer, by project implementing entity - to the World Bank). It is required that World Bank is to be notified about each severe and serious incident within 24 hours.

341. For supervision of OHS issues during the project implementation which include civil works, the TSG Environmental Specialist may use, as appropriate, the “Health, Safety and wellbeing inspection Checklists” see Annex 4.

342. During the operation/maintenance phase, primary health care facilities have a range of actions and responsibilities related to EHS. These may include: i) Implementing EHS policies and procedures: Primary health care facilities must develop and implement EHS policies and procedures that comply with all applicable regulations and standards. These policies should cover areas such as waste management, energy efficiency, and occupational health and safety. ii) Conducting regular inspections and audits: Primary health care facilities must conduct regular inspections and audits to identify any EHS risks or non-compliance issues. This may include environmental audits, health and safety inspections, and regulatory compliance assessments. iii) Training staff on EHS: Primary health care facilities must ensure that all staff are trained on EHS policies and procedures, as well as any specific hazards or risks associated with their roles. This includes training on emergency response procedures and the proper handling of hazardous materials. iv) Maintaining equipment and facilities: Primary health care facilities must ensure that all equipment and facilities are properly maintained to prevent breakdowns or accidents. This includes regular maintenance and repair of HVAC systems, electrical systems, and medical equipment. v) Responding to incidents and emergencies: Primary health care facilities must have procedures in place to respond to incidents and emergencies such as fires, chemical spills, or medical emergencies. This includes conducting regular drills and training staff on emergency response procedures.

7.5. Integration of ESMF into the project documentation

343. The ESMF requirements will be integrated in the Project Operational Manual while the ESMPs requirements, - into construction contracts for all sub-projects, both into specifications and bills of quantities, and the Contractors will be required to include the cost for ESMP implementation in their

financial bids. Based on the ESMF there will be highlighted the roles and responsibilities of all involved parties in the ESA process. Lastly, based on the ESMF and ESMPs requirements, monitoring and evaluation of mitigation/avoidance measures identified in the site-specific review and in the ESMPs will constitute integral part of the subproject implementation, including them into the contracts binding the and the contractors will need to carry out the environmental and social obligations during civil works. Furthermore, all contractors will be required to use environmentally acceptable technical standards and procedures during carrying out of works. Additionally, as specified in the ESMF, the contract clauses shall include requirements towards compliance with all national construction, health protection, ESF procedures, and rules on environmental and social protection.

344. The provisions of the ESMF will be used for the following:

- (i) Inclusion of the ESMF requirements into the Operational Manual of the project;
- (ii) The inclusion of environmental guidelines, ESMP into the construction contracts for individual sub-projects, both in the specification and in the bills of work, sub-borrowers shall include the cost of ESMF implementation in their financial proposals;
- (iii) The allocation of subsequent responsibility of ESMF within the framework of the TSG;
- (iv) Specifying mitigation and prevention measures during the implementation of selected sub-component of the projects;
- (v) Monitoring and evaluation of mitigation/prevention measures identified in the site- specific review and in the ESMP. The required mitigation measures will be an integral part of the sub-project, including contracts requiring contractors to meet environmental and social obligations during construction.

345. All contractors shall use environmentally acceptable technical standards and procedures during the work. In addition, the contract provisions shall specify the requirements for compliance with all national building codes, health, protective procedures and regulations, as well as environmental protection.

Contractors, for the construction of PHC facilities and major rehabilitation works shall prepare a Contractors ESMP based on the ESIA/ESMP prepared as part of the bid preparation. Distribution of the responsibilities of all parties involved in the Project is given in Table 10.

Table 15: Roles and Responsibilities

Responsible Party	Responsibilities
MoHSP/TSG	Prepare and implement the ESMF and RF and submit for Bank approval; Disclose the ESMF and RF on Project Management Office website; Prepare ESMPs and RAPs according to ESMF and RF; Submit ESMPs and RAPs to the WB for prior review; Disclose ESMPs and RAPs on the official website of Project Management Office and incorporate ESMPs and RAPs into bidding documents; Prepare, adopt and implement Labor Management procedures; Assign field specialists for the environmental and social monitoring; Perform inspections of the implementation of ESMP by the construction contractor, make recommendations and decide whether additional measures are needed or not; Implement RAPs on site and provide regular reporting on implementation to WB; In case of non-compliance, ensure that the contractor eliminates the noncompliance and inform the WB about the noncompliance; Prepare, update and implement a Stakeholder Engagement Plan (SEP) that considers vulnerable groups in addition to paying attention to the gender aspect of the Project;

	<p>Hold public consultation meetings, and prepare and distribute leaflets or other informative documents to inform communities, recruit a community liaison officer on project, and its impacts and construction schedule as well as rights and entitlements of PAPs;</p> <p>Set up a multi-level GM, monitor and address grievances related to the project under specified timelines and provide regular reports on the status of GM implementation to the WB;</p> <p>Provide guidance to the construction contractor and engineering supervision firm.</p> <p>Summarize the environmental and social issues related to project implementation to WB in regular progress reports;</p> <p>Coordinate and liaise with WB supervision missions regarding environmental and social safeguard aspects of project implementation;</p> <p>Conduct regular monitoring activities for the implementation of site specific ESMPs and RAPs; and</p> <p>Prepare/design training and tools for local (branch level) staff and community representatives.</p>
World Bank	<p>Review, approve and disclose ESMF, SEP and RAP on WB's official website;</p> <p>Review and approve labor management procedures;</p> <p>Conduct implementation support and supervision missions in order to ensure that the Project is following WB ESS requirements;</p>
Contractors	<p>Prepare and implement Contractor site specific ESMPs;</p> <p>Implement labor management procedures;</p> <p>Manage the grievance mechanism at the contractor, communicate grievances to MoHSP/TSG regularly through ESMP monitoring reports;</p> <p>Monitor site activities on a regular basis (daily, weekly monthly etc.);</p> <p>Prepare the ESMP progress reports for the review of TSG; and</p> <p>Compensate or fix all damages occurred during construction (i.e., damages to crops, infrastructure) as set out by the ESMP or RAP/RF.</p>

VIII. GRIEVANCE MECHANISM

346. The main objective of a Grievance Mechanism (GM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

8.1. Description of GM

347. Having an effective GM in place also serves the objectives of reducing conflicts and risks such as external interference, corruption, mismanagement; improving the quality of project activities and results; and serving as the important feedback and learning mechanism for project management regarding the strengths and weaknesses of project procedures and implementation processes.

348. The GM is accessible to a broad range of project stakeholders who are likely to be affected directly or indirectly by the project. These include beneficiaries, community members, project implementers/contractors, civil society, media. Each of them can refer their grievances and feedback to the GM.

349. The GM can be used to submit complaints, feedback, queries, suggestions or compliments related to the overall management and implementation of the project activities, including:

- Violation of project policies, guidelines, or procedures, including those related to procurement, labor procedures, child labor, health and safety of community/contract workers and gender violence;
- Disputes relating to resource use restrictions that may arise between or among targeted districts and communities;
- Grievances that may arise from members of communities who are dissatisfied with the project planning measures, or actual implementation of project investments;
- Concerns and grievances related to the sexual exploitation and abuse, sexual harassment as a result of the project activities; and
- Concerns arising from unintended health consequences after vaccination especially those resulting in serious adverse effects.

350. The project specific GM is based on the Laws of the Republic of Tajikistan “Appeals of Individuals and Legal Entities” (2016) and “On Civil Service”, as well as the Instructions of the Government of the Republic of Tajikistan “On the Procedures of Records Management on the Appeals of Citizens”.

351. The GM’s functions are based on the principles of transparency, accessibility, inclusiveness, fairness, impartiality and responsiveness.

8.2. GM Structure

352. The State Health and Social Protection Supervision Services (Khadamot), as a supervisory body, is responsible to consider all complaints from consumers of medical services. The project stakeholders can also apply to the MOHSP directly, but their appeals will be redirected to Khadamot for consideration. Within WB-funded HSIP the electronic GRM mechanism was established and has been launched since August 2022 - www.grm.tj

353. Grievances are handled at local and national levels, including via dedicated hotline established within previous project. The analyses of the appeal statistics of TEC-19 project revealed that the most used channel for the complaints' uptake is a hotline -511. The reason might be that poor families don't have access to computer or/and Internet locally and prefer direct in-person visit or call. Medical workers and population prefer submitting their appeals/complaints via email, phone calls and on face-to-face meetings, based on the consultations conducted within HSIP. The TSG' Communication Specialist though will advertise and accustom the stakeholders to apply through other ways such as social media and email and website.

354. **24/7 Hotline.** Project stakeholders and citizens can submit complaints on any issues by addressing the hotline **511** established by the MOHSP at the national level. The hotline operator will accept and register all complaints and grievances received through phone calls, letters, SMS and e-mail messages. The hotline center will forward all grievances for further consideration to the Grievance Management Group at the MOHSP TSG. The existing **511 Hotline** mechanism will be modernized and institutionalized to address the new project needs. Sorting of appeals in the database of the Hotline 511 will be carried out and analyzed according to the electronic journal.

355. In addition to 511 Hotline, the complaints can be filed through the following channels on national, regional and local levels:

National level:

State Health and Social Protection Supervision Services (Khadamot):

GRM website - www.grm.tj

telephone: +992 446 10 33 44

E-mail: info@grm.tj

MOHSP

Tel.: +992 446 10 77 11; +992 (44) 600 60 02 - Press Center; +992 (37) 221 05-90 –General Department

E-mail: info@moh.tj; moh@grm.tj

Complaints on the quality of services is accepted also at the State Control of Medical and Social Protection Service at tel. #:44 600 65 07; 44 600 65 09

MoHSP website: www.moh.tj.

MoHSP Facebook page <https://www.facebook.com/watch/?v=1611893929165986>.

Regional level:

Khadamot Administration in Khatlon region, Bokhtar city

Website: grm.tj

Phone number: +992 446 10 33 11

Email: khatlon@grm.tj

Khadamot Administration in Sughd region, Buston city

Website: grm.tj

Phone number: +992 446 10 33 88

Email: sugd@grm.tj

Khadamot Administration in Badakhshan Mountainous Autonomous Region (GBAO)

Website: grm.tj

Phone number: +992 446 10 88 22

Email: gbao@grm.tj

District\local level: On this level the following entities can serve as grievances intake:

- Centers of state sanitary and epidemiological surveillance in the cities and districts of all country regions and Dushanbe city.
- Districts health departments
- Health Centers, Health Houses

Each entity will have a responsible specialist for grievance registration, who will be in charge of

keeping grievance log and their processing.

356. There are GM management specialists in the general department of the Ministry, as well as in the Hadamot structure. The Hadamot is responsible to consider all relevant complaint, but complainants also can directly address the TSG. GM Management Group will be established in TSG the composition of which will be described in the project POM. The TSG/Social Development Specialist is in charge of registering and readdressing all complaints and applications.

357. The Grievance Mechanism provides for clearly defined timelines for acknowledgment, update and final feedback to the complainant:

- Acknowledgement of the complaint – not later than 5 days of the day of complaint received and registered;
- Complaint handling – not more than 15 days of the day of complaint received and registered;
- Provision of feedback to a complainant – not later than 30 days of the day of complaint received and registered.

358. To enhance accountability, these timelines are communicated widely to the project stakeholders. The timeframe for resolving the complaint shall not exceed 15 days from the time that it was originally received; if an issue is still pending by the end of 15 days the complainant will be provided with an update regarding the status of the grievance and the estimated time by which it will be resolved; and all grievances will be resolved within 30 days of receipt. Within the project, *anonymous complaints will be also accepted according to the WB standards*. Under the new project existing uptake mechanisms will be used for Sexual Exploitation and Abuse/Harassment (SEA/SH) related grievances. From available channels, the most convenient uptake for SEA/SH related grievances is the hotline (511), The female operators of the hotline will be trained to manage SEA/SH related grievances based on the principles of a victim-centricity, anonymity and safety and informed of local referral mechanisms in case of GBV cases. Public awareness on SEA/SH uptake mechanism will be also implemented at the community and contractor levels.

359. In case of emergency, there are other windows in rural areas through which the rural and remote residents can have access to updated information and forward emergency notices. Mahalla (community) leaders, jamoat representatives at the village level, as well as the healthy lifestyle centers.

8.3. Grievance Logs

360. The persons in charge of complaints maintain local grievance logs to ensure that each complaint has an individual reference number and opportunity to track and recorded all actions. When receiving feedback, including grievances, the following is defined:

- type of appeal;
- category of appeal;
- person responsible for the study and resolution of the grievance;
- deadline of resolving the complaint; and
- agreed action plan

361. The persons in charge of complaints ensure that each complaint has an individual reference number and is appropriately tracked, and recorded actions are completed. The logs contain the following information:

- Name of the person affected by the project, his/her location and details of the complaint;
- Date of reporting by the complainant;
- Date when the Grievance Log was uploaded onto the project database;
- Details of corrective action proposed, name of the approval authority;
- Date when the proposed corrective action was sent to the complainant (if appropriate);
- Details of the Grievance Committee meeting (if appropriate);
- Date when the complaint was closed out; and
- Date when the response was sent to the complainant.

362. GM focal point at the TSG is the Social Development Specialist to be reached by e-mail address that will be disclosed after TSG setting.

8.4. Monitoring and Reporting on Grievances

363. The MOHSP TSG M&E Specialist supported by SDS is responsible for:

- Collecting and analyzing the qualitative data from persons in charge of complaints on the number, substance and status of complaints and uploading them into the single project database;
- Monitoring outstanding issues and proposing measures to resolve them;
- Preparing quarterly reports on GM mechanisms to be shared with the WB.

364. Quarterly reports to be submitted to the WB include Section related to GM which provides updated information on the following:

- Status of GM implementation (procedures, training, public awareness campaigns, budgeting etc.);
- Qualitative data on number of received grievances (applications, suggestions, claims, requests, positive feedback), highlighting those grievances related to the number of unresolved grievances, if any;
- Quantitative data on the type of grievances and responses, issues provided and grievances that remain unresolved;
- Level of satisfaction by the measures (response) taken;
- Correction measures taken.

8.5. World Bank Grievance Redress System

365. Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond.

366. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org. A complaint may be submitted in English, Tajik or Russian, although additional processing time will be needed for complaints that are not in English. A complaint can be submitted to the Bank GRS through the following email: grievances@worldbank.org

367. Communities and individuals may also send their complaints directly to the Bank's Country Office through the following channels.

By phone: +992 48 701-5810

By mail: 48 Ayni Street, Business Center "Sozidanie", 3rd floor, Dushanbe, Tajikistan

By email: tajikistan@worldbank.org

368. The complaint must clearly state the adverse impact(s) allegedly caused or likely to be caused by the Bank-supported project. This should be supported by available documentation and correspondence to the extent possible. The complainant may also indicate the desired outcome of the complaint. Finally, the complaint should identify the complainant(s) or assigned representative/s and provide contact details. Complaints submitted via the GRS are promptly reviewed to allow quick attention to project-related concerns.

IX. ESMF DISCLOSURE AND PUBLIC CONSULTATIONS

369. ESMF and RF preparation has been highly participatory. Some consultations have been held with various stakeholders including the public communities, local/ district/ regional authorities, other departments and service providers. The draft ESMF and RF in English and Russian languages were posted on the MOHSP website on February 6, 2023 (<https://moh.tj/ru/proekt-millati-solim/>;<https://moh.tj/en/sitemap/>).

370. The MoHSPP conducted local public consultations on this ESF instruments in 8 locations within February 15-17, 2023 at rural health facilities with patients in Gazantarak and Yakhtan Jamoats of Devashtich District; Kurush and Yangiobod Jamoats of Spitamen District in Sughd Region; Fakhrobod and Kyzyl Kala Jamoats of Khuroson District, Guliston and Navobod Jamoats of J. Balkhi District in Khatlon Region. During the consultations, the TSG presented a summary of draft ESMF, SEP, LMP and RF and conducted brief survey (Annex 1). In particular, the audience was informed about screening of the projects, the Environmental and Social Assessment for Substantial Risk sub-projects, potential impacts which may be generated as well as measures to be taken to prevent/mitigate potential impacts. Note that these consultations included resettlement aspects and as such this section only focuses on relevant environmental and social questions that were asked during the consultations.

371. The final version of this document will be used by respective government agencies and other Project stakeholders during the project implementation.

Annex 1. Minutes of the public consultations

Minutes of Stakeholder Consultations on E&S instruments in Gazantarak Jamoat, Devashtich District, Sughd Region

Hosted by: HSIP

Date: February 15, 2023

Venue: Gazantarak Jamoat, Devashtich District, Sughd Region

Number of attendants: 15 persons (9 women) consumers of medical services

Objective:

- To inform key stakeholders about the expected activities under the Millati Solim Project and the measures taken to ensure environmental and social security. Disclosure of drafts of social and environmental assessment reports.
- To obtain stakeholders comments and feedback on the entire package of documents to be disclosed.

Agenda:

- 1) Welcome speech, Deputy Head of the Primary Health Care Network of Devashtich District, Project Implementation Specialist in Sughd Region
- 2) Basic information about the scheduled activities under the Millati Solim Project. (Speech by Shokirov F.);
- 3) Participants polling (Pulatova G.).

Familiarization with the Millati Solim Project was organized for key stakeholders and provided at the level of representatives of the district health center, citizens having access to PHC services.

The event was opened by Tychiev K., Deputy Head of the Devashtich PHC Network, he welcomed all the participants, expressed gratitude to the Health Services Improvement Project for the support provided to the healthcare sector and briefly informed attendants about the HSIP activities carried out in this sector.

In his speech, Shokirov F., Implementation Specialist, HSIP in the Sughd Region, noted that the purpose of public consultations is to provide basic information about the expected activities under the *Millati Solim Project* and review key project documents prepared as the basic warranties of the social and environmental safety under the project. In his speech, Shokirov F. noted the WB environmental and social safeguards, the construction and institutional focuses.

Further, the participants were briefed on topics such as resettlement information, Grievance Redress Mechanism (GRM), Electronic Patient Register, health emergency preparedness and response. Then, the participants were given a questionnaire.

Question 1. Do you agree to resettlement if a hospital or an RHC will be constructed at the place of your residence or your house?

Yes - 12 persons, No - 5 persons

Question 2. Do you have information about the procedure for citizens appeals?

Yes - 0 persons, no - 15 persons

Question 3. If you have any complaints or suggestions, where would you like to apply?

– Box of complaints and suggestions - 6 persons, in the DHC - 12 persons

Question 4. Do you have information about the "electronic register" or not?

No - 15 persons

Question 5. Do your health facilities have the proper conditions, satisfying or not satisfying you?

Does your health facility have a washbasin, water supply, toilet and is everything operational or not?

Yes – 12 pers., No – 3 persons

Khidoyatova M., a resident of the Kalachai Rais village put a question - What is an electronic register? Avyasov T., PBF MIS Data Monitoring Specialist explained that it is scheduled to implement special Software where medical data on patient diseases, treatment, and vaccinations will be entered.

At the end of the event, the participants were asked to provide their comments on the presented materials in writing.

All parties involved were satisfied with public hearings and expressed their hope that the implementation of the Millati Solim Project would make a positive contribution to strengthening the district PHC.

Sample questionnaire and a list of participants are below.

Саволнома

Чои зисти шумо 2. Фазаптарак

Ному насаб _____

1. Агар дар ҷои зисти шумо, манзили истиқоматии шумо бинои беморхона ё маркази саломати созанад, барои кучидан ба дигар ҷой розӣ мешавед?

1. ҲО 12 Н С 3

2. Шумо дар бораи тартиби мурочиати шахрвандон маълумот доред? (МРЖ)

Н С 15 ҲО 10

3. Агар ягон шикоят ё пешниҳод дошта бошед ба кучо мурочиат кардан барои шумо беҳтар аст?

ҲО 10 Н С 5

4. Ба тариқи электронӣ гузафтани хизматрасонӣ дар муассисаҳои тандурустӣ ба шумо чи меҳад? Дар бораи “электронный регистр” маълумот доред ё не?

ҲО - 0 Н С 15

5. Шароити муассисаҳои тандурустии шумо ба талабот ҷавобгу ҳастанд, шуморо қонъ мекунанд ё не? Дар муассисаи тандурустии шумо дастшуй, об, ҳоҷатхона ҳаст ва ҳолати ҳамааш хуб аст ё не?

ҲО 12 Н С 3
Свет нест, горел,
об ба таври қаноат

List of participants of Gazantarak Jamoat, Devashtich District, Sughd Region

Рӯйхати иштирокчиёни вохури дар доираи Лоихаи "Миллати солим" дар ноҳияи Деваштиҷи вилояти Суғд
аз санаи _____ феввали соли 2023

№	Ному насаб	Ҷои истиқомат	Рақами тел	Имзо
1	Мамададилова М.	ш. Ҷончи кӯча С. Муҳаммадиев	929308445	<i>[Signature]</i>
2	Муродов Саид	С. Муҳаммадиев	9 —	<i>[Signature]</i>
3	Ғафуров Матлон	Д. Ҷаҳонҷӯр Ҷам. Д. Боро	927425653	<i>[Signature]</i>
4	Исмаилова Замин	А. Хотамов №23	928812010	<i>[Signature]</i>
5	Ғафурова Ширин	Бози маҳалла №11	9190213617	<i>[Signature]</i>
6	Ҷамшидова Саидамажид	Маҳалла	928082470	<i>[Signature]</i>
7	Сатторова Ҷумҳур	Ҷам. Д. Боро - 4	—	<i>[Signature]</i>
8	Маммадова Зайна	Ҷам. Д. Боро	—	<i>[Signature]</i>
9	Назирова Фарида	д. Қалағон Фарида	903771188	<i>[Signature]</i>
10	Ҷаҳонҷӯр Ширин	д. Қазантарак	917805822	<i>[Signature]</i>
11	Ҷаҳонҷӯр Ширин	Муҳаммадиев Саид	903040907	<i>[Signature]</i>
12	Ҷаҳонҷӯр Ширин	Муҳаммадиев Саид	903327211	<i>[Signature]</i>
13	Ҷаҳонҷӯр Ширин	Қалағон раис	915118238	<i>[Signature]</i>
14	Ҷаҳонҷӯр Ширин	Қалағон раис	928005686	<i>[Signature]</i>
15	Ҷаҳонҷӯр Ширин	Қалағон раис	929621553	<i>[Signature]</i>

[Handwritten notes and signatures below the table]



Figure 1. Consultations in Gazantarak Jamoat, Devashtich District, Sughd Region

Minutes of Stakeholder Consultations on E&S instruments Yakhtan Jamoat, Devashtich District, Sughd Region

Hosted by: HSIP

Date: February 15, 2023

Venue: Yakhtan Jamoat, Devashtich District, Sughd Region

Number of attendants: 16 persons (11 women)

Objective:

- ➔ To inform key stakeholders about the expected activities under the Millati Solim Project and the measures taken to ensure environmental and social security. Disclosure of drafts of social and environmental assessment reports.
- ➔ To obtain stakeholders comments and feedback on the entire package of documents to be disclosed.

Agenda:

- 1) Welcome speech, Deputy Head, PHC Network, Devashtich District, Project Implementation Specialist in Sughd Region
- 2) Basic information about the scheduled activities under the Millati Solim Project. (Speech by Shokirov F.);
- 3) Participants polling (Pulatova G.).

Familiarization with the Millati Solim Project was organized for key stakeholders and provided at the level of representatives of the district health center, citizens having access to PHC services.

The event was opened by Tuichiev K., Deputy Head, PHC Network, Devashtich District, he welcomed all the participants and expressed gratitude to the Health Services Improvement Project for the support provided to the healthcare sector and briefly informed attendants about the HSIP activities carried out in this sector.

In his speech, Shokirov F., Implementation Specialist, HSIP in the Sughd Region, noted that the purpose of public consultations is to provide basic information about the expected activities under the ***Millati Solim Project*** and review key project documents prepared as the basic warranties of the social and environmental safety under the project. In his speech, Shokirov F. noted the WB environmental and social safeguards, the construction and institutional focuses.

Further, the participants were briefed on topics such as resettlement information, Grievance Redress Mechanism (GRM), Electronic Patient Register, health emergency preparedness and response. Then, the participants were given a questionnaire.

Question 1. Do you agree to resettlement if a hospital or an RHC will be constructed at the place of your residence or your house?

Yes - 11 persons, No - 5 persons

Question 2. Do you have information about the procedure for citizens appeals?

Yes - 2 persons, no - 14 persons

Question 3. If you have any complaints or suggestions, where would you like to apply?

– Complaints and Suggestions Box - 4 persons, in the DHC - 12 persons

Question 4. Do you have information about the "electronic register" or not?

No - 16 persons

Question 5. Do your health facilities have the proper conditions, satisfying or not satisfying you?

Does your health facility have a washbasin, water supply, toilet and is everything operational or not?

Yes – 16 persons

Ergashev R., a Khushtoiri Mughlon Village resident thanked the HSIP for the support provided in equipping, improving the RHC sanitary and hygienic conditions and improving the quality of health services provided in this Jamoat.

At the end of the event, the participants were asked to provide their comments on the presented materials in writing.

Yakhtan Jamoat Chairman assured that the local population would support the project implementation.

All parties involved were satisfied with public hearings and expressed their hope that the implementation of the Millati Solim Project would make a positive contribution to strengthening the district PHC.

List of participants of the meeting is below.

Руйхати иштирокчиёни вохури дар доираи Лоихаи "Миллати солим" дар ноҳияи Деваштич вилояти Суғд
аз санаи ____ феввали соли 2023

№	Ному насаб	Ҷои истиқомат	Рақами тел	Имзо
1	Муртазова Ч	деҳан Ҳуштор Мухлом-Яхтан	92-919-99-76	<i>[Signature]</i>
2	Алиева Ғ	деҳан Ҳуштор Мухлом-Яхтан	92-791-99-76	<i>[Signature]</i>
3	Отамонова М	деҳан Ҳуштор Мухлом-Яхтан	92-827-34-10	<i>[Signature]</i>
4	Исупова	деҳан Ҳуштор Мухлом-Яхтан	92-787-42-12	<i>[Signature]</i>
5	Ғурбошев С	Д. Ҳ. Мухлом Яхтан	92 717 3742	<i>[Signature]</i>
6	Муртаева Сабрина	Д. Ҳ. Мухлом Яхтан	92 703 88 09	<i>[Signature]</i>
7	Асанова Аиша	Д. Ҳ. Мухлом Яхтан	92 866-60-25	<i>[Signature]</i>
8	Қорқитов Н	Д. Ҳ. Мухлом Яхтан	92 721 79 80	<i>[Signature]</i>
9	Баходов Раҳма	Д. Ҳ. Мухлом Яхтан	92 737 89 08	<i>[Signature]</i>
10	Ғафуров Раҳимов	Д. Ҳ. Мухлом Яхтан	— — —	<i>[Signature]</i>
11	Азимов Фозар	Д. Ҳ. Мухлом Яхтан	— — —	<i>[Signature]</i>
12	Мамадуллоев	Д. Ҳ. Мухлом Яхтан	92-9054795	<i>[Signature]</i>
13	Абдуллоев Фозар	Д. Ҳ. Ҳуштор Мухлом	92 615 49 64	<i>[Signature]</i>
14	Ҳидоятов Н	деҳан Ҳуштор Мухлом	92 848 26 14	<i>[Signature]</i>
15	Ғафуров Н	Д. Ҳ. Ҳуштор Мухлом	92 925 34 81	<i>[Signature]</i>
	Қодирова Т	Д. Ҳ. Мухлом	92 880 60 87	<i>[Signature]</i>
	Ғафуров З	Д. Ҳ. Мухлом	92 874 05 75	<i>[Signature]</i>
	Мухомедов	муовини раёбари КАТЕ	92 851 90 70	<i>[Signature]</i>
	Мухомедов	муовини раёбари КАТЕ		<i>[Signature]</i>

Minutes of Stakeholder Consultations on E&S instruments Kurush Jamoat, Spitamen District, Sughd Region

Hosted by: HSIP

Date: February 16, 2023

Venue: Kurush Jamoat, Spitamen District, Sughd Region

Number of attendants: 16 persons (13 women)

Objective:

- ➔ To inform key stakeholders about the expected activities under the Millati Solim Project and the measures taken to ensure environmental and social security. Disclosure of drafts of social and environmental assessment reports.
- ➔ To obtain stakeholders comments and feedback on the entire package of documents to be disclosed.

Agenda:

- 1) Welcome speech, Head Physician, Kurkat RHC, Spitamen District, Project Implementation Specialist in Sughd Region
- 2) Basic information about the scheduled activities under the Millati Solim Project. (Speech by Shokirov F.);
- 3) Participants polling (Pulatova G.).

Familiarization with the Millati Solim Project was organized for key stakeholders and provided at the level of representatives of the district health center, citizens having access to PHC services.

The event was opened by Karaboeva Kh., Head Physician, Kurkat RHC, Spitamen District, she welcomed all the participants, expressed gratitude to the Health Services Improvement Project for the support provided to the healthcare sector and briefly informed attendants about the HSIP activities carried out in this sector.

In his speech, Shokirov F., Implementation Specialist, HSIP in the Sughd Region, noted that the purpose of public consultations is to provide basic information about the expected activities under the *Millati Solim Project* and review key project documents prepared as the basic warranties of the social and environmental safety under the project. In his speech, Shokirov F. noted the WB environmental and social safeguards, the construction and institutional focuses.

Further, the participants were briefed on topics such as resettlement information, Grievance Redress Mechanism (GRM), Electronic Patient Register, health emergency preparedness and response. Then, the participants were given a questionnaire.

Question 1. Do you agree to resettlement if a hospital or an RHC will be constructed at the place of your residence or your house?

Yes - 1 persons, No - 15 persons

Question 2. Do you have information about the procedure for citizens appeals?

Yes - 0 persons, no - 15 persons

Question 3. If you have any complaints or suggestions, where would you like to apply? – Complaints and Suggestions Box - 3 persons, in the DHC - 13 persons

Question 4. Do you have information about the "electronic register" or not?

No - 16 persons

Question 5. Do your health facilities have the proper conditions, satisfying or not satisfying you? Does your health facility have a washbasin, water supply, toilet and is everything operational or not?

Yes – 16 pers., No – 0 persons

Kurbanova M., a Kurush Jamoat resident put a question – Where complaints can be submitted, if

arise? She was given the answer that in all RHCs of the district there are boxes for receiving complaints from citizens, and there are also booklets with phone numbers and the GRM website link. At the end of the event, the participants were asked to provide their comments on the presented materials in writing.

All parties involved were satisfied with public hearings and expressed their hope that the implementation of the Millati Solim Project would make a positive contribution to strengthening the district PHC.

The list of participants is below

Руйхати иштирокчиёни вохури дар доираи Лоихаи "Миллати солим" дар ноҳияи Спитамен вилояти Суғд аз санаи _____ феврالی соли 2023

№	Ному насаб	Ҷои истиқомат	Рақами тел	Имзо
1	Ҷуриёбова Ҷезатон	Р. Қурбонӣ кӯча И. Маҳсудӣ №102	92 963-04 22	✓ <i>Ҷуриёбова</i>
2	Набилова Маорунна	Р. Қурбонӣ к. И. Маҳсудӣ №76	92 11140-03 01	✓ <i>Набилова</i>
3	Ҷироқова Ширинна	Р. Қурбонӣ к. И. Маҳсудӣ №102		✓ <i>Ҷироқова</i>
4	Маматқурбова Нодира	Р. Қурбонӣ к. Рудасеелӣ №51	92-816-44-71	✓ <i>Маматқурбова</i>
5	Ҷадоилова Содиқ	Д. Қурбонӣ к. И. Маҳсудӣ	92 78715-55	✓ <i>Ҷадоилова</i>
6	Азизов Чоболер	Р. Қурбонӣ к. И. Кормушов	92 647-67-72	✓ <i>Азизов</i>
7	Қурбонова Мехрина	Р. Қурбонӣ к. И. Маҳсудӣ	92 202-92-95	✓ <i>Қурбонова</i>
8	Юсупов Юсуф	Р. Қурбонӣ к. И. Маҳсудӣ	92 610-28-83	✓ <i>Юсупов</i>
9	Оттаева Мавлуда	Д. Қурбонӣ к. Рудасеелӣ	92 625-50 45	✓ <i>Оттаева</i>
10	Насимова Қасрора	Р. Қурбонӣ к. Қосеов	92 832-41 77	✓ <i>Насимова</i>
11	Қурбанова Насима	Р. Қурбонӣ к. Рудасеелӣ №7	92 907-41-92	✓ <i>Қурбанова</i>
12	Ҳамидова Қошида	Р. Қурбонӣ к. Ферузавини 877	92 822-41-81	✓ <i>Ҳамидова</i>
13	Ҷорбадинова Шада	Р. Қурбонӣ к. Кормушов	92 885-13-24	✓ <i>Ҷорбадинова</i>
14	Азизова Тавхарой	Р. Қурбонӣ к. Меркузиев	92 971-8719	✓ <i>Азизова</i>
15	Қурбанова Мухоммад	Р. Қурбонӣ к. Кормушов 85	92-770 77 21	✓ <i>Қурбанова</i>
16	Қудратилева Сабоҳат	Р. Қурбонӣ к. И. Маҳсудӣ	92-902-02-88	✓ <i>Қудратилева</i>

Сарвари месс *Қудратилева*
Ҷуриёбова






Figure 2. Consultations in Kurush Jamoat, Spitamen District, Sughd Region

Minutes of Stakeholder Consultations on E&S instruments Yangiobod Jamoat, Spitamen District, Sughd Region

Hosted by: HSIP

Date: February 16, 2023

Venue: Yangiobod Jamoat, Spitamen District, Sughd Region

Number of attendants: 11 persons (8 women)

Objective:

- ➔ To inform key stakeholders about the expected activities under the Millati Solim Project and the measures taken to ensure environmental and social security. Disclosure of drafts of social and environmental assessment reports.
- ➔ To obtain stakeholders comments and feedback on the entire package of documents to be disclosed.

Agenda:

- 1) Welcome speech, Acting Head Physician, Andarsoy RHC, Spitamen District, Project Implementation Specialist in Sughd Region
- 2) Basic information about the scheduled activities under the Millati Solim Project. (Speech by Shokirov F.);
- 3) Participants polling (Pulatova G.).

Familiarization with the Millati Solim Project was organized for key stakeholders and provided at the level of representatives of the district health center, citizens having access to PHC services.

The event was opened by Kholmatova M., Acting Head Physician, Andarsoy RHC, Spitamen District, she welcomed all the participants, expressed gratitude to the Health Services Improvement Project for the support provided to the healthcare sector.

In his speech, Shokirov F., Implementation Specialist, HSIP in the Sughd Region, noted that the purpose of public consultations is to provide basic information about the expected activities under the **Millati Solim Project** and review key project documents prepared as the basic warranties of the social and environmental safety under the project. In his speech, Shokirov F. noted the WB environmental and social safeguards, the construction and institutional focuses.

Further, the participants were briefed on topics such as resettlement information, Grievance Redress Mechanism (GRM), Electronic Patient Register, health emergency preparedness and response. Then, the participants were given a questionnaire.

Question 1. Do you agree to resettlement if a hospital or an RHC will be constructed at the place of your residence or your house?

Yes - 0 persons, No - 11 persons

Question 2. Do you have information about the procedure for citizens appeals?

Yes - 4 persons, no - 7 persons

Question 3. If you have any complaints or suggestions, where would you like to apply?

– DHC, SHSPSS - 1 person, in RHC - 10 persons

Question 4. Do you have information about the "electronic register" or not?

No - 10 persons, Yes – 1 person

Question 5. Do your health facilities have the proper conditions, satisfying or not satisfying you?

Does your health facility have a washbasin, water supply, toilet and is everything operational or not?

Yes – 11 persons, No – 0 persons

Zikriyoev M., a Yangiobod Jamoat resident thanked the HSIP for the support provided in equipping, improving the RHC sanitary and hygienic conditions and improving the quality of health services provided in this Jamoat.

At the end of the event, the participants were asked to provide their comments on the presented

materials in writing.

All parties involved were satisfied with public hearings and expressed their hope that the implementation of the Millati Solim Project would make a positive contribution to strengthening the district PHC.

Sample questionnaire is attached.

Руйхати иштирокиёни вохури дар доираи Лоихаи "Миллати солим" дар ноҳияи Спитамен вилояти Суғд
аз санаи _____ феврالی соли 2023

№	Ному насаб	Ҷои истиқомат	Рақами тел	Имзо
1	Алимова Зайноб	д. Ямишбод, к. А. Курбанов №39	92-847-03-39	<i>[Signature]</i>
2	Судроева Шибобак	д. Ямишбод, к. А. Курбанов №4	92-890-34-45	<i>[Signature]</i>
3	Ахсанова Шайхона	д. Ямишбод, к. А. Курбанов №101	92-900-20-64	<i>[Signature]</i>
4	Бобоева Чулпан	д. Ямишбод, к. А. Курбанов №28	92-721-95-73	<i>[Signature]</i>
5	Шоҳаринова Шайхона	д. Ямишбод, к. Фирдавсии №6	92-620-10-85	<i>[Signature]</i>
6	Латипова Шайхона	д. Ямишбод, к. Фирдавсии №46	92-792-31-85	<i>[Signature]</i>
7	Закриев Машамазар	д. Ямишбод, к. А. Курбанов №45	92-907-48-17	<i>[Signature]</i>
8	Ҷумаев Шохерзод	д. Ямишбод, к. Фирдавсии №1	92-421-80-99	<i>[Signature]</i>
9	Ҷафорова Зобидисо	д. Ямишбод, к. Ленин №13	92-456-42-00	<i>[Signature]</i>
10	Ҷамасова Рафиза	д. Ямишбод, к. Нурмастев №1	92-846-94-08	<i>[Signature]</i>
11	Абдурашатов Ҷума	д. Ямишбод, к. Нуров №109	92-865-64-66	<i>[Signature]</i>
12				
13				
14				
15				

[Signature] МСД Андариёи Ямишбод, 11/11/23



Figure 3 Consultation in Yangiobod Jamoat, Spitamem District, Sughd Region

Minutes of Stakeholder Consultations on E&S instruments Navobod Jamoat, J. Balkhi District, Khatlon region

Hosted by: HSIP

Date: February 15, 2023, 9:00- 12:00

Venue: Navobod RHC hall, Navobod Jamoat, J. Balkhi District

Number of attendants: 53 persons (47 women)

Working language: official language (Tajik)

Objective:

- ➔ To inform key stakeholders about the expected activities under the Millati Solim Project and the measures taken to ensure environmental and social safeguards. Disclosure of drafts of social and environmental assessment reports.
- ➔ To obtain beneficiary comments and feedback on all components under the Millati Solim Project: Tajikistan – healthy nation.

Agenda:

- Welcome speech, Doliev S.R., HSIP Implementation Specialist in Khatlon Region;
- Basic information about the scheduled activities under the Millati Solim Project: Tajikistan – healthy nation (Doliev S.R., HSIP Implementation Specialist in Khatlon Region);
- Presentation, *Social and Environmental Commitment Plan*; (Asrorov D.R., PBF HMIS Data Monitoring Specialist in Khatlon Region);
- Presentation, *Procedures Regulations of Labor-Management Relations* (Shukurov M.N. – PBF Specialist in Khatlon Region);
- Presentation document: *Stakeholder Engagement Plan*, (Doliev S. R., HSIP Implementation Specialist in Khatlon Region);
- Presentation: *Environmental and Social Management Framework* (Asrorov D. R., PBF HMIS Data Monitoring Specialist in Khatlon Region);
- Presentation: *Resettlement Framework* (Asrorov D.R., PBF HMIS Data Monitoring Specialist in Khatlon Region);
- Beneficiaries key takeaways and comments.

Meeting with citizens was organized for beneficiaries of the Project's services both for citizens and the PHC health staff.

The event was opened by Doliev S.R., HSIP Implementation Specialist in Khatlon Region, he welcomed all the participants, expressed gratitude to the Government of the Republic of Tajikistan, WB and MOHSP for the support provided to the Tajikistan health sector and briefly informed attendants about activities of the Government of the Republic of Tajikistan carried out in the health sector. In particular, it was said that the purpose of this meeting is to provide basic information about the expected activities under the *Millati Solim: Tajikistan - healthy nation* Project and review key project documents prepared as the basic environment and social safeguards of the project. Further, Doliev S. R. noted about the environmental and social safeguard policy, about the construction and institutional orientation of the project in strengthening the primary health care system. It was suggested that the meeting participants take an active part and provide their proposals on the presented materials.

In his speech, he noted that the purpose of public consultations is to provide basic information about the expected activities under the *Millati Solim: Tajikistan – Healthy Nation Project* and Project goals, objectives and components, phased WB support to Tajikistan health sector, main project beneficiaries and pilot districts to be supported under the Project.

D. R. Asrorov, PBF HMIS Data Monitoring Specialist in Khatlon Region presented information on the environmental and social aspects of the Project. He mentioned the WB requirements for the

identification and assessment of social and environmental risks and impacts associated with projects. It was noted that the main purpose of this event is to inform population about the expected project activities, to get feedback and proposals on the presented project materials.

Further, Doliev S.R., HSIP Implementation Specialist in Khatlon Region, in his speech on the *Stakeholder Engagement Plan*, noted that this document was prepared in order to identify all parties interested in the project, to establish close and constructive interaction with them and develop an appropriate engagement framework, taking into account their views and needs. It was noted that the introduction of this mechanism under the project, as well as the feedback mechanism, will improve transparency and accountability in the sector.

Asrorov D. R., PBF HMIS Data Monitoring Specialist in Khatlon Region, presented the *Environmental and Social Management Framework*. He provided information on WB requirements and legal regulations of the Republic of Tajikistan requiring environmental and social assessment. It was said that the document sets out the expected environmental and social risks and impacts associated with the project, defines measures to prevent risks and manage negative impacts.

Shukurov M.N., PBF Specialist in Khatlon Region, in his presentation on *Procedures Regulations of Labor-Management Relations* said that this document is as a tool to manage the risks that may arise in relation to the recruitment and working conditions of project employees. Speaker told that the document was developed in accordance with the requirements of SES 2. "Labor and working conditions" and defines the main requirements in the field of labor legislation and the risks associated.

Asrorov D. R., PBF HMIS Data Monitoring Specialist in Khatlon Region provided listeners with information about the *Resettlement Framework* with an overview of the WB and the Republic of Tajikistan policies and procedures related to the issues of land acquisition, restriction of land use rights and involuntary resettlement.

It should be noted that all the materials provided to the participants of the event were presented as slides in Power Point format in a compressed form.

At the end of the event, the participants were asked to provide their feedback on the presented materials in writing.

Participants put the following questions:

1. What is the citizen engagement mechanism in the project implementation process?
2. How the health staff will be involved in the project implementation process?
3. In villages where there is no health facility or it is located at a remote distance from the nearest health facility, how the project will be implemented? Is it possible to construct there a health facility under the project, for example, in Kzyl Namuna village, Lenin Yul village, Urtabuz, Chorbog, Karaboy, 1 brigade village?
4. In Pushkin village, the Health House is in critical condition and even is not subject to rehabilitation. Will a new building of the Health House be constructed under the project?
5. In presentation, it was mentioned payment of compensation in case of natural disaster, how it works?

Satisfactory answers were given to the questions received by speakers. Discussions took place in a lively atmosphere.

All parties involved were satisfied with public hearings and expressed their hope that the project implementation would make a positive contribution to improving the level, quality and volume of healthcare provided to the population at the primary health care level and strengthening their physical infrastructure.

List of participants and photos are attached.

Doliev S.R., HSIP Implementation Specialist

Asrorov D.R., PBF MIS Data Monitoring Specialist

Shukurov M.N., PBF Specialist

List of participants

Name	Name	Name
Navobod Jamoat	Kurbonova Mayram	Saidova M
Aliev Manon	Zubaidova G	Zokirova M
Sattorova Khairiniso	Mahmadaliev Z	Fayzulloeva X
Bokiyeva Oybibi	Zubaydova Sharif	Saidova R
Saidaliev Shamsuddin	Holova S	Sharipova Sh
Hasanova Shahlo	Saidova K	Halimova O
Raqabova Khairi	Nazrieva R	Rahimov X
Zoirova Halima	Gulomova Sh	Turaeva M
Gulmakhmadova Zebo	Nosirova D	Salimova M
Abdukhamidova Zamira	Turaeva M	Hamidova Sh
Nazrieva Farzona	Holova h	Hamidova G
Kamolova Dilraba	Kurbonov X	Uzbekova S
Yusupova Gulobru	Sharipov Z	Rakhimova F
Alisher Abdumirzo	Narzulloeva U	Holmurodova S
Saidova Mohpari	Boeva A	Holmurodova M
Rakhimova Rano	Saidova D	Mirzoeva Tuti
Rasulova Safarmo	Makhmaraqabova Sh	Turaeva Farzona
Azizova F	Saidova F	Nazarova Nasiba

Figure 4. Consultation in Navobod Jamoat, J. Balkhi District

Minutes of Stakeholder Consultations on E&S instruments Guliston Jamoat, J. Balkhi District, Khatlon region

Hosted by: HSIP

Date: February 15, 2023, 14:00- 17:00

Venue: Guliston RHC hall, Guliston Jamoat, J. Balkhi District

Number of attendants: 39 persons (26 women)

Working language: official language (Tajik)

Objective:

- ➔ To inform key stakeholders about the expected activities under the Millati Solim Project and the measures taken to ensure environmental and social safeguards. Disclosure of drafts of social and environmental assessment reports.
- ➔ To obtain beneficiary comments and feedback on all components under the Millati Solim Project: Tajikistan – healthy nation.

Agenda:

- Welcome speech, Doliev S.R., HSIP Implementation Specialist in Khatlon Region;
- Basic information about the scheduled activities under the Millati Solim Project: Tajikistan – healthy nation (Doliev S.R., HSIP Implementation Specialist in Khatlon Region);
- Presentation, *Social and Environmental Commitment Plan*; (Asrorov D.R., PBF HMIS Data Monitoring Specialist in Khatlon Region);
- Presentation, *Procedures Regulations of Labor-Management Relations* (Shukurov M.N. – PBF Specialist in Khatlon Region);
- Presentation document: *Stakeholder Engagement Plan*, (Doliev S. R., HSIP Implementation Specialist in Khatlon Region);
- Presentation: *Environmental and Social Management Framework* (Asrorov D. R., PBF HMIS Data Monitoring Specialist in Khatlon Region);
- Presentation: *Resettlement Framework* (Asrorov D.R., PBF HMIS Data Monitoring Specialist in Khatlon Region);
- Beneficiaries key takeaways and comments.

Meeting with citizens was organized for beneficiaries of the Project's services both for citizens and the PHC health staff.

The event was opened by Doliev S.R., HSIP Implementation Specialist in Khatlon Region, he welcomed all the participants, expressed gratitude to the Government of the Republic of Tajikistan, WB and MOHSP for the support provided to the Tajikistan health sector and briefly informed attendants about activities of the Government of the Republic of Tajikistan carried out in the health sector. In particular, it was said that the purpose of this meeting is to provide basic information about the expected activities under the *Millati Solim: Tajikistan - healthy nation* Project and review key project documents prepared as the basic environment and social safeguards of the project. Further, Doliev S. R. noted about the environmental and social safeguard policy, about the construction and institutional orientation of the project in strengthening the primary health care system. It was suggested that the meeting participants take an active part and provide their proposals on the presented materials.

In his speech, he noted that the purpose of public consultations is to provide basic information about the expected activities under the *Millati Solim: Tajikistan – Healthy Nation Project* and Project goals, objectives and components, phased WB support to Tajikistan health sector, main project beneficiaries and pilot districts to be supported under the Project.

D. R. Asrorov, PBF HMIS Data Monitoring Specialist in Khatlon Region presented information on the environmental and social aspects of the Project. He mentioned the WB requirements for the

identification and assessment of social and environmental risks and impacts associated with projects. It was noted that the main purpose of this event is to inform population about the expected project activities, to get feedback and proposals on the presented project materials.

Further, Doliev S.R., HSIP Implementation Specialist in Khatlon Region, in his speech on the *Stakeholder Engagement Plan*, noted that this document was prepared in order to identify all parties interested in the project, to establish close and constructive interaction with them and develop an appropriate engagement framework, taking into account their views and needs. It was noted that the introduction of this mechanism under the project, as well as the feedback mechanism, will improve transparency and accountability in the sector.

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Asrorov D. R., PBF HMIS Data Monitoring Specialist in Khatlon Region provided listeners with information about the *Resettlement Framework* with an overview of the WB and the Republic of Tajikistan policies and procedures related to the issues of land acquisition, restriction of land use rights and involuntary resettlement.

It should be noted that all the materials provided to the participants of the event were presented as slides in Power Point format in a compressed form.

At the end of the event, the participants were asked to provide their feedback on the presented materials in writing.

Participants put the following questions:

1. It was said about providing assistance to poor citizens, large families, orphans and widows under the project, in what kind it would be provided and what is the amount of assistance?
2. It is not clear, it was said that citizens will be incentivized and interested in project implementation, under the project. What does it mean?
3. As for questions related to medical care or healthcare, we certainly apply to the health facility and get some answer, at least. And regarding issues related to the standard of living, land management, utilities, and natural disasters consequences, whom we can contact, who can provide assistance or solve these problems?
4. What is the citizen engagement mechanism in the project implementation process?
5. How the health staff will be involved in the project implementation process?
6. In presentation, it was mentioned payment of compensation in case of natural disaster, how it works?

Satisfactory answers were given to the questions received by speakers. Discussions took place in a lively atmosphere.

All parties involved were satisfied with public hearings and expressed their hope that the project implementation would make a positive contribution to improving the level, quality and volume of healthcare provided to the population at the primary health care level and strengthening their physical infrastructure.

List of participants and photos are attached.

Doliev S.R., HSIP Implementation Specialist

Asrorov D.R., PBF MIS Data Monitoring Specialist

Shukurov M.N., PBF Specialist

List of the meeting participants:

- | | |
|----|------------------------|
| # | Guliston Jamoat |
| 1 | Ubaydov Ahliddin |
| 2 | Begova Shukron |
| 3 | Zokirova Savri |
| 4 | Sattorova Muhabbat |
| 5 | Eshonkulova Zulfiya |
| 6 | Islomova Nigina |
| 7 | Kosimova Kurbonbi |
| 8 | Eshmirzoev Saifiddin |
| 9 | Yodgorov Dustmurod |
| 10 | Khudchanova Early |
| 11 | Sharipova Shakhnoza |
| 12 | Kholmatova Rohila |
| 13 | Toirova Gulsanam |
| 14 | Rahmonbekova Zamira |
| 15 | Abdurakhimova Sanavbar |
| 16 | Tilloev Ravshan |
| 17 | Holmuminov Murtazokul |
| 18 | Mahmudov to Mehrubon |
| 19 | Rakhmatov Barotali |
| 20 | Berdiyeva Safargulmakh |
| 21 | Hukmatova Shamsia |
| 22 | Sufiev Muhammad |
| 23 | Turakhonova Gulchehra |
| 24 | Odinaeva Rukia |
| 25 | Durmanov Nazarali |
| 26 | Chutova Fotima |
| 27 | Boltaev Shermahmad |
| 28 | Mustafokulova Momogul |
| 29 | Markaev Zhumanazar |
| 30 | Allaberdieva Mahbuba |
| 31 | Kosimova Muhabbat |
| 32 | Allaberdiev Muzaffar |
| 33 | Arapova Mukhabbathon |
| 34 | Ravshanova Lobar |
| 35 | Khamzaev Ergash |
| 36 | Kurbonova Adolathon |
| 37 | Allaberdieva Chamila |
| 38 | Allaberdiev Muzaffar |
| 39 | Amonkulova Mohira |



Figure 5. Consultation in Guliston Jamoat, J. Balkhi District

Minutes of Stakeholder Consultations on E&S instruments Fakhrobod Jamoat, Khuroson District, Khatlon region

Hosted by: HSIP

Date: February 17, 2023

Venue: hall of the Fakhrobod HH, Fakhrobod Jamoat, Khuroson District

Number of attendants: 32 persons (23 women)

Working language: official language (Tajik)

Objective:

- ➔ To inform key stakeholders about the expected activities under the Millati Solim Project and the measures taken to ensure environmental and social security. Disclosure of drafts of social and environmental assessment reports.
- ➔ To obtain beneficiary comments and feedback on all components under the Millati Solim Project: Tajikistan – healthy nation.

Agenda:

- Welcome speech, Doliev S.R., HSIP Implementation Specialist in Khatlon Region;
- Basic information about the scheduled activities under the Millati Solim Project: Tajikistan – healthy nation (Doliev S.R., HSIP Implementation Specialist in Khatlon Region);
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- Presentation, *Procedures Regulations of Labor-Management Relations* (Shukurov M.N. – PBF Specialist in Khatlon Region);
- Presentation document: *Stakeholder Engagement Plan*, (Doliev S. R., HSIP Implementation Specialist in Khatlon Region);
- Presentation: *Environmental and Social Management Framework*, (Asrorov D. R., PBF HMIS Data Monitoring Specialist in Khatlon Region);
- Presentation: *Resettlement Framework* (Asrorov D.R., PBF HMIS Data Monitoring Specialist in Khatlon Region);
- Beneficiaries key takeaways and comments;

Meeting with citizens was organized for beneficiaries of the Project's services both for citizens and the PHC health staff.

The event was opened by Doliev S.R., HSIP Implementation Specialist in Khatlon Region, he welcomed all the participants, expressed gratitude to the Government of the Republic of Tajikistan, WB and MoHSPP for the support provided to the Tajikistan health sector and briefly informed attendants about activities of the Government of the Republic of Tajikistan carried out in the health sector. In particular, it was said that the purpose of this meeting is to provide basic information about the expected activities under the *Millati Solim: Tajikistan - healthy nation* Project and review key project documents prepared as the basic environment and social safeguards of the project. Further, Doliev S. R. noted about the environmental and social safeguard policy, about the construction and institutional orientation of the project in strengthening the primary health care system. It was suggested that the meeting participants take an active part and provide their proposals on the presented materials.

In his speech, he noted that the purpose of public consultations is to provide basic information about the expected activities under the *Millati Solim: Tajikistan – Healthy Nation Project* and Project goals, objectives and components, phased WB support to Tajikistan health sector, main project beneficiaries and pilot districts to be supported under the Project.

D. R. Asrorov, PBF HMIS Data Monitoring Specialist in Khatlon Region presented information on the environmental and social aspects of the Project. He mentioned the WB requirements for the

identification and assessment of social and environmental risks and impacts associated with projects. It was noted that the main purpose of this event is to inform population about the expected project activities, to get feedback and proposals on the presented project materials.

Further, Doliev S.R., HSIP Implementation Specialist in Khatlon Region, in his speech on the *Stakeholder Engagement Plan*, noted that this document was prepared in order to identify all parties interested in the project, to establish close and constructive interaction with them and develop an appropriate engagement framework, taking into account their views and needs. It was noted that the introduction of this mechanism under the project, as well as the feedback mechanism, will improve transparency and accountability in the sector.

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It should be noted that all the materials provided to the participants of the event were presented as slides in Power Point format in a compressed form.

At the end of the event, the participants were asked to provide their feedback on the presented materials in writing.

Participants asked the following questions:

1. What is the citizen engagement mechanism in the project implementation process?
2. How the health staff will be involved in the project implementation process?
3. It is not clear, it was said that citizens will be incentivized and interested in project implementation, under the project. What does it mean?
4. As for questions related to medical care or healthcare, we certainly apply to the health facility and get some answer, at least.
5. On urgent issues related to the standard of living, land management, utilities, and natural disasters consequences, whom we can contact, who can provide assistance or solve these problems?
6. In presentation, it was mentioned payment of compensation in case of natural disaster, how it works?

Satisfactory answers were given to the questions received by speakers. Discussions took place in a lively atmosphere.

All parties involved were satisfied with public hearings and expressed their hope that the project implementation would make a positive contribution to improving the level, quality and volume of healthcare provided to the population at the primary health care level and strengthening their physical infrastructure.

List of participants and photos are attached.

Doliev S.R., HSIP Implementation Specialist

Asrorov D.R., PBF MIS Data Monitoring Specialist

Shukurov M.N., PBF Specialist

List of participants:

1. Imomberdieva Parda
2. Sangaliyev Michgona
3. Khakimova Sanahvar
4. Rajabova Arafamokh
5. Shaimonova Shakhnoza
6. Kayumova Oimoma A
7. Namozova Bibisanam
8. Khanzharova Bibiraykha
9. Kulaeva Khazhara
10. Sharipov Khomid
11. Tagoykulov Mozhid
12. Gulmurodov Urozali
13. Ibodullova Salima
14. Babamuratov Mukhmaddavud
15. Shoymonova Zamira
16. Azimova Dilafruz
17. Yunusova Shoiri
18. Chamshetova Mukaramma
19. Shirinova Mavludakhon
20. Tashtemurova Marziya
21. Samatov Sherali
22. Chaborova Idigul
23. Yarboboeva Manzura
24. Abduloeva Hosiyat
25. Imomov Khudoynazar
26. Mamadalieva Komila
27. Imomov Khursandkul
28. Tagaynazarova Malohat
29. Kukiev Almuhammad
30. Erdanov Tilavmurod
31. Kuganova Farida
32. Abduzoirova Bibisoro



Figure 6. Consultation in Fakhrobod Jamoat, Khuroson District

Minutes of Stakeholder Consultations on E&S instruments Kyzyl Kala Jamoat, Khuroson District

Hosted by: HSIP

Date: February 17, 2023, 8:30 a.m.- 11:50 a.m

Venue: RFMCTC hall, Kyzyl Kala Jamoat, Khuroson District

Number of attendants: 37 persons (31 women)

Working language: official language (Tajik)

Objective:

- ➔ To inform key stakeholders about the expected activities under the Millati Solim Project and the measures taken to ensure environmental and social safeguards. Disclosure of drafts of social and environmental assessment reports.
- ➔ To obtain beneficiary comments and feedback on all components under the Millati Solim Project: Tajikistan – healthy nation.

Agenda:

- Welcome speech, Doliev S.R., HSIP Implementation Specialist in Khatlon Region;
- Basic information about the scheduled activities under the Millati Solim Project: Tajikistan – healthy nation (Doliev S.R., HSIP Implementation Specialist in Khatlon Region);
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- Presentation: *Resettlement Framework* (Asrorov D.R., PBF HMIS Data Monitoring Specialist in Khatlon Region);
- Beneficiaries key takeaways and comments.

Meeting with citizens was organized for beneficiaries of the Project's services both for citizens and the PHC health staff.

The event was opened by Doliev S.R., HSIP Implementation Specialist in Khatlon Region, he welcomed all the participants, expressed gratitude to the Government of the Republic of Tajikistan, WB and MOHSP for the support provided to the Tajikistan health sector and briefly informed attendants about activities of the Government of the Republic of Tajikistan carried out in the health sector. In particular, it was said that the purpose of this meeting is to provide basic information about the expected activities under the *Millati Solim: Tajikistan - healthy nation* Project and review key project documents prepared as the basic environment and social safeguards of the project. Further, Doliev S. R. noted about the environmental and social safeguard policy, about the construction and institutional orientation of the project in strengthening the primary health care system. It was suggested that the meeting participants take an active part and provide their proposals on the presented materials.

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At the end of the event, the participants were asked to provide their feedback on the presented materials in writing.

Participants put the following questions:

7. It was said about providing assistance to poor citizens, large families, orphans and widows under the project, in what kind it would be provided and what is the amount of assistance?
8. It is not clear, it was said that citizens will be incentivized and interested in project implementation, under the project. What does it mean?
9. As for questions related to medical care or healthcare, we certainly apply to the health facility and get some answer, at least. And regarding issues related to the standard of living, land management, utilities, and natural disasters consequences, whom we can contact, who can provide assistance or solve these problems?
10. Will there be representatives of the project on place at the local or at least the regional level, as citizens do not have the opportunity to apply and go to the capital on vital issues?
11. No one has ever seriously dealt with issues of sanitation and ecology on the ground, even household waste is not taken out and disposed, to say nothing of solid or construction waste. What is the mechanism for managing this problem?

Satisfactory answers were given to the questions received by speakers. Discussions took place in a lively atmosphere.

All parties involved were satisfied with public hearings and expressed their hope that the project implementation would make a positive contribution to improving the level, quality and volume of healthcare provided to the population at the primary health care level and strengthening their physical infrastructure.

List of participants and photos are attached.

Doliev S.R., HSIP Implementation Specialist
Asrorov D.R., PBF MIS Data Monitoring Specialist
Shukurov M.N., PBF Specialist

List of participants

- # Kyzyl Kala Jamoat
- 1 Rakhmonov Safar
- 2 Tagikhonov Alisher
- 3 Sharipova Sailigul
- 4 Boboeva Zulfiya
- 5 Yuldosheva Fayzigul
- 6 Sangova Bibioisha
- 7 Tagoeva Malika
- 8 Ganieva Gulrukhsor
- 9 Rahmonova Safarbi
- 10 Rakhimova Gulbegim
- 11 Farzonai Shodi
- 12 Rakhimova Mahfirat
- 13 Nodiray Nurali
- 14 Holova Parvina
- 15 Raqabova Latofat
- 16 Nazifova Shamsia
- 17 Nazarova Gulrukhsor
- 18 Latifai Jamoliddin
- 19 Boboeva Matluba
- 20 Khidirova Kurbongul
- 21 Berganova Maidagul
- 22 Rakhimova Mavluda
- 23 Faizalieva Adiba
- 24 Mirzoeva Mastona
- 25 Rakhimova Saida
- 26 Sunatulloeva Gulafzo
- 27 Tavakalova Firuza
- 28 Mirzoeva Mavluda
- 29 Nuralieva Mavkuda
- 30 Nazarova Sayyora
- 31 Ziyovudinzoda Toshkuvat
- 32 Rasulov Rustam
- 33 Mirzoev Orif
- 34 Saidova Malika
- 35 Mahmadaliev Mohira
- 36 Zugurova Umada
- 37 Bobobekov Khairullo



Figure 7. Consultation in Kyzyl Kala Jamoat, Khuroson District

Annex 2: SOCIAL SCREENING CHECKLIST

	Activities	Yes	No	Notes
1	Acquisitions of land, buildings (residential and business)			If "Yes", and answers other questions "No", provide relevant documents, available for the final sales transaction
2	Acquisitions or expansion of the business, which will be implemented by the demolition/relocation homeowners, renters, formal and informal user assets			If yes, provide more details
3	Acquisition of assets, which will cause the loss of access of people or a particular community/groups, especially ethnic minorities to: <ul style="list-style-type: none"> · Natural resources · The traditional habitat · The traditional activities · Communal utilities 			If yes, provide more details
4	Acquisitions/or expansion of a business that can promote/increase the risk of: <ol style="list-style-type: none"> 1. Violation of the labor code and laws including the use of child labor 2. Harassment of ethnic minority groups in the areas of project (related to their identity, dignity and livelihoods of the system of subsistence, cultural identity) 3. Human trafficking and forced labor 			If yes, provide more details
5	Will there be land acquisition using eminent domain law?			If yes, provide more details
6	Will there be permanent or temporary loss of shelter and residential land due to land acquisition?			If yes, provide more details
7	Will there be permanent or temporary loss of agricultural and other productive assets due to land acquisition?			If yes, provide more details
8	Will there be losses of crops, trees, and fixed assets due to land acquisition?			If yes, provide more details
9	Will there be permanent or temporary loss of businesses or enterprises due to land acquisition?			If yes, provide more details
10	Will there be permanent or temporary loss of income sources and means of livelihoods due to land acquisition?			If yes, provide more details

11	If land or private property is purchased through negotiated settlement or willing buyer-willing seller, will it result in the permanent or temporary removal or displacement of renters, or leaseholders?			If yes, provide more details
12	If land or private property is purchased through negotiated settlement or willing buyer-willing seller, will it result in the permanent or temporary removal or displacement of informal land-users (people without legal rights on the land) or squatters?			If yes, provide more details
13	Will the project involve any permanent or temporary restrictions in land use or access to legally designated parks or protected areas and cause people or any community to lose access to natural resources, traditional habitats, communal land, or communal facilities?			If yes, provide more details
14	Will the project use government land or any public land or property, which will require the permanent or temporary removal of informal occupants or users (residential or economic)?			If yes, provide more details

The Social Development Specialist confirms that the assigned land / proposed subproject

- Has Involuntary Resettlement (IR) impact, a Resettlement Action Plan is required
 Will not have IR impact

Completed by (full name and contacts): _____

Signature: _____

Date: _____

Annex 3: ENVIRONMENTAL SCREENING CHECKLIST

SCREENING QUESTIONS	YES	NO	REMARKS
Project Site			
Is the Project area adjacent to or within any of the following environmentally sensitive areas?			
Cultural heritage site			If yes, provide more details
Protected area			If yes, provide more details
Wetland			If yes, provide more details
Tugai			If yes, provide more details
Buffer zone of protected area			If yes, provide more details
Special area for protecting biodiversity			If yes, provide more details
Underground utilities			If yes, provide more details
Potential Environmental Impacts			
Will the Project cause ...			
Encroachment on historical / cultural area; disfiguration of landscape by construction?			If yes, provide more details
Encroachment on precious ecology (e.g. sensitive or protected areas)?			If yes, provide more details
Alteration of surface water hydrology of waterways resulting in increased sediment in streams affected by increased soil erosion at construction site?			If yes, provide more details
Deterioration of surface water quality due to silt runoff and sanitary wastes from worker-based camps and chemicals used in construction?			If yes, provide more details
Increased local air pollution due to rock crushing, cutting and filling works, and chemicals from construction site?			If yes, provide more details
Requirements for disposal of fill, excavation, and/or spoil materials?			If yes, provide more details
Noise and vibration due to blasting and other civil works??			If yes, provide more details
Community safety risks due to both accidental and natural hazards, especially where the structural elements or components of the project are accessible to members of the affected community or where their failure could result in injury to the			If yes, provide more details

SCREENING QUESTIONS	YES	NO	REMARKS
community throughout project construction, operation and decommissioning?			
Other social concerns relating to inconveniences in living conditions in the project areas that may trigger cases of upper respiratory problems and stress?			If yes, provide more details
Poor sanitation and solid waste disposal in construction camps and work sites, and possible transmission of communicable diseases from workers to local populations?			If yes, provide more details
Creation of temporary breeding habitats for mosquito vectors of disease?			If yes, provide more details
Accident risks associated with increased vehicular traffic, leading to accidental spills of toxic materials and loss of life?			If yes, provide more details
Increased noise and air pollution resulting from traffic volume?			If yes, provide more details
Risks to community safety caused by fire, electric shock, or failure of the buildings safety features during operation?			If yes, provide more details
EHS regulatory non-compliances or existing PCFs or other facilities;			If yes, provide more details
Presence of sensitive receptors			If yes, provide more details
Presence of any onsite storage of hazardous materials			If yes, provide more details
presence of any onsite energy generation equipment			If yes, provide more details

Annex 4. HEALTH, SAFETY AND WELLBEING INSPECTION CHECKLISTS

Project name: _____

Project no: _____

Project location: _____

Inspection date: _____

Inspection team _____

Note: Full compliance record Y=Yes and record positive findings – For partial compliance record N=No and record findings to correct.				
Item	N/A	Comments and Corrective actions if required	Close-out	
	Y		By (date)	Initials
	N			
1.0 Plant and Equipment				
Plant in sound condition?				
Daily pre-start checks completed?				
Safety items/faults recorded in pre-start checklist?				
Lights, signals, beepers working?				
Fire extinguishers fitted/charged?				
Seat belts installed/worn?				
Speed limits posted/observed?				
Driver/operator ticketed/licenced?				
Warning signs/stickers in place?				
PPE worn for type of plant?				
Worker and Other separation acceptable?				
High visibility clothing worn?				
Spotters being used during plant operations?				
Safe operations being observed by all?				

Note: Full compliance record Y=Yes and record positive findings – For partial compliance record N=No and record findings to correct.				
Item	N/A	Comments and Corrective actions if required	Close-out	
	Y		By (date)	Initials
	N			
2.0 Cranage and Rigging				
Operator, dog man, rigger, Trained/certified?				
Log book/maintenance records?				
Daily pre-start checks completed?				
Any oil or diesel leaks?				
Load charts/certificates available?				
All Rigging gear tagged/colour code?				
Rigging gear/slings good condition?				
Rigging gear/slings stored correctly?				
Fire extinguishers fitted/charged?				
2 tag lines available?				
Hooks, clasps, shackles good working order and condition?				
Outriggers used, stabilized pads and correct set-up?				
PPE available and worn?				
3.0 Motor Vehicles				
Daily pre-start checks completed?				
4wd roll-over bar fitted?				
Brakes, warning lights operating?				
Glass in clean condition?				
Fire extinguishers/fitted/charged?				
Seat belts installed/worn?				
Reverse beeper operating?				
Qualified operators for on-site plant and equipment appointed?				
Operators are provided with refresher training?				
First aid kitted fitted/supplied and stocked?				
4.0 Power Tools				
Tools, cords in good				

Note: Full compliance record Y=Yes and record positive findings – For partial compliance record N=No and record findings to correct.				
Item	N/A	Comments and Corrective actions if required	Close-out	
	Y		By (date)	Initials
	N			
condition?				
Correct tools used for the job?				
Guards on tools in place?				
Tools/leads/cords tagged/correct colour and recorded?				
RCDs fitted, including portable generators?				
RCDs tested and results recorded?				
Terminal boxes with covers?				
Switch boards locked, access, phone number for access?				
Electrical leads protected from damage?				
PPE available and worn?				
Specialized PPE for special work (face/eyes/gloves) provided and worn?				
Earth stake in place on generators (unless earth bonding on generator)?				
5.0 Compressed Air				
Compressor fitted with silenced unit?				
Fire Extinguisher available?				
All valves operational and correct?				
Inspection – Tags on machine/tools with details recorded?				
Whip checks/chains on hoses fitted?				
Drip tray provided under diesel engine fill point?				
Specific PPE for Workers using air tools (AVG/Hearing Protection/etc.)?				
Manifolds tested and identified effective?				
Exhaust fumes from compressor away from working area/location?				

Note: Full compliance record Y=Yes and record positive findings – For partial compliance record N=No and record findings to correct.				
Item	N/A	Comments and Corrective actions if required	Close-out	
	Y		By (date)	Initials
	N			
6.0 Flammable Gases and Liquids				
Containers/drums clearly marked with contents?				
Safety Data Sheets is available /current?				
Correct separation of cylinders?				
Storage area well ventilated?				
Cylinders stored out of sun/heat?				
Gas cylinders vertical, secured/chained?				
Fire extinguishers available /charged?				
No smoking and hazard signs in place and visible?				
Cylinder caps in available and use?				
Bunds/drip trays available and in place?				
All inspection/colour coded tags used and legible?				
Empty/Full cylinders segregated, stored and secured?				
7.0 Welding and Cutting				
Hot work permit in place/used?				
All hoses fitted with 2 Flash Back arrestors (Cylinder/Torch end)?				
Electrical leads protected?				
Screen in place when welding is being carried out?				
Gas bottles on trolley and restrained?				
Fire extinguisher in place at work point?				
All equipment inspected/tags current?				
Cylinder caps in use and secured in place?				
Specific PPE available and being used?				
Fireproof blankets available				

Note: Full compliance record Y=Yes and record positive findings – For partial compliance record N=No and record findings to correct.				
Item	N/A	Comments and Corrective actions if required	Close-out	
	Y		By (date)	Initials
	N			
and in place?				
Signage in positioned and placed to notify workers and others?				
Drip trays under stationary diesel-powered machines?				
Flammable material separated as required by the permit?				
8.0 Materials Handling, Storage				
Material stored, secured and/or stacked safely?				
Traffic control in storage and access area?				
Manual lifting operations safe and correct for material handling?				
Mechanical aids for lifting available and used?				
Materials weather protected (Sun, Rain, Storm etc.)?				
Signage is in place to notify workers and others?				
No temporary or permanent water holding areas to favour mosquito breeding?				
Spotters available to manage traffic and worker movement and control?				
Adequate space for vehicles to manoeuvre around/through compound?				
9.0 Hazardous Substances				
Safety Data Sheets available at location?				
Hazardous/Chemical (HazChem) storage with good ventilation?				
Eye wash, showers, and hand wash facility?				
Hazardous liquids in suitable bund facility?				
No smoking signs displayed?				
Correct PPE available and being worn?				

Note: Full compliance record Y=Yes and record positive findings – For partial compliance record N=No and record findings to correct.				
Item	N/A	Comments and Corrective actions if required	Close-out	
	Y		By (date)	Initials
	N			
Signage for HazChem displayed and visible?				
Correct spill kits available and stocked?				
HazChem containers appropriately labelled?				
HazChem certified handlers appointed?				
HazChem test certification required and certificates displayed/available?				
10.0 Work at Height				
Fall protection (barricades, railings) in place to prevent falls?				
Access to working at height is adequate and safe?				
Exclusion zones are in place and effective for the area?				
Ladders used are inspected/tagged?				
Are ladders used for access only?				
Are ladders secure (top & bottom) to prevent movement - 1m over, 1m < / 4m>??				
Are industrial ladders used for the work being undertaken?				
Are harness available and required/worn and used correctly?				
Is the work permit required, completed in full and sign-off obtained by all involved?				
Are all penetrations covered/cover secured – wording ‘hole below’?				
Are ladders stored/maintained/protected correctly?				
11.0 Scaffold				
Are Scaftags/Registers in place (signed off) and current as required for				

Note: Full compliance record Y=Yes and record positive findings – For partial compliance record N=No and record findings to correct.				
Item	N/A	Comments and Corrective actions if required	Close-out	
	Y		By (date)	Initials
	N			
inspection requirements?				
Is scaffolding erected where needed for the work activities?				
Is the scaffolding erected by Competent/Certified persons?				
Are access to platforms in place, hand, mid-rails, toe boards in place secure and safe?				
Floor openings coverings – As above in 10.0 Working at height?				
Safety harness available, worn and used during erection of scaffolding?				
Foundations support for type of scaffolding adequate for loading, sound and secure?				
Warning signage in place, visible to all workers and others?				
Is the Scaffolding adequate for the job/activities being carried out?				
The scaffolding complies with design drawings (Temporary Works)?				
What type of Scaffolding is provided – basic, special, suspended, hanging?				
12.0 Excavations and Trenching				
Daily checks completed by competent person and recorded?				
Checks for underground services performed prior to excavation?				
Underground services located prior to excavation (hand digging, HydroVac)?				
Are sufficient and adequate barricaded in place to prevent falls into excavations?				
Are ladders used/secured for a				

Note: Full compliance record Y=Yes and record positive findings – For partial compliance record N=No and record findings to correct.				
Item	N/A	Comments and Corrective actions if required	Close-out	
	Y		By (date)	Initials
	N			
safe means of access and egress in/out of excavation?				
Is the excavation >1.5 metres deep shored, battered benched?				
Is the excavated material away from the cut face (1 metre)?				
Is the excavation/trench width adequate for working activities?				
Is Air quality checks being done prior/during work activities and are the readings recorded?				
Is the excavation/trench Benching/Battering/Shoring adequate?				
13.0 Formwork/Concrete Work				
Are design drawings available for the temporary works and sign-off obtained?				
Is the temporary works erected in accordance with design drawings?				
Is the temporary works inspected prior to and during pour?				
Is the Formwork In good order and safe condition?				
Is the Formwork process/JSEA covers “do not drop” when being stripped?				
Penetrations covered and cover secured/fixed with words – ‘hole below’?				
All Vertical bars are covered and protected with anti-implament devices				
All waste concrete controlled and disposed of correctly?				
14.0 Traffic Management (Pedestrian and Vehicle)				
Traffic Management Plan(s) approved by the Engineer?				

Note: Full compliance record Y=Yes and record positive findings – For partial compliance record N=No and record findings to correct.				
Item	N/A	Comments and Corrective actions if required	Close-out	
	Y		By (date)	Initials
	N			
Traffic control and signs checked every 2 hourly for compliance with the plan?				
Road traffic rules/signs being obeyed by workers and others?				
Barriers and signage adequate for the work activities?				
Are proactive measures in place to prevent pedestrians and vehicles entering active working areas?				
Parking rules are obeyed by workers and others?				
Speed limits obeyed by workers and others?				
Dust suppression systems being operated and adequate for the whole operation?				
Lighting available and adequate for the tasks during dusk/night operations?				
Driving habits being observed comply with on-site requirements?				
Haul roads sign posted, marked, maintained and have adequate edge bund for usage?				
Traffic awareness workshops held – Schools, churches, community meetings etc.?				
TMP distributed to all workers, drivers, operators working on-site?				
Are weekly safety awareness and enhancement meetings held and attended by everyone?				
Traffic light system used, maintained and is manned?				
Maximum traffic diversions for work activities – 5 Km rural – 1 Km urban?				
Minimum lane width for traffic movement – single				

Note: Full compliance record Y=Yes and record positive findings – For partial compliance record N=No and record findings to correct.				
Item	N/A	Comments and Corrective actions if required	Close-out	
	Y		By (date)	Initials
	N			
3.5m – two-way 7.5m				
Roads maintained in a safe and trafficable condition at all times?				
Has the contractor prepared a response plan for deteriorating road conditions/environment?				
Has the Contractor prepared a detailed completion report?				
15.0 Housekeeping				
Specific waste bins available and in place/used emptied/lids?				
Waste bins to segregated items used on-site (Wood, Steel Recycle)?				
All work areas are tidy and with safe access to all locations?				
On-site sewage/septic tanks are controlled and not allowed to overflowing?				
Walkways and passages demarcated/tidy/safe and maintained?				
Shelter from sun/rain provided and maintained?				
Signage legible, clean, visible and appropriate?				
Waste containers for cigarette butts provided and used?				
Lighting adequate provided within facilities and to work locations?				
Hi Glare locations identified, and workers advised/informed to avoided?				
Security site fencing installed around hazards/compound?				
Site fencing in good order and condition with appropriate signs advising “Authorised Entry Only”?				
Office areas in a clean, tidy				

Note: Full compliance record Y=Yes and record positive findings – For partial compliance record N=No and record findings to correct.				
Item	N/A	Comments and Corrective actions if required	Close-out	
	Y		By (date)	Initials
	N			
and hygienic condition?				
Storage areas clearly defined, tidy and maintained?				
Appropriate signs to inform visitors, workers and others fixed and visible to all?				
16.0 Fire Prevention				
Adequate number of Fire extinguishers available and in place?				
All extinguishers have clear and ready access to uplift?				
All extinguishers inspection tags up to date?				
Appropriate signage in place to inform those in the area?				
Correct Firefighting procedure displayed?				
Emergency contact Numbers' displayed (fire, ambulance, police)?				
No smoking enforcement/signs displayed?				
Extinguishers suitable type/size for environment?				
Company vehicles fitted with fire extinguishers?				
Emergency response plan displayed and understood by all in the area?				
17.0 First Aid Facilities				
1st Aid person(s) on site for the number of workers in the area?				
1st Aid kit stocked, maintained and stocks are within expire date?				
Emergency contact numbers for first aiders is displayed around site?				
Signage for response is adequate and visible for all to see/read?				
All shifts operations are				

Note: Full compliance record Y=Yes and record positive findings – For partial compliance record N=No and record findings to correct.				
Item	N/A	Comments and Corrective actions if required	Close-out	
	Y		By (date)	Initials
	N			
adequately covered?				
Emergency plan displayed and understood by all workers?				
A clinic provided with suitable equipment and staff to provide treatment for workers?				
Medical doctor appointed and a nurse with two years' experience?				
18.0 Health / Amenities				
Mess Rooms/Toilets clean, hygienic and tidy condition?				
Mess rooms and toilets adequate for numbers and size of workforce?				
Female toilet provided with additional personal equipment provided?				
Soap and paper towels available and maintained?				
Wash your hands signs legible and displayed?				
Correct drinking water supply available?				
Food storage adequate for all types of environments?				
Quit smoking signage visible and displayed?				
Fitness for work signage visible and displayed?				
UV Protection cream available, used and maintained?				
Hazard/Incident reporting system in place?				
Vehicle available for treatment and transport of injured worker/visit to medical centre?				
The breeding sites (stagnant water ponds) for mosquitoes are eliminated?				
Is a medical clinic, with all necessary medication				

Note: Full compliance record Y=Yes and record positive findings – For partial compliance record N=No and record findings to correct.				
Item	N/A	Comments and Corrective actions if required	Close-out	
	Y		By (date)	Initials
	N			
provided?				
Has any outbreak of illness of an epidemic nature occurred?				
Is a plan in place to manage an outbreak of illness?				
19.0 Asbestos Removal				
JSEA prepared to cover the removal of asbestos and engagement of workers prior to it being issued?				
Is the correct PPE available and being used?				
Is the asbestos material being contained correctly?				
Are the correct disposal methods being used and the appropriate docket available and completed in full)?				
Is the Asbestos Contractor an approved remover with current certification?				
20.0 Lasers				
Is appropriate signage in place and visible to all in the area?				
Is the equipment being used positioned so as Not erected at eye level?				
Has a Laser Safety Officer been appointed on-site for (class 2 or 3A)?				
21.0 Noise				
Has a noise assessment been conducted to identify if any excessive levels exist?				
Has any personnel monitoring been carried out in noisy areas?				
Is the correct PPE available, been issued, worn and maintained by the workers and others?				
Is the correct signage erected to inform workers and others as required?				

Note: Full compliance record Y=Yes and record positive findings – For partial compliance record N=No and record findings to correct.				
Item	N/A	Comments and Corrective actions if required	Close-out	
	Y		By (date)	Initials
	N			
Is a medical assessment conducted with each worker exposed to high noise levels?				
22.0 Explosive Power tools				
Are Operators trained and hold the correct certification?				
Are warning signs visible and in place to warn workers and others?				
Is the correct PPE available, been issued, worn and maintained by the workers using the tool and other in close proximity?				
Is the tool placed in a secure container?				
Does the tool display and has current certification?				
23.0 Confined spaces				
Has the Hazard/Risks been Identified for the confined space?				
Has a JSEA been prepared with the engagement of the workers and, issued?				
Is air monitoring completed prior to entry and during work within the confined space and recorded?				
Is breathing apparatus available and used by workers and have they received the required training?				
Is a rescue plan developed and appropriate rescue equipment available?				
Is an entry permit prepared and complete correctly?				
Are all those involved trained and competent workers for the confined space work?				
Standby/Spotter are in place				

Note: Full compliance record Y=Yes and record positive findings – For partial compliance record N=No and record findings to correct.				
Item	N/A	Comments and Corrective actions if required	Close-out	
	Y		By (date)	Initials
	N			
and trained to respond?				
All Isolation of external hazards are in place, checked and verified complete?				
All workers familiar with confined space requirements?				
24.0 Explosives				
Has a Blasting Management Plan been prepared and approved by the Engineer?				
Site location/plan approved by the Engineer?				
Storage facility designed and approved for the explosives?				
Transportation of explosives is in compliance with legislative controls and procedures?				
Controls during blasting operations are in-place and effective?				
Blasting operations under the control of a qualified and certified Blaster?				
The Engineer is notified within the specified time- lines set within the contract?				
Buildings and services are provided with adequate protection to prevent damage from flying debris?				
All precautions are in-place to ensure no harm to individuals during blasting operations?				
Police control traffic movement within 400 m of the blasting operations?				
All signs are in place to warn others of the blasting operations?				
The use of a Vibro-metre is in place during blasting?				
Weather condition have been assessed (Lighting Storms etc.)?				

Note: Full compliance record Y=Yes and record positive findings – For partial compliance record N=No and record findings to correct.				
Item	N/A	Comments and Corrective actions if required	Close-out	
	Y		By (date)	Initials
	N			
24.0 Other – Specify Activity:				
JSEA reviewed by all relevant workers?				
JSEA controls being implemented and review as required?				
Has the work environment changed since commencement?				
Does the JSEA require revision and has this been done on a regular basis?				

Annex 5: INDICATIVE OUTLINE OF ESIA

Where an environmental and social impact assessment is prepared as part of the environmental and social assessment, it will include the following:

(a) Executive Summary

- Concisely discusses significant findings and recommended actions.

(b) Legal and Institutional Framework

- Analyzes the legal and institutional framework for the project, within which the environmental and social assessment is carried out, including the issues set out in ESS1, paragraph 26³⁴
- Compares the Borrower's existing environmental and social framework and the ESSs and identifies the gaps between them.
- Identifies and assesses the environmental and social requirements of any co-financiers.

(c) Project Description

- Concisely describes the proposed project and its geographic, environmental, social, and temporal context, including any offsite investments that may be required (e.g., dedicated pipelines, access roads, power supply, water supply, housing, and raw material and product storage facilities), as well as the project's primary suppliers.
- Through consideration of the details of the project, indicates the need for any plan to meet the requirements of ESS1 through 10.
- Includes a map of sufficient detail, showing the project site and the area that may be affected by the project's direct, indirect, and cumulative impacts.

(d) Baseline Data

- Sets out in detail the baseline data that is relevant to decisions about project location, design, operation, or mitigation measures. This should include a discussion of the accuracy, reliability, and sources of the data as well as information about dates surrounding project identification, planning and implementation.
- Identifies and estimates the extent and quality of available data, key data gaps, and uncertainties associated with predictions.

³⁴ 27 ESS1, paragraph 26, states that the environmental and social assessment takes into account in an appropriate manner all issues relevant to the project, including: (a) the country's applicable policy framework, national laws and regulations, and institutional capabilities (including implementation) relating to environment and social issues; variations in country conditions and project context; country environmental or social studies; national environmental or social action plans; and obligations of the country directly applicable to the project under relevant international treaties and agreements; (b) applicable requirements under the ESSs; and (c) the EHSs, and other relevant GIIP.

- Based on current information, assesses the scope of the area to be studied and describes relevant physical, biological, and socioeconomic conditions, including any changes anticipated before the project commences.
- Takes into account current and proposed development activities within the project area but not directly connected to the project.

(e) Environmental and Social Risks and Impacts

- Takes into account all relevant environmental and social risks and impacts of the project. This will include the environmental and social risks and impacts specifically identified in ESS2–8, and any other environmental and social risks and impacts arising as a consequence of the specific nature and context of the project, including the risks and impacts identified in ESS1, paragraph 28.

(f) Mitigation Measures

- Identifies mitigation measures and significant residual negative impacts that cannot be mitigated and, to the extent possible, assesses the acceptability of those residual negative impacts.
- Identifies differentiated measures so that adverse impacts do not fall disproportionately on the disadvantaged or vulnerable.
- Assesses the feasibility of mitigating the environmental and social impacts; the capital and recurrent costs of proposed mitigation measures, and their suitability under local conditions; and the institutional, training, and monitoring requirements for the proposed mitigation measures.
- Specifies issues that do not require further attention, providing the basis for this determination.

(g) Analysis of Alternatives

- Systematically compares feasible alternatives to the proposed project site, technology, design, and operation—including the “without project” situation—in terms of their potential environmental and social impacts.
- Assesses the alternatives’ feasibility of mitigating the environmental and social impacts; the capital and recurrent costs of alternative mitigation measures, and their suitability under local conditions; and the institutional, training, and monitoring requirements for the alternative mitigation measures.
- For each of the alternatives, quantifies the environmental and social impacts to the extent possible, and attaches economic values where feasible.

(h) Design Measures

- Sets out the basis for selecting the particular project design proposed and specifies the applicable ESHGs or if the ESHGs are determined to be inapplicable, justifies recommended emission levels and approaches to pollution prevention and abatement that are consistent with GIIP.

(i) Key Measures and Actions for the Environmental and Social Commitment Plan (ESCP)

- Summarizes key measures and actions and the timeframe required for the project to meet the requirements of the ESSs. This will be used in developing the Environmental and Social Commitment Plan (ESCP).

(j) Appendices

- List of the individuals or organizations that prepared or contributed to the environmental and social assessment.
- References—setting out the written materials both published and unpublished, that have been used.
- Record of meetings, consultations and surveys with stakeholders, including those with affected people and other interested parties.

The record specifies the means of such stakeholder engagement that were used to obtain the views of affected people and other interested parties.

- Tables presenting the relevant data referred to or summarized in the main text.
- List of associated reports or plans

Annex 6: ENVIRONMENTAL SOCIAL MANAGEMENT PLAN (Template)

General Remarks. If an ESIA is required, then the ESMP should be an Annex to the ESIA. For smaller activities, only an ESMP or ESMP checklist is required. An Environmental and Social Management Plan (ESMP) should outline the mitigation, monitoring and administrative measures to be taken during project implementation to avoid or eliminate negative environmental and social impacts.

Description of the of the Environmental and Social Management Plan

The Environmental and Social Management Plan (ESMP) identifies feasible and cost-effective measures that may reduce potentially significant adverse environmental impacts to acceptable levels. The plan includes compensatory measures if mitigation measures are not feasible, cost-effective, or sufficient. Specifically, the EMP (a) identifies and summarizes all anticipated significant adverse environmental impacts (including those involving indigenous people or involuntary resettlement); (b) describes—with technical details—each mitigation measure, including the type of impact to which it relates and the conditions under which it is required (e.g., continuously or in the event of contingencies), together with designs, equipment descriptions, and operating procedures, as appropriate; (c) estimates any potential environmental impacts of these measures; and (d) provides linkage with any other mitigation plans (e.g., for involuntary resettlement, indigenous peoples, or cultural property) required for the project.

Mitigation

The ESMP identifies measures and actions in accordance with the mitigation hierarchy that reduce potentially adverse environmental and social impacts to acceptable levels. The plan will include compensatory measures, if applicable. Specifically, the ESMP:

- i. identifies and summarizes all anticipated adverse environmental and social impacts (including those involving indigenous people or involuntary resettlement);
- ii. describes—with technical details—each mitigation measure, including the type of impact to which it relates and the conditions under which it is required (e.g., continuously or in the event of contingencies), together with designs, equipment descriptions, and operating procedures, as appropriate; This may be particularly relevant where the Borrower is engaging contractors, and the ESMP sets out the requirements to be followed by contractors. In this case the ESMP should be incorporated as part of the contract between the Borrower and the contractor, together with appropriate monitoring and enforcement provisions.
- iii. estimates any potential environmental and social impacts of these measures; and
- iv. takes into account, and is consistent with, other mitigation plans required for the project (e.g., for involuntary resettlement, indigenous peoples, or cultural heritage).

Monitoring

Environmental monitoring during project implementation provides information about key environmental aspects of the project, particularly the environmental impacts of the project and the effectiveness of mitigation measures. Such information enables the borrower and the Bank to evaluate the success of mitigation as part of project supervision, and allows corrective action to be taken when

needed. Therefore, the EMP identifies monitoring objectives and specifies the type of monitoring, with linkages to the impacts assessed in the EA report and the mitigation measures described in the EMP. Specifically, the monitoring section of the EMP provides (a) a specific description, and technical details, of monitoring measures, including the parameters to be measured, methods to be used, sampling locations, frequency of measurements, detection limits (where appropriate), and definition of thresholds that will signal the need for corrective actions; and (b) monitoring and reporting procedures to (i) ensure early detection of conditions that necessitate particular mitigation measures, and (ii) furnish information on the progress and results of mitigation.

Capacity Development and Training

To support timely and effective implementation of environmental project components and mitigation measures, the EMP draws on the EA's assessment of the existence, role, and capability of environmental units on site or at the agency and ministry level. If necessary, the EMP recommends the establishment or expansion of such units, and the training of staff, to allow implementation of EA recommendations. Specifically, the EMP provides a specific description of institutional arrangements - who is responsible for carrying out the mitigation and monitoring measures (e.g., for operation, supervision, enforcement, monitoring of implementation, remedial action, financing, reporting, and staff training). To strengthen environmental management capability in the agencies responsible for implementation, most EMPs cover one or more of the following additional topics: (a) technical assistance programs, (b) procurement of equipment and supplies, and (c) organizational changes.

Implementation Schedule and Cost Estimates

For all three aspects (mitigation, monitoring, and capacity development), the EMP provides (a) an implementation schedule for measures that must be carried out as part of the project, showing phasing and coordination with overall project implementation plans; and (b) the capital and recurrent cost estimates and sources of funds for implementing the EMP. These figures are also integrated into the total project cost tables.

Integration of ESMP with Project

The borrower's decision to proceed with a project, and the Bank's decision to support it, is predicated in part on the expectation that the EMP will be executed effectively. Consequently, the Bank expects the plan to be specific in its description of the individual mitigation and monitoring measures and its assignment of institutional responsibilities, and it must be integrated into the project's overall planning, design, budget, and implementation. Such integration is achieved by establishing the EMP within the project so that the plan will receive funding and supervision along with the other components.

The Environmental and Social Management Plan format provided in Form below. It represents a model for development of an EMP. The model divides the project cycle into three phases: construction, operation and decommissioning. For each phase, the preparation team identifies any significant environmental impacts that are anticipated based on the analysis done in the context of preparing an environmental assessment. For each impact, mitigation measures are to be identified and listed. Estimates are made of the cost of mitigation actions broken down by estimates for installation (investment cost) and operation (recurrent cost). The EMP format also provides for the identification of institutional responsibilities for "installation" and operation of mitigation devices and methods.

To keep track of the requirements, responsibilities and costs for monitoring the implementation of environmental mitigation identified in the analysis included in an environmental assessment a

monitoring plan is necessary. A **Monitoring Plan format** is provided in **Annex 4** and includes a row for baseline information that is critical to achieving reliable and credible monitoring. The key elements of the matrix are:

- What is being monitored?
- Where is monitoring done?
- How is the parameter to be monitored to ensure meaningful comparisons?
- When or how frequently is monitoring necessary or most effective?
- Why is the parameter being monitored (what does it tell us about environmental impact)?

In addition to these questions, it is necessary to identify the costs associated with monitoring (both investment and recurrent) and the institutional responsibilities.

When a monitoring plan is developed and put in place in the context of project implementation, the TSG will request reports at appropriate intervals and include the findings in its periodic reporting to the World Bank and make the findings available to Bank staff during supervision missions.

Environmental and Social Management Plan Format

Key Activities	Potential ES Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	
					Install	Operate
Planning and Designing Stage						
Identify the type, location and scale of Primary healthcare (PHC) facilities						
Identify the need for new construction, expansion, upgrading and/or rehabilitation						
Identify the needs for ancillary works and associated facilities, such as access roads, construction materials, supplies of water and power, sewage system						
Identify the needs for acquisition of land and assets (e.g. acquiring existing assets such as hostel, stadium to hold potential patients)						
Identify onsite and offsite waste management facilities, and waste transportation routes and service providers	Inadequate facilities and processes for treatment of waste	<ul style="list-style-type: none"> ➤ Estimate potential waste streams ➤ Consider the capacity of existing facilities, and plan to increase capacity, if necessary, through construction, expansion etc. ➤ Specify that the design of the facility considers the collection, segregation, transport and 				

		<p>treatment of the anticipated volumes and types of healthcare wastes</p> <ul style="list-style-type: none"> ➤ Require that receptacles for waste should be sized appropriately for the waste volumes generated, and color coded and labeled according to the types of waste to be deposited. <p>Develop appropriate protocols for the collection of waste and transportation to storage/disposal areas in accordance with WHO guidance. Design training for staff in the segregation of wastes at the time of use</p>				
Identify needs for workforce and type of project workers		<ul style="list-style-type: none"> ➤ Identify numbers and types of workers ➤ Consider accommodation and measures to minimize cross infection 				
PHC Facilities design – general	<ul style="list-style-type: none"> - Structural safety risk; - Functional layout and engineering control for nosocomial infection 					
PHC Facilities design - considerations for differentiated treatment for groups of higher sensitivity or vulnerable (the elderly, those with preexisting	Some groups may have difficulty accessing health facilities					

conditions, or the very young) and those with disabilities						
Design of facility should reflect specific treatment requirements, including triage, isolation or quarantine		<ul style="list-style-type: none"> ➤ The design, set up and management of will take into account the advice provided by WHO guidance for <i>Severe Acute Respiratory Infections Treatment Center</i>. ➤ Hand washing facilities should be provided at the entrances to PHC Facilities in line with <i>WHO Recommendations to Member States to Improve Hygiene Practices</i>. ➤ Isolation rooms should be provided and used at medical facilities for patients with possible or confirmed infection disease . 				
<i>To be expanded</i>						
Construction Stage						
Clearing of vegetation and trees; Construction activities near ecologically sensitive areas/spots	Impacts on natural habitats, ecological resources and biodiversity					
General construction activities Foundation excavation; borehole digging	<ul style="list-style-type: none"> - Impacts on soils and groundwater; - Geological risks 					
General construction activities	<ul style="list-style-type: none"> - Resource efficiency issues, including raw materials, water and energy use; - Materials supply 					

General construction activities – general pollution management	<ul style="list-style-type: none"> - Construction solid waste; - Construction wastewater; - Noise; - Vibration; - Dust; - Air emissions from construction equipment 					
General construction activities – hazardous waste management	Fuel, oils, lubricant					
General construction activities – Labor issues						
General construction activities – Occupational Health and Safety (OHS)						
General construction activities – traffic and road safety						
General construction activities – security personnel						
General construction activities – land and asset	Acquisition of land and assets					
General construction activities	GBV/SEA issues					
General construction activities – cultural heritage	Cultural heritage	Chance-finds procedure				
General construction activities – emergency						

preparedness and response						
Construction activities related to <i>onsite</i> waste management facilities, including temporary storage, incinerator, sewerage system and wastewater treatment works						
Construction activities related to demolition of existing structures or facilities (if needed)						
<i>To be expanded</i>						
Operational Stage						
General PHC Facility operation – Environment	General wastes, wastewater and air emissions					
General PHC Facility operation – OHS issues	<ul style="list-style-type: none"> - Physical hazards; - Electrical and explosive hazards; - Fire; - Chemical use; - Ergonomic hazard; - Radioactive hazard 					
PHC Facility operation – Labor issue						
PHC Facility operation - considerations for differentiated treatment for groups with different needs						

(e.g. the elderly, those with preexisting conditions, the very young, people with disabilities)						
PHC Facility operation – cleaning		<ul style="list-style-type: none"> • Provide cleaning staff with adequate cleaning equipment, materials and disinfectant. • Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas. • Where cleaners will be required to clean areas that have been or are suspected to have been contaminated with infection disease, provide appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes. If appropriate PPE is not available, provide best available alternatives. • Train cleaners in proper hygiene (including hand washing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials). 				
PHC Facility operation - Infection						

control and waste management plan						
Emergency events	<ul style="list-style-type: none"> - Spillage; - Occupational exposure to infectious disease; - Exposure to radiation; - Accidental releases of infectious or hazardous substances to the environment; - Medical equipment failure; - Failure of solid waste and wastewater treatment facilities - Fire; 1. Other emergent events 	<ul style="list-style-type: none"> • Emergency Response Plan 				
<i>To be expanded</i>	-					

Annex 7: ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN CHECKLIST

ENVIRONMENTAL /SOCIAL SCREENING			
Will the site activity include/involve any of the following:	Activity	Status	Additional references
	Building rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Section B below
	New construction	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Section B below
	Individual wastewater treatment system	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Section C below
	Historic building(s) and districts	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Section D below
	Acquisition of land or loss of assets ³⁵	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Section E below
	Hazardous or toxic materials ³⁶	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Section F below
	Impacts on forests and/or protected areas	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Section G below
	Handling / management of medical waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Section H below
	Traffic and Pedestrian Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Section I below
	Labor Conditions and OHS	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Section J below
	Occupational Health and Safety of Workers	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Section K below
	Community outreach and GRM	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Section L below
	Community health and safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Section M below
ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST	
A. General Conditions	Notification and Worker Safety	<p>The local construction and environment inspectorates and communities have been notified of upcoming activities</p> <p>The public has been notified of the works through appropriate notification in the media and/or at publicly accessible sites (including the site of the works)</p> <p>All legally required permits have been acquired for construction and/or rehabilitation</p> <p>All work will be carried out in a safe and disciplined manner designed to minimize impacts on neighboring residents and environment.</p> <p>Workers will comply with international good practice (always hardhats, as needed masks and safety glasses, harnesses and safety boots)</p> <p>Appropriate signposting of the sites will inform workers of key rules and regulations to follow.</p>	
B. General Rehabilitation and /or	Air Quality	<p>During interior demolition use debris-chutes above the first floor</p> <p>Keep demolition debris in controlled area and spray with water mist to reduce debris dust</p> <p>Suppress dust during pneumatic drilling/wall destruction by ongoing water spraying and/or installing</p>	

³⁵ The project will support construction of new buildings only when the construction will not result in the taking of land resulting in: involuntary land acquisition or displacement of third parties using land; loss of assets or access to assets; or loss of income sources or means of livelihood, whether or not the affected persons must move to another location. Investors will be required to have landownership title as well as has to prove the land at the moment of subprojects application is not occupied or used even illegally.

³⁶ Toxic / hazardous material includes and is not limited to asbestos, toxic paints, removal of lead paint, etc.

Construction Activities		dust screen enclosures at site Keep surrounding environment (sidewalks, roads) free of debris to minimize dust There will be no open burning of construction / waste material at the site There will be no excessive idling of construction vehicles at sites
	Noise	Construction noise will be limited to restricted times agreed to in the permit During operations the engine covers of generators, air compressors and other powered mechanical equipment should be closed, and equipment placed as far away from residential areas as possible
	Water Quality	The site will establish appropriate erosion and sediment control measures such as e.g. hay bales and / or silt fences to prevent sediment from moving off site and causing excessive turbidity in nearby streams and rivers.
	Waste management	Waste collection and disposal pathways and sites will be identified for all major waste types expected from demolition and construction activities. Mineral construction and demolition wastes will be separated from general refuse, organic, liquid and chemical wastes by on-site sorting and stored in appropriate containers. Construction waste will be collected and disposed properly by licensed collectors The records of waste disposal will be maintained as proof for proper management as designed. Whenever feasible the contractor will reuse and recycle appropriate and viable materials (except asbestos)
C. Individual wastewater treatment system	Water Quality	The approach to handling sanitary wastes and wastewater from building sites (installation or reconstruction) must be approved by the local authorities Before being discharged into receiving waters, effluents from individual wastewater systems must be treated in order to meet the minimal quality criteria set out by national guidelines on effluent quality and wastewater treatment Monitoring of new wastewater systems (before/after) will be carried out
D. Historic building(s)	Cultural Heritage	If the building is a designated historic structure, very close to such a structure, or located in a designated historic district, notify and obtain approval/permits from local authorities and address all construction activities in line with local and national legislation Ensure that provisions are put in place so that artifacts or other possible “chance finds” encountered in excavation or construction are noted, officials contacted, and works activities delayed or modified to account for such finds.
E. Acquisition of land or loss of assets	Activity will not eligible	If the activity will result in the taking of land resulting in: involuntary land acquisition or displacement of third parties using land; loss of assets or access to assets; or loss of income sources or means of livelihood, whether or not the affected persons must move to another location it will not be financed.
F. Toxic Materials	Asbestos management	If asbestos is located on the project site, mark clearly as hazardous material When possible the asbestos will be appropriately contained and sealed to minimize exposure The asbestos prior to removal (if removal is necessary) will be treated with a wetting agent to

		<p>minimize asbestos dust Asbestos will be handled and disposed by skilled & experienced professionals If asbestos material is be stored temporarily, the wastes should be securely enclosed inside closed containments and marked appropriately The removed asbestos will not be reused</p>
	Toxic / hazardous waste management	<p>Temporarily storage on site of all hazardous or toxic substances will be in safe containers labeled with details of composition, properties and handling information The containers of hazardous substances should be placed in an leak-proof container to prevent spillage and leaching The wastes are transported by specially licensed carriers and disposed in a licensed facility. Paints with toxic ingredients or solvents or lead-based paints will not be used</p>
G. Affects forests and/or protected areas	Protection	<p>All recognized natural habitats and protected areas in the immediate vicinity of the activity will not be damaged or exploited, all staff will be strictly prohibited from hunting, foraging, logging or other damaging activities. For large trees in the vicinity of the activity, mark and cordon off with a fence large tress and protect root system and avoid any damage to the trees Adjacent wetlands and streams will be protected, from construction site run-off, with appropriate erosion and sediment control feature to include by not limited to hay bales, silt fences There will be no unlicensed borrow pits, quarries or waste dumps in adjacent areas, especially not in protected areas.</p>
H. Disposal of medical waste	Infrastructure for medical waste management	<p>In compliance with national regulations the contractor will insure that newly constructed and/or rehabilitated health care facilities include sufficient infrastructure for medical waste handling and disposal; this includes and not limited to: Special facilities for segregated healthcare waste (including soiled instruments “sharps”, and human tissue or fluids) from other waste disposal; and Appropriate storage facilities for medical waste are in place; and If the activity includes facility-based treatment, appropriate disposal options are in place and operational</p>
I Traffic and Pedestrian Safety	Direct or indirect hazards to public traffic and pedestrians by construction activity	<p>In compliance with national regulations the contractor will insure that the construction site is properly secured and construction related traffic regulated. This includes but is not limited to Signposting, warning signs, barriers and traffic diversions: site will be clearly visible and the public warned of all potential hazards Traffic management system and staff training, especially for site access and near-site heavy traffic. Provision of safe passages and crossings for pedestrians where construction traffic interferes. Adjustment of working hours to local traffic patterns, e.g. avoiding major transport activities during rush hours or times of livestock movement Active traffic management by trained and visible staff at the site, if required for safe and convenient passage for the public. Ensuring safe and continuous access to office facilities, shops and residences during renovation</p>

		activities, if the buildings stay open for the public.
J. Labor Conditions	Child and Forced Labor, Working conditions, Worker GRM	<p><u>Labour relations:</u> The workers involved are considered to be the contractor's labor force and therefore the following requirements must be met:</p> <ul style="list-style-type: none"> - Child labor (children under 18 years of age) to perform any type of work at the facility is completely prohibited; - Attraction of community members as public works within "khashars" is prohibited; - The contractor signs contract with each worker, which will have rights and obligations with observance of labor norms, that is <ul style="list-style-type: none"> • 8-hour working day, and if it exceeds the set time, take into account extra-time with appropriate payment; • 40-hour work week; • 1 hour for lunch; - The Contractor shall sign with each worker a code of conduct consistent with international practice which should be followed, otherwise dismissal of workers and collection of proportionate financial penalties are possible; - Raise workers' awareness of the general principles of communication management with the local population; - Organize access of workers to toilets and areas for hand washing, which should be provided with hot and cold water, soap and a hand dryer in sufficient volume; - Develop a system for workers grievance redress. <p><u>Living conditions:</u> Given that planned work is short-term, unskilled workers should, whenever possible, be recruited from local communities, and women should be recruited to do light work. If local workers will be involved in the work, then there is no need to provide jobs for temporary residence, but there is need to provide them with adequate conditions (sleeping places, kitchen, showers, toilets, etc.).</p> <p>If workers from other regions or cities and villages who do not have their homes in the place of repair work will be involved in the work, then the contractor must provide them with housing. Housing must be provided with the following conditions:</p> <ul style="list-style-type: none"> - Bedrooms with beds; - Kitchens with the ability to cook food, store food; - Sanitary conditions (shower or bath, toilet, place where clothes can be washed); - In the cold season - heating; - Central power supply.
K. Occupational Health and Safety of Workers	Covid prevention measures, safety measures	<p><u>Health protection:</u></p> <ul style="list-style-type: none"> - At the construction site, it is necessary to have a medical first aid kit for persons who have been injured. - Daily measurement of the temperature of employees before the start of work on the construction site.

		<p>- Regular activities with all employees at the construction site regarding compliance with the requirements for COVID-19 prevention;</p> <p><u>Safety of employees:</u></p> <p>-Provide safety training prior to commencement of each type of work and regularly check safety compliance.</p> <p>- Provide special clothing (masks, gloves and safety glasses, for repair work also helmets and protective shoes), personal protective equipment, tools, materials;</p> <p>- Provide necessary equipment for high-altitude works (temporary fences, safety belts and ropes, etc.)</p>
L. Community Outreach	Public relations and Grievance Redress Mechanism	<p>The contractor will appoint one of his employees as a contact person who is responsible for communication with the local community, as well as for receiving complaints / complaints from the local community.</p> <p>The contractor is obliged to consult with local communities to resolve conflict situations between interested parties, including between workers and local communities.</p> <p>Inform the nearby population about the repair schedule.</p> <p>Limit construction work at night.</p> <p>Provide a Grievance Redress Mechanism for stakeholders and communicate information to them.</p>
M. Community health and safety	Exposure to dangerous chemicals and disease	<p>Prepare, consult and disclose the site-specific ICWMP</p> <p>Implement and report on information and education campaigns among medical staff who perform manual labor in areas treated with medical waste, and can also face major exposure by contact with medical waste residues.</p>
N. EHS issues	Workers Safety	EHS (Environment, Health, and Safety) issues that need to be considered during the construction and operation of primary health care facilities.
O. ACM issues	ACM hazards	Prepare, consult and disclose Asbestos Management plan if any ACM revealed (see example of ACM management plan in Subsection N below)

Annex 8: INFECTION CONTROL AND WASTE MANAGEMENT PLAN (ICWMP) TEMPLATE

This Annex is presenting an outlines and minimum requirements for an ICWMP (Infection Control and Waste Management Plan) for the project. It is suggests that the plan will be updated and implemented by each applicable PCF to reflect their specific condition. This approach ensures that the ICWMP is tailored to the unique needs and characteristics of each facility.

1. Introduction

1.1 Describe the project context and components;

1.2 Describe the targeted healthcare facility (HCF):

- Type: e.g. general hospital, clinics, inpatient/outpatient facility, medical laboratory;
- Functions and requirement for the level infection control, e.g. biosafety levels;
- Location and associated facilities, including access, water supply, power supply;
- Capacity: beds

1.3 Describe the design specification of the HCF, which may include specifications for general design and safety, separation of wards, heating, ventilation and air conditioning (HVAC), presence of autoclave, and medical waste disposal facilities.

2. Infection Control and Waste Management

2.1 Overview of infection control and waste management in the HCF

- Type, source and volume of healthcare waste (HCW) generated in the HCF, including solid, liquid and air emissions (if significant);
- Classify and quantify the HCW (Class A: general non-hazardous waste; Class B: infectious waste, acute waste and pathological waste; Class B: Highly infectious waste; Class G: pharmaceutical and chemical waste; Class D: radioactive waste.) following *Decree of the Minister of MoHSP on Sanitary norms and rules for the collection, neutralization, transportation, storage and disposal of waste in medical institutions. Given the infectious nature of the novel coronavirus, some wastes that are traditionally classified as non-hazardous may be considered hazardous. It's likely the volume of waste will increase considerably given the number of admitted patients during COVID-19 outbreak. Special attention should be given to the identification, classification and quantification of the healthcare wastes.*
- Describe the healthcare waste management system in the HCF, including material delivery, waste generation, handling, disinfection and sterilization, collection, storage, transport, and disposal and treatment works;
- Provide a flow chart of waste streams in the HCF if available;
- Describe applicable performance levels and/or standards;
- Describe institutional arrangement, roles and responsibilities in the HCF for infection control and waste management.

2.2 Management Measures

- Applicable Guidelines: Medical waste management should follow National sanitary norms and rules for the collection, neutralization, transportation, storage and disposal of waste in medical institutions, MoHSP and applicable WHO guidelines³⁷.

³⁷ Safe management of wastes from health-care activities / edited by Y. Chartier et al. – 2nd ed. Available at:

- Waste minimization, reuse and recycling: HCF should consider practices and procedures to minimize waste generation, without sacrificing patient hygiene and safety consideration.
- Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies: HCF should adopt practice and procedures to minimize risks associated with delivering, receiving and storage of the hazardous medical goods.
- Waste segregation, packaging, color coding and labeling: HCF should strictly conduct waste segregation at the point of generation. Internationally adopted method for packaging, color coding and labeling the wastes should be followed.
- Onsite collection and transport: HCF should adopt practices and procedures to timely remove properly packaged and labelled wastes using designated trolleys/carts and routes. Disinfection of pertaining tools and spaces should be routinely conducted. Hygiene and safety of involved supporting medical workers such as cleaners should be ensured.
- Waste storage: A HCF should have multiple waste storage areas designed for different types of wastes. Their functions and sizes are determined at design stage. Proper maintenance and disinfection of the storage areas should be carried out. Existing reports suggest that during the COVID-19 outbreak, infectious wastes should be removed from HCF's storage area for disposal within 24 hours.
- Onsite waste treatment and disposal (e.g. an incinerator): Many HCFs have their own waste incineration facilities installed onsite. Due diligence of an existing incinerator should be conducted to examine its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended. For new HCF financed by the project, waste disposal facilities should be integrated into the overall design and ESIA developed. Good design, operational practices and internationally adopted emission standards for healthcare waste incinerator can be found in pertaining EHS Guidelines and Good International Industry Practice.
- Transportation and disposal at offsite waste management facilities: Not all HCF has adequate or well-performed incinerator onsite. Not all healthcare wastes are suitable for incineration. An onsite incinerator produces residuals after incineration. Hence offsite waste disposal facilities provided by local government or private sector are probably needed. These offsite waste management facilities may include incinerators, hazardous wastes landfill. In the same vein, due diligence of such external waste management facilities should be conducted to examine its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended and agreed with the government or the private sector operators.
- Disposal of Personal Protective Equipment (PPE): If PPE is exposed to infectious materials during use (e.g., body fluids from an infected person) the PPE is considered contaminated and the wearer should remove it promptly, using proper removal procedures. It is essential that used PPE is stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely, marked (with date) and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal.
- Wastewater treatment: HCF wastewater is related to the hazardous waste management practices. Proper waste segregation and handling as discussed above should be conducted to minimize entry of solid waste into the wastewater stream. In case wastewater is discharged into municipal sewer sewerage system, the HCF should ensure that wastewater effluent comply with all applicable permits and standards, and the municipal wastewater treatment plant (WWTP) is capable of handling the type of effluent discharged. In cases where municipal sewage system is not in place,

HCF should build and properly operate onsite primary and secondary wastewater treatment works, including disinfection. Residuals of the onsite wastewater treatment works, such as sludge, should be properly disposed of as well. There're also cases HCF wastewater is transported by trucks to a municipal wastewater treatment plant for treatment. Requirements on safe transportation, due diligence of Wastewater treatment Plant in terms of its capacity and performance should be conducted.

- Sanitation and Hygiene facilities and practices at existing healthcare facilities are important because as experience with coronavirus shows infections can find alternate pathways of infection (e.g. faeces and clothings of patients, PPE).

3. Emergency Preparedness and Response

Emergency incidents occurred in an HCF may include spillage, occupational exposure to infectious materials or radiation, accidental releases of infectious or hazardous substances to the environment, medical equipment failure, failure of solid waste and wastewater treatment facilities, and fire. These emergency events are likely to seriously affect medical workers, community, HCF's operation and the environment.

Thus, an Emergency Response Plan (ERP) that is commensurate with the risk levels is recommended to be developed. The key elements of an ERP are defined in ESS 4 Community Health and Safety (para. 21).

4. Institutional Arrangement and Capacity Building

A clearly defined institutional arrangement, roles and responsibilities should be included. A training plan with recurring training programs should be developed. The following aspects are recommended:

- Define roles and responsibilities along each link of the chain along the cradle-to-grave infection control and waste management process;
- Ensure adequate and qualified staff are in place, including those in charge of infection control and biosafety and waste management facility operation.
- Stress the head doctor of an HCF takes overall responsibility for infection control and waste management;
- Involve all relevant departments in a healthcare facility, and build an intra-departmental team to manage, coordinate and regularly review the issues and performance;
- Establish an information management system to track and record the waste streams in HCF; and
- Capacity building and training should involve medical workers, waste management workers and cleaners. Third-party waste management service providers should be provided with relevant training as well.

5. Monitoring and Reporting

Many HCFs in developing countries face the challenge of inadequate monitoring and records of healthcare waste streams. HCF should establish an information management system to track and record the waste streams from the point of generation, segregation, packaging, temporary storage, transport carts/vehicles, to treatment facilities. HCF is encouraged to develop an IT based information management system should their technical and financial capacity allow.

As discussed above, the HCF head doctor takes overall responsibility, leads an intra-departmental team and regularly reviews issues and performance of the infection control and waste management practices in the HCF. Internal reporting and filing system should be in place.

Externally, reporting should be conducted per government and World Bank requirements.

INFECTION CONTROL AND WASTE MANAGEMENT PLAN

Activities	Potential ES Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
General HCF operation – Environment	General wastes, wastewater and air emissions				
General HCF operation – OHS issues	Physical hazards; Electrical and explosive hazards; Fire; Chemical use; Ergonomic hazard; Radioactive hazard.				
HCF operation - Infection control and waste management plan					
Waste minimization, reuse and recycling					
Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies					
Storage and handling of specimen, samples, reagents, and infectious materials					
Waste segregation, packaging, color coding and labeling					
Onsite collection and transport					
Waste storage					
Onsite waste treatment and disposal					

Waste transportation to and disposal in offsite treatment and disposal facilities					
HCF operation – transboundary movement of specimen, samples, reagents, medical equipment, and infectious materials					
Emergency events	<p>Spillage;</p> <p>Occupational exposure to infectious;</p> <p>Exposure to radiation;</p> <p>Accidental releases of infectious or hazardous substances to the environment;</p> <p>Medical equipment failure;</p> <p>Failure of solid waste and wastewater treatment facilities;</p> <p>Fire;</p> <p>Other emergent events</p>	Emergency response plan			
<i>To be expanded</i>					

ANNEX 9. EXCLUSION LIST OF ACTIVITIES

Type of Activity

1. Any activities involving conversion of natural habitats/ecologically sensitive areas and/or damaging to national monuments, non-replicable cultural properties
2. Production or trade in any product or activity deemed illegal under host country laws or regulations or international conventions and agreements.
3. Production or trade in alcoholic beverages including country made liquor. 4. Gambling, casinos and equivalent enterprises.
4. Trade in wildlife or wildlife products regulated under Convention on International Trade in Endangered Species (CITES)
5. Production or trade in radioactive materials.
6. Production or trade in or use of unbounded asbestos fibers
7. Purchase of logging equipment for use in cutting forest.
8. Production or trade in pharmaceuticals subject to international phase outs or bans.
9. Production or trade in pesticides/herbicides subject to international phase outs or bans.
10. Fishing in the marine environment using electric shocks and explosive materials.
11. Goat/cattle rearing dependent on forest resources
12. Production or activities involving harmful or exploitative forms of forced labor harmful child labor
13. Commercial logging operations for use in primary tropical moist forest
14. Production or trade in products containing Polychlorinated biphenyls (PCBs).
15. Production or trade in ozone depleting substances subject to international phase out.
16. Production or trade in wood or other forestry products from unmanaged forests.
17. Production, trade, storage, or transport of significant volumes of hazardous chemicals, or commercial scale usage of hazardous chemicals.
18. Production or trade in any product or activity deemed illegal under host country laws or regulations or international conventions and agreements.
19. Production or trade or processing of products involving tobacco
20. Production or trade or use or storage of dyeing chemicals and dye intermediaries
21. Production or storage or packaging of inflammable material
22. Any activities requiring industrial production processes requiring regulatory clearances from Pollution Control Boards

ANNEX 10. ASBESTOS-CONTAINING MATERIAL MANAGEMENT PLAN (TEMPLATE)

This Annex outlines the minimum requirements for the handling and removal of ACM at facilities under the Project. The Contractor will be responsible for developing a subproject specific ACM Plan in consultation with the relevant authorities (environment and/or sanitary inspections).

Applicability

The Asbestos Containing Material Management Plan (ACMMP) applies to all project construction or reconstruction sites and any related areas. Contractors employed by Project are legally responsible for their construction sites and related areas and must follow the provisions of the Project ACMMP within those locations. Specifically, this procedure must be used to ensure the safe handling, removal and disposal of any and all Asbestos Containing Materials (ACM) from those areas.

However, it is important to note that ACM work involves handling hazardous materials and equipment that can be dangerous if not handled properly. Therefore, it is essential that only trained and qualified personnel perform ACM work to ensure the safety of themselves and others around them. Proper training should cover the handling, removal, and disposal of ACMs, as well as the use of personal protective equipment and other safety measures.

Immediate Action

On discovering ACM on a Project site the contractor must:

- Stop all work within a 5 m radius of the ACM and evacuate all personnel from this area;
- Delimit the 5 m radius with secure fencing posts, warning tape and easily visible signs warning of the presence of asbestos;
- If the site is in an inhabited area, place a security guard at the edge of the site with instructions to keep the general public away;
- Notify the Project's ESF Specialist and arrange an immediate site inspection. Equipment to remove asbestos from a construction site, contractors must provide the following equipment:
- Warning tape, sturdy fence posts and warning notices;
- Shovels;
- Water supply and hose, fitted with a garden-type spray attachment;
- Bucket of water and rags;
- Sacks of clear, strong polythene that can be tied to close;
- Asbestos waste containers (empty, clean, sealable metal drums, clearly labelled as containing asbestos).

Personal Protective Equipment (PPE)

All personnel involved in handling ACM must wear the following equipment, provided by the contractor:

- Disposable overalls fitted with a hood;
- Boots without laces;
- New, strong rubber gloves;
- A respirator is not normally required if there are only a few pieces of ACM in a small area, and if the ACM is damp;

There must be no smoking, eating or drinking on a site containing ACM.

Decontamination Procedure 1: Identification of ACMs

A comprehensive survey will be conducted by a qualified asbestos inspector to identify any ACMs present in the buildings. The survey will include visual inspections.

Decontamination Procedure 2: Removing small pieces of ACM

The location of all visible ACM should be sprayed each lightly but thoroughly with water; Once the ACM is damp, pick up all visible ACM with shovels and place in a clear plastic bag;

If ACM debris is partially buried in soil, remove it from the soil using a shovel and place it in the plastic bag;

Insert a large label inside each plastic bag stating clearly that the contents contain asbestos and are dangerous to human health and must not be handled;

Tie the plastic bags securely and place them into labelled asbestos waste containers (clean metal drums) and seal each drum;

Soil that contained ACM debris must not be used for backfill and must instead be shovelled by hand into asbestos waste containers;

At the end of the operation, clean all shovels and any other equipment with wet rags and place the rags into plastic disposal bags inside asbestos waste containers.

Decontamination Procedure 3: Removing ACM-contaminated backfill

If soil containing ACM debris has inadvertently been used for backfill this must be sprayed lightly with water and shovelled out by hand to a depth of 300 mm and placed directly into asbestos waste containers (i.e. not stored temporarily beside the trench);

Any ACM uncovered during the hand shovelling must be placed in a clear plastic bag;

Once the trench has been re-excavated to 300 mm, if there is no visible ACM remaining, the trench may be refilled by excavator using imported clean topsoil.

Management of ACMs

All ACMs will be labeled and documented in the building's asbestos register. Access to areas containing ACMs will be restricted to authorized personnel only. Any work involving ACMs will be carried out by licensed asbestos removal contractors in accordance with all relevant legislation and guidelines.

Disposal

ACM should be disposed of safely at a local hazardous-waste disposal site if available, or at the city municipal dumpsite after making prior arrangement for safe storage with the site operator.

The Contractor must arrange for the disposal site operator to collect the sealed asbestos waste containers as soon as possible and store them undisturbed at the disposal site.

At the end of construction Contractors must arrange for the disposal site operator to bury all ACM containers in a separate, suitably-sized pit, covered with a layer of clay that is at least 250 mm deep.

Personal Decontamination

At the end of each day, all personnel involved in handling ACM must comply with the following decontamination procedure:

- At the end of the decontamination operation, clean the boots thoroughly with damp rags;
- Peel off the disposable overalls and plastic gloves so that they are inside-out and place them in a plastic sack with the rags used to clean the boots;
- If a disposable respirator has been used, place that in the plastic sack, seal the sack and place it in an asbestos waste container;

All personnel should wash thoroughly before leaving the site, and the washing area must be cleaned with damp rags afterwards, which are placed in plastic sacks as above.

Clearance and Checking-Off

The decontamination exercise must be supervised by site supervisors (engineering or environmental).

After successful completion of the decontamination and disposal, the Contractor should visually inspect the area and sign-off the operation if the site has been cleaned satisfactorily.

The contractor should send a copy of the completion notice to the DRPHCIR, with photographs of the operation in progress and the site on completion.

Training and awareness:

All employees and contractors who may come into contact with ACMs will receive appropriate training on the risks associated with asbestos exposure, how to identify ACMs, and how to handle them safely.

Cost Estimate

Costs incurred by contractors in implementing the ACMMP are included in their budget in ESMP budget.