



# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 19-Mar-2020 | Report No: PIDA28969



**BASIC INFORMATION**

**A. Basic Project Data**

Country Tajikistan	Project ID P173765	Project Name Tajikistan Emergency COVID-19 Project	Parent Project ID (if any)
Region EUROPE AND CENTRAL ASIA	Estimated Appraisal Date 20-Mar-2020	Estimated Board Date 26-Mar-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of Tajikistan	Implementing Agency Ministry of Health and Social Protection, State Agency for Social Protection	

Proposed Development Objective(s)

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

Components

- Component 1. Strengthening intensive care capacity
- Component 2. Multi-sectoral response planning and community preparedness
- Component 3. Temporary social assistance for vulnerable households
- Component 4. Project Implementation and Monitoring

**PROJECT FINANCING DATA (US\$, Millions)**

**SUMMARY**

<b>Total Project Cost</b>	11.30
<b>Total Financing</b>	11.30
<b>of which IBRD/IDA</b>	11.30
<b>Financing Gap</b>	0.00

**DETAILS**

**World Bank Group Financing**



International Development Association (IDA)	11.30
IDA Grant	11.30

Environmental and Social Risk Classification

Substantial

Decision

The review did authorize the team to appraise and negotiate

## B. Introduction and Context

### Country Context

1. **Tajikistan is a low-income IDA country with a large proportion of the population vulnerable to poverty and shocks, despite notable accomplishments in poverty reduction over the past 20 years.**

Tajikistan is a land-locked country, which borders China, and 93 percent of its terrain is mountainous. It has a population of 9.1 million<sup>1</sup>. From 2000-2015 the country had an average economic growth rate of 7.7 percent annually, yet by 2018 still had the lowest GDP per capita in the Europe and Central Asia (ECA) region at US\$3061 (in 2011 PPP terms). Nonetheless, the country has achieved sustained progress in reducing poverty in the national official poverty rate, from more than 37 percent in 2013 to about 27 percent in 2019. Remittance inflows are a powerful driver of poverty reduction in Tajikistan (in total equivalent to 29 percent of GDP in 2018), and exports are dominated by commodities, especially cotton and aluminum. Official development assistance inflows and in high levels of public investment account for above-average shares of GDP. About 70 percent of the population lives in rural areas according to official projections, and the agricultural sector is by far the largest employer in the country. Rural and remote areas are significantly poorer than urban settings on average, and face highly volatile incomes compounded by strong seasonality – the national poverty rate rises be as much as 8 percentage points during the winter and spring months.

2. **The CPF and SCD also note the country’s social vulnerabilities and fragility risks, and these are compounded by the country’s geography.**

Fragility risks include: the legacy of the 1992-97 civil war; persistent poverty pockets in lagging regions; income insecurity; under and unemployment and security risks emanating from the 1,400-kilometer border with Afghanistan, where there is currently an outbreak of COVID-19. More than one in three youth (age 15-24) and almost nine out of ten female youth are not in employment, education or training. In addition, service delivery to most Tajiks is challenged by Tajikistan’s country geography. Tajikistan is one of the most vulnerable countries in the region to impacts from climate change, exacerbated by its limited capacity to respond to natural hazards. From 1992 to

<sup>1</sup>Official data of the State Agency on Statistics under the Government of Tajikistan (GoT), 2018.



2016, disasters in Tajikistan are estimated to have caused economic losses in excess of US\$1.8 billion, affecting almost 7 million people.

3. **Tajikistan's economic ties to China, where the outbreak began, make it particularly vulnerable and both WB and IMF projections point towards a steep reduction in GDP growth in 2020.** In 2019, China was Tajikistan's largest trading partner accounting for 4.7% of the export market and 18.1% of its import market. Further, oil prices fell in the first quarter of 2020 to lows not seen since the Great Recession, greatly reducing expected remittance inflows from Russia and limiting the growth outlook for Tajikistan's immediate neighbors. This combination of factors stands to cause a decline in consumption expenditure and imports, lowering tariff and VAT revenue and leading to a deterioration in fiscal sustainability. Aluminum, Tajikistan's primary export commodity at 17 percent of exports, hit a 40-month low of \$1,665 per ton in January. New foreign direct investment is also expected to decline. In 2019, the Chinese foreign investments account for nearly half (46.6%) of total foreign investments to Tajikistan, which are equivalent to 3.5 percent of GDP.

4. **Remittances from Russia to Tajikistan are expected to sharply decline due to expected travel restrictions, the rapid ruble depreciation in Q1 of 2020, and collapsing oil prices.** Tajik migrants living in Russia are the source of more than 90 percent of remittance income in Tajikistan, and the rapidly deteriorating economic prospects in Russia linked to falling oil prices, fears of the Covid-19 outbreak spreading, and exchange rate volatility are severe risks to economic stability in Tajikistan. Changes in the flow of remittances are expected to have a substantial impact on food security, particularly for vulnerable populations. In 2019, more than 10 percent of households reported an inability to buy enough food. More than half of households receiving remittances report using remittance income primarily to support household consumption of food and other basic necessities. Moreover, the poverty rate among children is structurally higher than among adults, and the country struggles with elevated rates of stunting. Finally, as remittances are highly targeted to the poorest regions and districts of the country, declining income from remittances and the absence of a quick recovery will lead to rising incidence and depth of poverty.

5. **Higher inflation and potential labor market impacts are expected to have knock-on effects on vulnerable households and have the potential to increase the prevalence and depth of poverty.** Falling remittances, the expected decline in Chinese imports (many of which are intermediate inputs), and a planned electricity tariff increase of 15 percent this year will place upward pressure on prices and reduce domestic output in comparison to expectations. Domestic business reliant on the supply of external raw materials will also face supply constraints. Approximately 300 Chinese-Tajik joint ventures are operational in Tajikistan and it is expected that they too will face disruptions on the flow of goods and people. Although the upward price movement in Tajikistan is likely to first be seen largely in non-food commodities, behavioral responses in the event of the outbreak spreading, and further supply constraints may lead to food price increases.

#### Sectoral and Institutional Context

6. **Tajikistan's health system faces long-standing challenges, exacerbating the immediate vulnerability to a COVID-19 pandemic.** The health system is in a period of reform and transition from the



Semashko system inherited from the former Soviet Union, but progress has been slow. The health system is still dominated by economic stringency, overlapping functions of state institutions, fragmentation and management that is highly centralized and heavily hospital-based. Tajikistan's health care system is tax-financed, with the government being the primary purchaser of health services and little to no risk pooling. Government spending on health as a share of general government spending is low: at 6.6 percent, equating to US\$17 per capita, with out-of-pocket spending accounting for two-thirds (64 percent) of combined health expenditure. In 2007, 11 percent of households reported spending at least 10 percent of their income on health, markedly higher than other countries in the region. Fiscal space for health remains constrained due to slowing growth and priority given to infrastructure projects in the government budget. Patterns of public health spending – with the bulk of spending on salaries and inpatient care – suggest that there is considerable scope for improvements in the efficiency of spending. There are marked inequities in the health system, evident in the financing and distribution of services and resources. Quality of care is another major concern, which is affected by the lack of investments in health facilities and technologies; an insufficient budget for, and government bargaining on, pharmaceuticals; poorly trained health care workers; and a lack of medical protocols and systems for quality improvement. This weak health system performance led the WHO to assess Tajikistan's operational readiness for preventing, detecting and responding to a public health emergency as 2 out of 5, among the lowest in the region, and highlights the country's vulnerability to the COVID-19 pandemic.

7. **Recognizing these challenges, the Government of Tajikistan has begun to mobilize a pandemic preparedness response;** at the time of project design the Emergency Response Plan (ERP) was in development so appropriateness of activities has been validated through discussion with MOSHP and WHO. A Standing Headquarters on Outbreak Prevention and Containment, led by the Deputy Prime Minister, has been established. The National Public Health Laboratory has been designated as a reference laboratory for COVID-19 testing and is equipped with adequate diagnostic equipment and staffed by limited WHO-trained technicians (as of March 15, 2020, only 2 lab technicians are trained to perform the COVID-19 diagnostic test). To date, 4,000 test kits have been received from the Russian Federation and the WHO, and, as of March 15, 2020, 300 of these had been used. The Government has prepared and assigned 14 facilities (healthcare facilities and a sanatorium) to host quarantined and suspected cases; it also has plans to draw on the facilities, staff and funding of other ministries for use in quarantine, if required, under the leadership of the Ministry of Health and Social Protection (MOHSP). Finally, with the support of the WHO, the MOHSP has established a working group for the development of the COVID-19 Emergency Response Plan (ERP). This plan is due to be finalized soon by national authorities, and overall financing needs are expected to be substantial and in excess of the available WB financing envelope. As the plan was not available at the time of project design, the project has been designed with the best information available and validated through consultation with WHO and MOHSP. For example, the project design does not focus on general screening in all health facilities as protocol training and screening are more likely to be funded and implemented by other development partners.

8. **The WB undertook a rapid gap analysis of emergency response and preparedness, in dialogue with major stakeholders.** During a rapid response preparation mission, the WB held discussions with Government counterparts and development partners to understand challenges in current capacity, resources and clinical care settings. At present, national bodies are severely stretched in terms of coordination, leadership, and communication on the emergency response efforts. The extremely limited



number of test kits means that use of these tests is highly prioritized, with likely under-detection of cases (as of March 15, 2020, no case had yet been detected in Tajikistan). Given the lack of resources for a case detection and contact tracing approach, the Government has adopted, at ports of entry only, a mandatory quarantine approach for those with a positive travel history. In the event of an outbreak, it is expected that the Tajik health system could face a surge in demand for medical services of up to 300 percent. At present, intensive care unit (ICU) capacity to treat the most severely ill patients is estimated to be 600 beds (defined as beds appropriately staffed and with functioning ventilators). No social safety net programs have been announced.

**9. Multiple donors are committed to supporting the Government’s COVID-19 response, and the project activities have been selected in discussion with partners to ensure coordination and avoid duplication.** Between March 10 and 12, 2020, WHO convened a 3-day workshop to develop a health sector operational plan to meet the expected demands in the event of a COVID-19 outbreak. As of now, several donors have donated equipment and items, which were readily available within existing stocks in Tajikistan; this includes: The Aga Khan Health Services (AKHS), Médecins Sans Frontières (MSF), Red Crescent Society of Tajikistan (RCST), the United Nations Children’s Fund (UNICEF), the United States Agency for International Development (USAID), and WHO. The WHO continues to provide interim guidelines and recommendations and has provided over 70,000 copies of risk communication materials for health workers and the public. Other development partners involved include the Asian Development Bank, the Japan International Cooperation Agency, MSF, the Swiss Agency for Development Cooperation (SDC), the United Nations Office for Project Services, and USAID. These partners are involved in a range of activities focused on case detection and prevention, including the procurement and delivery of personal protective equipment, strengthening infection prevention and control, improving laboratory capability, surveillance, risk communication, and community engagement (see Annex 1). Drawing on IEG guidance, the WB and MOSHP will continue to maintain a dialogue with other development partners, to mitigate the risk of quality challenges arising from a rapid preparation.

**10. The proposed activities seek to balance financing immediate emergency response needs and longer-term health system strengthening,** and the modelling analysis of the intervention-mix suggests it offers the best chance to minimize morbidity. In the event of an outbreak in Tajikistan, surge capacity of ICUs will be needed. In Italy, which has 5,200 ICU beds (86 per 100,000 against roughly 65 per 100,000 in Tajikistan), 1,028 ICU beds were already devoted to patients with SARS-CoV-2 infection as of March 11, 2020. This has already overwhelmed the ICU system in northern Italy, due to high pre-existing bed occupancy rates as a result of the concentration of COVID-19 patients in northern Italy, and the challenges of transporting COVID-19 patients to other parts of the country. Assuming Tajikistan eventually faces an outbreak similar to Italy’s, the limited ICU capacity, the challenges posed by mal-distribution of these beds, and of transporting COVID-19 patients requiring respiratory support are anticipated to be even greater. Should an outbreak not materialize, these investments can be repurposed for ICU capacity for pediatric, neonatal, and adult ICUs. This would constitute a strategic investment and upgrading of the post-Semashko system. In addition, decisions about equipment selection have been informed by recent experience on appropriate technical specifications, reliability and maintenance costs, and validated by development partners.

**11. The proposed activities also consider recent market dynamics for medical supplies and support**



from development partners, and the comparative advantages of the development institutions. In addition, the component design also considered the recent market dynamics around global supply chains of medical supplies, and potential challenges around availability of equipment. Components were structured to limit the risk of locking up funding for supplies that are not available due to the collapse of the supply chain, and to avoid duplication, given that some United Nations' agencies (WHO, UNICEF) are better placed to ensure supplies of personal protective equipment in Tajikistan. Discussions around the activity selection have also considered equipment, supplies and materials that are already being financed by other development partners. The Pandemic Supply Chain Network is monitoring supplies of three categories of COVID-19 supplies and equipment: infection protection; diagnostics; and equipment and supplies for clinical treatment. To date, severe supply constraints are reported for infection protection supplies (with "collapse" of the market for personal protective equipment) and diagnostics. Supplies for clinical care are less constrained (as of 10 March), but market conditions are highly dynamic, and market pressures are certain to increase with COVID-19 critical cases on the rise and with some countries now placing export restrictions on supplies and equipment. The WB and the GoT will continue to actively monitor and seek to resolve procurement challenges, and significant efforts have been made to anticipate potential challenges and build in flexibility, reflecting IEG guidance and lessons learned from previous emergency response projects.

### C. Proposed Development Objective(s)

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

#### Key Results

1. Number of new fully equipped and functional intensive care beds financed by the project
2. Number of personnel trained by the project on COVID-19 preparedness and response

### D. Project Description

12. **Component 1. Strengthening intensive care capacity (US\$5.5 million).** As COVID-19 will place a substantial burden on inpatient services, this Component will strengthen clinical care capacity by financing specialized intensive care units in selected hospitals, the procurement of medical supplies and equipment, training, and minor refurbishment required to upgrade and expand capacity to treat patients with the most severe manifestations of COVID-19. Given the global supply chain stress and the support from other development partners in Tajikistan for a number of items, procurement under this project is prioritized for ICU patients and health care workers. This could be extended to more broad case detection and contact tracing if pursued by the Government.

- a. **Subcomponent 1.1 Infection prevention and control (US\$0.5 million):** This subcomponent will finance medical supplies and equipment needed to detect and prevent COVID-19 infection. The supplies and equipment will include personal protective equipment, COVID-19 testing kits, laboratory reagents, and other consumables.



- b. **Subcomponent 1.2 Improving and establishing ICUs (US\$5.0 million).** This subcomponent will finance the medical supplies, equipment, limited operating expenses during the crisis, training, and refurbishment needed to establish at least 100 new fully equipped ICU beds across Tajikistan. The project will not finance any construction, but rather minor refurbishment required to add new fully equipped beds to existing ICUs, or to establish new ICUs within existing hospitals. These requirements will be based on a site survey undertaken by a firm acceptable to the WB. Items procured will include equipment required for intensive care diagnosis and treatment of COVID-19 patients. The location of ICUs will be selected based on existing services and expanding geographical access to health care services in order to ensure equitable access to highly specialist care across the country. Pain medications, antibiotics and other routine medicines for the ICUs will also be financed. Staff at all ICUs (both existing and new) will receive training in COVID-19 care and infection prevention, as well as longer-term capacity building in critical care provision.

13. **Component 2. Multisectoral response planning and community preparedness (US\$1.5 million).** This Component will support information and communication activities to increase the attention and commitment of government, private sector, and civil society, and to raise awareness, knowledge and understanding among the general population about the risk and potential impact of the pandemic and to develop multi-sectoral strategies to address the pandemic. A Strategic Coordination Advisor and a Communications Advisor would be financed under this Component to support the MOHSP in activities that will include: (a) support to a multisectoral task force to coordinate the COVID-19 emergency response in Tajikistan, and support to national, oblast and rayonal bodies in mobilizing effective response activities (operating expenses, technical assistance, communication costs); (b) development of a national communications and outreach strategy and implementation plan, including social and behavioral communication change across multiple channels, and implementation of community outreach focusing on preventive and social distancing measures aligned to the national communications and outreach strategy, including the development and dissemination of communication materials adapted for target audiences in the relevant languages; (c) training of journalists on responsible reporting and emergency response procedures, covering all media types and national and regional-based outlets; (d) supporting the training and activities which are COVID-19 specific to community public health teams (consisting of primary health care workers and trained community leaders) at jamoat level, coordinated by the Republican Center for Healthy Lifestyles, to increase awareness of preventive measures, to support case detection and contact tracing if pursued by the Government, and to promote community participation in slowing the spread of the pandemic.

14. **Component 3. Temporary social support for food insecure households (US\$ 3.0 million).** This Component will finance targeted, nutrition-sensitive cash transfers to provide time-limited support to food insecure households with young children where food price shocks caused by the COVID-19 pandemic can negatively affect children's nutrition status and jeopardize the human capital investments being made by the Government of Tajikistan and the WB. The transfers will be delivered using the existing Targeted Social Assistance (TSA) system, implemented by the State Agency for Social Protection (SASP). Annex 2 presents in greater depth the rationale for including cash transfers as part of this operation and provides a summary of the current program. The TSA system includes an additional module to allow for additional payments in emergency situations and the eligibility criteria can be adapted to target the most food





insecure communities. The transfers will be triggered at the oblast-level based on the spikes in the prices of key food groups (wheat, milk and dairy, eggs). Food prices in each oblast will be monitored through the routine market monitoring systems of the Ministry of Economic Development and Trade. A specific price increase threshold will be identified in consultation with the MOHSP, SASP, and key technical partners: WFP and UNICEF. Once triggered, the program will target TSA beneficiary households with children under the age of 2. This component will finance the cash transfers, and cover the costs of benefit administration, including the cost of adjusting and administering the beneficiary data base. The proposed cash transfers will also provide an opportunity to use accompanying measure to promote optimal nutrition, appropriate hygiene, and preventive health services, as well CoVid19 infection prevention messaging (the development of the communication materials will be financed under Component 2). This component has been designed with potential for scale up in mind, recognizing that further financing may be made available following this initial phase of emergency response.

15. **Component 4. Project Implementation and Monitoring (US\$ 1.3 million).** Implementing the proposed Project will require administrative and human resources that exceed the current capacity of the implementing institutions. For this reason, building on the existing strong project management capacity is critical for rapid implementation and scale-up of project activities.<sup>2</sup> The MOHSP will receive professional implementation and project management support, including for procurement and financial management (FM), from a designated new Project Implementation Unit (PIU). The core of the new PIU will be formed from the team of the well-functioning Project Implementation Unit of the Tajikistan Social Safety Nets Strengthening Project (SSNSP), which is closing on June 30, 2020. The COVID-19 Emergency Response Project will contract a progressively increasing share of staff time from the SSNSP PIU staff on a single-source basis (50 percent or more, as feasible and warranted, initially and 100 percent upon SSNSP closure). These staff include: Project Coordinator, FM Management Specialist, Procurement Specialist, 2 IT Specialists, and Administrative Assistant. Additional necessary staff will be recruited to the PIU as needed (with agreed upon terms of reference which have received the WB's no objection), such as an Environmental and Social Safeguards Officer, a Monitoring and Evaluation Specialist, Interpreter/Translator, and specialized technical staff. This component also intends to support building the capacity of the country for more sustainable response planning in the future. It will also be important to monitor remittance level and distributions, in terms of household wealth. This Component will also support the monitoring and evaluation of project activities. Activities that will be financed include: (a) support for project management, including procurement, FM, environmental and social safeguards, monitoring and evaluation, and reporting; (b) operating costs; (c) project audits.

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<sup>2</sup> The rationale for using the SSNSP PIU over the Technical Support Group (TSG) of the Health Services Improvement Project (HSIP), both under the same MOHSP, is as follows: (i) strong performance and sustainable team dynamic over the whole 5-year implementation period of the SSNSP under MOHSP; (ii) availability of freed up staff time given approaching closing date of the SSNSP; (c) forthcoming implementation of innovative activities under second additional financing for the HSIP, which by itself would be a challenging task and put additional strains on the TSG of HSIP; and (iv) substantially weakened capacity of the HSIP TSG team owing to the recent departure of two experienced key staff: Project Officer (head of TSG) and Procurement Specialist.



Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Assessment of Environmental and Social Risks and Impacts

16. The Environmental Risk Rating is "Substantial" and the Social Risk Rating is Moderate, resulting in an overall ESF Risk Rating of Substantial. The four major areas of risks for the project are: (i) risks related to rehabilitation of existing healthcare facilities; (ii); risks related to medical waste management and disposal; (iii) risks related to spread of the virus among health care workers; and (iv) risks related to the spread of COVID-19 among the population at large. These risks are covered by ESS 1, ESS 2, ESS 3, ESS 4, and ESS 10.

17. The small-scale works related to rehabilitating 10-bed ICUs are expected to take place on the property of existing facilities; therefore, they will be mostly community-based activities and environmental issues (and impacts thereof) are expected to be temporary, predictable, and easily mitigable. There will be no land acquisition.

18. The more substantial risks are around ensuring contagion vectors are controlled through strict adherence to standard procedures for medical waste management and disposal; the use of appropriate Personal Protective Equipment (PPE) for all health care workers; and working with local governments and communities to ensure that social distancing measures and quarantine regimes are strictly adhered is also vital for lowering the speed and incidence of infection.

E. Implementation

Institutional and Implementation Arrangements

19. **Intersectoral coordination and steering level. The MOHSP will be the implementing agency for the Project.** The government-level Standing Headquarters for COVID-19 Counteraction, established in February 2020, is composed of representatives from relevant ministries, agencies, and development partners. Led by the designated Deputy Prime Minister, it will provide a steering role for the overall national response, and for the project interventions specifically.

20. **Implementation level.** The MOHSP will be the implementing agency for the Project. The MOHSP is the designated central operational body within the Government and Standing Headquarters, which is also responsible for coordination and liaison with development and humanitarian partners. The Deputy Minister of Health and Social Protection/Chief State Sanitary Doctor is the National Coordinator for COVID-19 Counteraction. This individual will be responsible for the implementation oversight of project activities under Components 1 (Strengthening intensive care capacity) and 2 (Multisectoral response planning and community preparedness). The National Coordinator will be reporting to the Standing Headquarters and Deputy Prime Minister on respective project activities as part of periodic reporting on



the overall COVID-19 response. The Deputy Minister of Health and Social Protection in charge of social protection area will be overseeing implementation of Component 3 (Temporary social support for food insecure households) and responsible for coordinating overall project implementation. Both Deputy Ministers will be accountable to the Minister of Health, who, in turn, will be reporting on project performance to the higher-level authorities.

21. The MOHSP's Division of Sanitary and Epidemiological Safety, Emergencies and Emergency Medical Care (DSESEEMC) will be responsible for the day-to-day management and coordination of COVID-19 response activities supported under Components 1 and 2 of the Project. Component 3 activities will be coordinated by the MOHSP's Division for Social Protection of Population (DSPP) and technically managed by the SASP under the MOHSP. The MOHSP's Division for Health Care Economics and Budget Planning will be overseeing proper and timely execution of FM functions and funds flow under the Project. In addition, other technical divisions at the MOHSP, research institutes, national medical services, regional and local health authorities, community councils, religious leaders, and other key agencies will be involved in project activities based on their functional capacities and institutional mandates.

22. The new PIU will support the DSESEEMC and SASP/DSPP, and directly implement certain technical activities, including procurement of medical supplies, equipment, and facility repurposing works for activities under Component 1 as well as selected activities under Component 2. Some other activities, such as community worker training may be outsourced to third parties through contract agreements acceptable to the WB. The PIU will also be responsible for preparing a consolidated annual workplan and a consolidated activity and financial report for the project components. For Components 1 and 2 directly related to COVID-19, the PIU will report to the Deputy Minister of Health and Social Protection/National Coordinator for COVID-19 Counteraction; while for Component 3, the PIU will report to the Deputy Minister of Health and Social Protection in charge of social protection area through SASP similar to the current arrangements for SSNSP. A Project Operational Manual (POM) clearly describing the roles, responsibilities, and processes will be developed by the MOHSP before the Effectiveness Date.

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**APPROVAL**

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