



# Concept Environmental and Social Review Summary

## Concept Stage

### **(ESRS Concept Stage)**

Date Prepared/Updated: 08/23/2022 | Report No: ESRSC02938



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
Tajikistan	EUROPE AND CENTRAL ASIA	P178831	
Project Name	Millati Solim: Tajikistan Healthy Nation Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	10/10/2022	2/2/2023
Borrower(s)	Implementing Agency(ies)		
Republic of Tajikistan	Ministry of Health		

Proposed Development Objective

The Project Development Objective (PDO) is to improve the quality and equity of primary healthcare services and strengthen the national capacity to respond to health emergencies.

Financing (in USD Million)	Amount
<b>Total Project Cost</b>	<b>57.25</b>

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

No

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

The 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 (MOF and MOHSP). This process determines critical priorities of the Government's 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 the Government's commitment to achieving Universal Health Coverage. The Government has indicated that they would like to adopt the final PIP as a Government order to ensure that activities are being implemented. Within the four focus areas, it prioritizes specific activities with the corresponding cost, and sources of funding (from the



state budget and by 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 early September. To ensure that the activities supported by the project correspond to priority areas of the PIP, the consultants working on the PIP are in close contact with the team developing this Project. The proposed project includes the following components:

Component 1: Primary Healthcare Strengthening

Component 1.1: Quality Improvements through investments in human resources and demand stimulation

Component 1.2: Physical infrastructure improvements

Component 2: Strategic Purchasing of PHC Services

Component 3: Health Emergency Preparedness and Response

Component 4: Project management, coordination and monitoring, and evaluation

These components fall within the four focus areas of the PIP. This proposed project will only support a selected set of priority activities in the PIP, while other development partners and the state budget, support the remaining activities. A detailed mapping to ensure complementarity of efforts (rather than duplication) will happen throughout project preparation through the PIP development process and other more detailed bilateral technical discussions.

The Project is aligned with the FY19-23 World Bank Country Partnership Framework (CPF) and seeks to address the binding constraints identified in the Systematic Country Diagnostics (SCD). The Project contributes to achieve the objectives of Pillar 1 (Human Capital and Resilience) of improving nutrition, hygiene, and reducing the under-five mortality rate, which is still high. It directly contributes to the second objective of the CPF, Enhancing Health Services.

#### **D. Environmental and Social Overview**

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

Despite notable accomplishments in poverty reduction over the past 20 years, Tajikistan remains a low-income IDA country with a large proportion of the population vulnerable to poverty and shocks. Tajikistan borders China, Afghanistan, Uzbekistan, and the Kyrgyz Republic, and has a population of 9.3 million. In the economic recovery after the 1992-97 civil war following the collapse of the Soviet Union, the country's economy grew by 7.3 percent per annum between 1998 and 2020, and the national poverty rate declined from 82 percent in 1999 to 26.5 percent in 2020. However, Tajikistan still has the lowest GDP per capita in the Europe and Central Asia (ECA) region (US\$3,520 in PPP terms and US\$900 in current US\$ in 2019). Seventy four percent of the population is rural and heavily reliant on agriculture. Service delivery to most Tajiks is challenged by a mountainous terrain, which is 93 percent of the landlocked country. The country is prone to flooding, earthquakes, and mudslides, which have a significant impact on social and economic development. This often leads to outbreaks of various infectious diseases and injuries.

Tajikistan is one of the countries in the region most vulnerable to adverse impacts from external economic shocks, seasonal food insecurity, and climate change. From 1992 to 2016, disasters in Tajikistan are estimated to have caused economic losses in excess of US\$1.8 billion, affecting almost 7 million people. Limited economic and employment opportunities and poverty have contributed to substantial labor migration overseas.



Tajikistan’s Human Development Index (HDI) value for 2019 is 0.668— which put the country in the medium human development category—positioning it at 125 out of 189 countries and territories. However, when the value is discounted for inequality, the HDI falls to 0.584, a loss of 12.6 percent due to inequality in the distribution of the HDI dimension indices. 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.

Since the second half of the 2000s, the Government of Tajikistan has confirmed its commitment to wide array of health system reforms in various policy documents. However, the development of specific reforms steps and their implementation has been lagging – in particular in the field of health financing where apart from the limited per capita financing policy outlined above and a number of regional pilot projects which have introduced performance-based financing (World Bank) and case-based payments for hospitals (Asian Development Bank) these initiatives have not been scaled-up nationwide. Healthcare sector enjoys relatively low priority in government spending, a 6.9 percent share in total government spending – the lowest share among Central Asian peers and substantively below the 9.8 percent average spending shares across ECA countries. The Tajik healthcare system is characterized by central planning, a decentralized administrative structure, insufficient input-based financing, and the public sector providing almost all health care services. Health outcomes still lag those of other countries in the ECA region and many of the health outcome shortfalls are amenable to improved health services.

The Project will be implemented in the selected districts located throughout the country and seeks to focus on areas to improve the quality and equity of primary health care (PHC), health financing, human resources, information systems, and digitization to advance the government’s commitment to achieving universal health coverage.

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

The project will be implemented by the Ministry of Health and Social Protection (MoHSP). There are two major implementation modalities in existence in Tajikistan: (1) implementation is undertaken by a purpose-established entity - a standalone PIU model; (2) implementation responsibility is with an existing state entity – a line ministry implementation group model.

The Ministry has years of experience working with the World Bank. The Ministry has successfully implemented Tajikistan Health Services Improvement Project (HSIP) P126130 under the World Bank’s Operational Policies (OPs). The current overall E&S performance of the HSIP is moderately satisfactory (MS), according to the latest ISR. Similarly, the Ministry has also implemented the Emergency COVID-19 project (TEC-19), which is prepared under the ESF. The current overall E&S performance of the TEC-19 is Satisfactory, according to the latest ISR. Therefore, the MoHSP has gained experience in the implementation of environmental and social (E&S) instruments, such as Environmental and Social Management Framework (ESMF), Environmental and Social Management Plans (ESMPs), medical waste management, and preparation and implementation of the ESF documents, such as Stakeholder Engagement Plan (SEP), and Labor Management Procedures (LMP), etc. Additionally, the TEC-19 PIU staff represented by an Environmental Specialist and a Social Development Specialist have participated in the Environmental and Social Framework (ESF) training provided by the World Bank. The OHS Consultant and Fire Safety Consultant are also on board and receiving on-job guidance to ensure the ESMF/ESMP/HCWMP compliance. The Client’s capacity will be further re-assessed during project preparation. Any capacity gaps and strengthening measures will be detailed in the Environment and Social Commitment Plan (ESCP).



**II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS**

**A. Environmental and Social Risk Classification (ESRC)**

Moderate

**Environmental Risk Rating**

Moderate

The project's Environmental Risk is Moderate and will be revisited as the project design advances. Under Components 1 and 3, the program will support the repair, equipping, and modernization of Public Healthcare Facilities (PHC) and also the construction of warehouses in the selected district areas. There is also a possibility of building a few new PHC facilities under Component 1, which may result in higher environmental risk rating of the project and have to be confirmed during project preparation. Given the country's terrain complexity, the requirement for health facilities and construction/modernization may vary significantly. However, the infrastructure modernization operations may include the procurement of equipment, building warehouses, installation/rehabilitation of incinerators and expansion of existing health facilities. The potential environmental impacts and risks will be comprised of air pollution due to poor handling of incinerators during operation, dust, noise pollution, hazardous/ non-hazardous waste due to the construction of warehouses, impacts on public health due to poor healthcare waste management in terms of waste color coding, segregation, collection, decontamination, transportation and disposal, and occupational health and safety (OHS) related issues. The Environmental and Social Management Framework (ESMF) to be prepared, consulted upon, and disclosed prior to Project Appraisal will provide further details and guidance on how to address and manage those risks. The environmental risks associated with the implementation of the civil works will be mitigated by the application of the WB Environmental Health and Safety Guidelines (ESHGs) and Good International Industrial Practices (GIIPs) for civil works. Other risks related to public health and medical waste risks will be managed through the preparation of a generic Health Care Waste Management Plan (HCWMP) during early project implementation stage. These and all other potential environmental risks are reversible and are easily managed by the implementation of proper E&S tools and plans. The Project ESCP and subsequent ESMPs and HCWMP will have sufficient guidance and provisions to mitigate any potential environmental and social risks and impacts of the project activities.

**Social Risk Rating**

Moderate

The project will have social positive impacts, as it will contribute to (i) improved the 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) in at the PHC 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 a few new PHCs and 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. 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

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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. These risks shall be addressed to a large extent through a well-crafted Stakeholder Engagement Plan (SEP) supplemented with an effective Information, Education and Communication campaign. Components 1 and 3 involve civil construction, some new and others repairs and rehabilitation. The new construction will invariably require land acquisition. 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. Risks related to this will need to be avoided or reduced or, if involuntary acquisition is inevitable, then, it will have to be addressed. The project will prepare, consult upon and disclose a Resettlement Framework (RF). It will guide the preparation of site-specific resettlement plans, where required. Another challenge will be sensitizing the implementing agency and other relevant stakeholders to adopt and adhere to the ESF requirements, as some regional and local stakeholders will be new to ESF requirements. There are also risks related to institutional capacity, in particular with regard to the transparency of decisions made on subproject prioritization and accountability on project investments. The proposed Third-Party Monitoring to be implemented by CSOs is expected to recommend areas for improvement and course-correction to MOHSP and its relevant subdivisions to complement and strengthen their existing planning, monitoring and evaluation processes, as well as to seek ESF compliance. Labor related risks associated with the civil works contractors and their compliance with ESS 2 are assessed as Moderate, as the national labor and OHS legislation is in place and the contractors must comply with them. The risk of child and forced labor is not expected. The social risk rating is assessed as Moderate at this stage and will be reassessed during project preparation.

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

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

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

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

Component 1 will finance skill-building activities and investments in construction and rehabilitation, equipment, solar panels, and water supply for selected PHC facilities to meet accreditation requirements. The water supply will be made possible by connecting to the existing networks. Risks associated with civil works may comprise of dust, noise from machinery and during construction, removal of the surface soil, generation of medical wastes, and other hazardous and non-hazardous waste from rehabilitation activities. The civil works will also impose Occupational Health and Safety (OHS) concerns. Component 2 will focus on introducing new health financing mechanisms to pay health service providers (PHCs) based on number of registered patients in the catchment area or number of services provided, with an initial focus on Sughd region. However, Component 2 will not involve any procurement and facilitation of environmentally sensitive goods and services. Component 3 will be implemented nationwide, which involves improving physical infrastructure in response to various emergencies. It includes (i) repairing and equipping existing public health facilities; (ii) construction of warehouses at the regional level; (iii) procurement and stockpiling of medical goods for potential future emergencies etc.

The project will also involve stakeholder engagement activities on the need for modernization and other necessities to improve the quality of PHCs. The modernization of public health facilities will also be equipped with emergency



preparedness arrangements, medical waste management, and fire safety kits. As a public access facility, the PHCs equipment will also consist of universal access features such as ramps, safe pathways, and other required facilities. Modernization of PHC modernization of select health public workplaces, construction of warehouses, and potential procurement of equipment such as incinerators or bulk of medicines, and or its disposal could have potential adverse social and environmental risks and impacts.

The potential environmental impacts and risks will be comprised of air pollution due to poor handling of incinerators during operation, dust and noise pollution, hazardous/ non- hazardous waste due to the construction of warehouses, impacts on public health due to poor bio-medical waste collection and disposal, and OHS related issues. The Project can also cause health and personal injury risks. These likely risks can be easily addressed by mainstreaming site-specific Environmental and Social Management Plans and other mitigation measures during civil works. Since the details of Project activities and precise locations of implementation Health Facilities sites are yet to be determined, thus the project will prepare and disclose an Environmental and Social Management Framework (ESMF) prior to project appraisal to identify risks and provide mitigation measures to potential environmental and social risks and impacts.

The environmental risks associated with the implementation of the civil works will be mitigated by the application of the WB Environmental Health and Safety Guidelines (ESHGs) and Good International Industrial Practices (GIIPs) for civil works. Other risks related to public health and medical waste risks will be managed through the preparation of a bio-medical waste management plan. The Health Care Waste Management Plan (HCWMP) will properly explain the institutional and implementation arrangements for the Health Care Wastes Management in the relevant health care facilities. The Plan will have for all relevant health facilities proper waste color coding, segregation, shredding of sharps, collection, decontamination, transportation and disposal in the appropriate location preferable landfill if available, carry out training need assessment and train relevant staff, monitor staff performance and compile reports. The HCWMP would require proper hygiene, hand washing, and PPE arrangements and other relevant measures to protect the health workers, visitors etc. from communicable diseases, including but not limited to Hepatitis, HIV/AIDS, COVID-19 and its modified versions and Infection Prevention and Control of Pandemics. The HCWMP will have an updating, checking and improving mechanism and will require Monitoring the Health Care Facilities and its performance and require corrective actions. The modernization of public health facilities will also be equipped with emergency preparedness arrangements, medical waste management, and fire safety kits. As a public access facility, the PHCs equipment will also consist of universal access features such as ramps, safe pathways, and other required facilities.

The ESMF will also guide mainstreaming of the environmental and social prerequisites during renovation and rehabilitation work. The ESMF will include environmental and social screening procedures to be completed prior to modernization of select PHCs. The screening report will form the basis to develop E&S instruments, including the site-specific Environmental and Social Management Plans (ESMPs). The proposed ESMF will also spell out necessary guidance on the preparation of the relevant E&S tools, WMP Guidance on OHS and other related provisions aligned with the project scope.

Component 3 may finance investments in biosecurity and transportation arrangements to improve regionally coordinated research into pathogens and other potential causes of health emergencies. These activities will encounter OHS and community biosafety risks and impacts. At this stage the scope and type of investments are not



known, and will be discussed with the Client during further project design. If funded, a Biosafety Management Plan will be prepared, and adopted before any such activities start.

There are three potential social impacts and risks. The first is possible exclusion issues. 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. Second, construction of new health facilities and warehouses will require land acquisition, which may lead to involuntary resettlement. 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. Third, there is an institutional capacity risk associated with the transparency of decisions made on project sites and accountability on project investments. The first risk shall be addressed to a large extent through a well-crafted Stakeholder Engagement Plan (SEP) supplemented with an effective Information, Education and Communication campaign. The resettlement impacts will be mitigated through a Resettlement Framework (RF) to be prepared, adopted, disclosed and consulted upon prior to Appraisal. The third risk will be mitigated through implementation of social accountability mechanisms and tools to improve project outcomes. Labor requirements will be documented in labor management procedures (LMP) to be prepared, consulted upon and disclosed prior to Appraisal. Relevant OHS and labor provisions will be also incorporated in the ESMPs. The MoHSP will prepare the Environmental and Social Commitment Plan by the Appraisal.

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

The recipient framework is not being considered under this project.

**ESS10 Stakeholder Engagement and Information Disclosure**

The MoHSP will engage in meaningful consultations with all stakeholders as per ESS10 requirements. Mapping of project affected parties, vulnerable groups and other interested parties will be completed as project preparation advances, but key stakeholders will include the MOHSP, local governments, medical providers and community representatives and civil society organizations dealing with community, women’s and children’s health issues. An inclusive stakeholder engagement plan (SEP) will be prepared, disclosed, and consulted upon before Appraisal. The SEP will define a program for stakeholder engagement, including public information disclosure and consultation, throughout the project cycle. The SEP will also outline 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.

The MOHSP has designed an electronic GM for the healthcare sector being piloted under the WB-funded Health Sector Improvement Project (HSIP) that will respond to complaints 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.

The health emergency preparedness and response under Component 3 will involve local governments and local communities in prioritizing areas of intervention for community engagement activities on public health-focused risk communication and convening activities to strengthen the national health response. For the sake of transparency and accountability, local stakeholders and local communities will be engaged in decision-making processes.

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

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

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

ESS2 is relevant to the proposed project. The project is expected to employ a small number of direct and contracted workers. While the figure of workers cannot be estimated at this stage, no large workforce is expected. The operations under Components 1 and 3 will support the renovation and modernization of existing health facilities, and the building of warehouses which require skilled and unskilled workers. To ensure the health and safety of workers during the construction phase, an Environmental Health and Safety (EHS) plan in line with relevant World Bank/IFC EHS guidelines shall be prepared as part of the ESMF. It will include detailed requirements for the transportation, handling, and disposal of chemicals, fuels, and other hazardous materials such as asbestos, etc. The plan will contain procedures on incident investigation and reporting/recording and reporting of non-compliances, emergency preparedness and response procedures, and continuous training and awareness to workers. In addition, the project will need to develop Labor Management Procedures (LMP) that will set out how the project workers will be managed. The client will prepare, adopt, disclose and consult upon the LMP prior to Project Appraisal. The LMP will include terms and conditions of employment, nondiscrimination and equal opportunity, workers' organization, occupational health and safety, the prohibition of child and forced labor, and a worker's grievance mechanism. On the latter, a focal point will be appointed to receive and address workplace grievances. The grievance mechanism will contain stipulations for sensitive grievances, including those related to SEA/SH. The GM will assist SEA/SH survivors by referring them to GBV Services Provider(s) for support immediately after receiving a complaint directly from a survivor. The information provided to the GM will be confidential—especially when related to the identity of the complainant. For SEA/SH, the GM will primarily serve to (i) refer complainants to the GBV Services Provider; and (ii) record the resolution of the complaint. The ESCP will include appropriate actions with time-bound commitments for mitigation of SEA/SH risk.

The ESMF will include contractors' codes of conduct which will be included in the procurement documents. The capacity building and training plan will also include the budget for the workers' GM, public outreach activities, training and awareness-raising on GBV/SEA/SH prevention, as well as a referral pathway for survivors. The LMP will also include mitigation measures to prevent and minimize the risk and spread of the COVID-19 virus in the Project's workplace.



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

This ESS is relevant however, further assessments are required to determine the use of different resources containing reduction of the use of natural resources including wood material, excessive use of water resources, use of fossil oil, etc. The modernization concept would also lead to excessive electrical energy for lighting, water supply, and sanitation. Thus, the project will consider sustainable methods for energy saving options by installing energy-efficient bulbs, automated water flows control system as well as installation of a solar power generation system. If applicable, the water harvesting methods will also be adopted in the areas especially from relevant buildings where there is severe water deficiency while planning renovation concepts. The project will also consider best practices for waste management and dumping the debris from rehabilitation activities, and proper operation and maintenance of incinerators to reduce air and dust pollution. There are also some levels of potential EHS issues related to exposure to asbestos that involve the demolition/extension of existing health facilities. The project ESMF will provide guidelines to discourage the use of asbestos material during any modernization activities. The Asbestos Removal Plans will be part of the site-specific ESMPs to be prepared, consulted upon and disclosed prior to any civil works start. In addition, a generic HCWMP will be prepared to manage the generated medical/ bio-medical waste.

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

ESS4 is relevant to the project interventions. Given the small-scale nature of civil works, the impact and risk on communities' health and safety are expected to be minor and manageable, since the project's civil works will mainly be undertaken in or around existing public health facilities, it is important to uphold the health safety of practitioners, labors, visitors, and nearby communities throughout the construction phase. The project should ensure consideration of infrastructure access and toilet/latrine construction, disposal, and handling of bio-medical waste management. The instruments prepared will incorporate relevant guidance from the World Bank's Environmental, Health, and Safety Guidelines (EHSG) i.e. general and health sector-specific guidelines. This can be also benefited by the application of Good International Industrial Practices for civil works and laboratory installation. The public health facility building will also be equipped with emergency preparedness and response plans, life and fire safety measures, and universal access features and utilities.

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 generic Health Care Waste Management Plan (HCWMP) will be prepared and it will be adopted by the participating health facilities prior to any project activities start at the sites. In addition the site specific ESMPs are to be prepared and implemented to ensure appropriate community health and safety measures are in place to safeguard the public from adverse impacts related to the project activities.

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. The project will exercise appropriate precautions against introducing the infection to local communities. The ESMF will include measures based on the World Bank interim note for COVID-19



considerations in construction/civil works projects to guide safe planning and implementation of construction works. The ESMF will also include guidance on measures to address SEA/SH risks to be included in the ESMPs.

Use of security forces is not anticipated under the project.

If the Client confirms investments in biosecurity and transportation arrangements under Component 3, a Biosafety Management Plan will be prepared, consulted upon, disclosed, and adopted before any such activities start. It will include OHS and community health & safety measures to be followed by the relevant health institutions and transportation service providers.

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

ESS5 is relevant to the Project. The project involve civil construction, some new and others repairs and rehabilitation. Rehabilitation works will cause temporary impacts related to limited access to healthcare facilities and services. The new construction will invariably require land acquisition. While the project is expecting that the Government will make available land, due diligence is required to ensure that there are no resultant physical, and/ or economic displacements. Risks related to this will need to be avoided or reduced or, if involuntary acquisition is inevitable, then, it will have to be addressed. The Resettlement Framework prepared during the preparation will include guidance for preparing and implementing site specific resettlement plans.

The project will use the existing networks to connect/rehabilitate the water supply pipelines at the target PHCs. 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 of water supply networks.

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

ESS6 is not relevant. The project is not anticipated to have activities with an impact on biodiversity or living natural resources. The project implementation sites will be within the existing public health facilities' boundaries. However, the ESMF will include specific measures to avoid or minimize these negative impacts.

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

The standard is not relevant because no Indigenous People are known to reside in the project area.

### **ESS8 Cultural Heritage**

Although no impacts on cultural heritage are anticipated, the project ESMF will incorporate "chance finds" procedures in the ESMF when physical cultural resources are encountered during construction. The ESMF will also include site selection criteria to avoid any construction activities on the premises of significant cultural areas. To



reduce risk related to piling and earthworks At this stage, ESS 8 is not relevant. The risks related to ESS-8 will be further assessed during the project appraisal stage.

**ESS9 Financial Intermediaries**

The standard is not relevant because no Financial Intermediaries are involved in the project activities.

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways** No

**OP 7.60 Projects in Disputed Areas** No

**III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE**

**A. Is a common approach being considered?** No

**Financing Partners**

No possible financing partners are involved in the proposed project

**B. Proposed Measures, Actions and Timing (Borrower’s commitments)**

**Actions to be completed prior to Bank Board Approval:**

Prior to Appraisal, the Client will prepare, to a level acceptable to the World Bank, and disclose the following documents:

1. Environmental and Social Management Framework (ESMF);
2. Stakeholder Engagement Plan (SEP) and start implementing as early as possible during the preparation;
3. Resettlement Framework (RF); and
4. Labor Management Procedures.

**Possible issues to be addressed in the Borrower Environmental and Social Commitment Plan (ESCP):**

Prior to Appraisal, the Bank team, in consultation with the Client, will prepare a draft Environmental and Social Commitment Plan (ESCP), which will include:

1. Recruitment and maintenance of one environmental specialist and one social development specialist at the PIU throughout the project implementation;
2. Quarterly reporting on ESF performance;
3. Implementation of the ESMF;
4. Preparation and implementation of site specific ESMPs, when and where required;

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5. Preparation, disclosure and implementation of a generic HCWMP;
6. Preparation and implementation of site specific RAPs, if needed;
7. Adoption and implementation of the LMP and GM for project workers;
8. Implementation of SEP and project specific GM; and
9. Development and implementation of institutional capacity strengthening plan for E&S risk management

**C. Timing**

**Tentative target date for preparing the Appraisal Stage ESRS**

01-Oct-2022

**IV. CONTACT POINTS**

**World Bank**

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**Borrower/Client/Recipient**

Borrower: Republic of Tajikistan

**Implementing Agency(ies)**

Implementing Agency: Ministry of Health

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s):	Mirja Channa Sjoblom, Baktybek Zhumadil
Practice Manager (ENR/Social)	Varalakshmi Vemuru Recommended on 03-Aug-2022 at 13:09:20 GMT-04:00
Safeguards Advisor ESSA	Abdoulaye Gadiere (SAESSA) Cleared on 23-Aug-2022 at 09:58:46 GMT-04:00

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