



**“COVID-19 Response in Turkmenistan” Project,
Funded by The World Bank**

**ENVIRONMENTAL AND SOCIAL
MANAGEMENT FRAMEWORK**

Ashgabat, 2022

Contents

EXECUTIVE SUMMARY	6
1. PROJECT BACKGROUND	13
2. PROJECT DESCRIPTION	16
3. POLICY, LEGAL AND REGULATORY FRAMEWORK	21
3.1 National environmental assessment legal provisions	21
3.2 Sanitary and epidemiological welfare of the population, including on COVID-19 infection control activities and medical waste management	23
3.5. Gender equality regulatory framework	32
3.6. Health services regulatory framework	33
3.7. Information access regulatory framework	34
3.8 Environmental (nature protection), health and social national institutional structure	35
3.9 Environmental and Social Standards of the World Bank	37
3.10. International environmental treaties	46
4. ENVIRONMENTAL AND SOCIAL BASELINES	51
4.1. Environmental baselines	51
4.2 General economic baseline	56
4.3 Population, disadvantaged and vulnerable groups.....	57
4.4 Analysis of social and gender issues.....	60
4.5 Health sector and the status of COVID-19 in the country	60
5. POTENTIAL ENVIRONMENTAL AND SOCIAL RISKS MITIGATION	61
5.1 Environmental and social risks, impacts.....	61
5.3 Environmental and social risks mitigation at different stages of project development	65
5.3.1 Planning and design stage	65
5.3.2 Performing restoration construction works.....	71
5.3.3. Operation stage.....	71
5.3.4. Decommissioning stage.....	74

6. MEDICAL WASTE MANAGEMENT SYSTEM.....	74
7. PROCEDURES FOR SOLVING ENVIRONMENTAL AND SOCIAL ISSUES .	78
7.1. Institutional arrangements, responsibilities and capacity-building	79
7.1.1. Participating medical facilities.....	80
7.1.2. Capacity building.....	81
8. HUMAN RESOURCE MANAGEMENT.....	82
9. STAKEHOLDER ENGAGEMENT PLAN	82
9.1 Interaction with stakeholders	82
9.2 Disclosure of the ESMF	83
9.3 Public consultations.....	89
10. GRIEVANCE REDRESS MECHANISM (GRM).....	97
ANNEX I - RISK ASSESSMENT WITHIN THE FRAMEWORK OF ESS.....	104
ANNEX II - ENVIRONMENT AND SOCIAL MANAGEMENT PLAN (ESMP) CHECK-LIST.....	120
ANNEX III - INFECTION CONTROL AND WASTE MANAGEMENT PLAN (ICWMP) TEMPLATE.....	128
Annex IV – INFECTION PREVENTION AND CONTROL.....	134
Annex V - HEALTHCARE FACILITY FIRE SAFETY AND EMERGENCY RESPONSE PLAN	136

LIST OF ABBREVIATIONS	
COVID-19	Coronavirus 2019
CO	Country Office
EAEC	Emergency Anti-Epidemic Commission
ECG	Electrocardiogram
ESB	Ecological and Social baselines
ESCP	Environmental and Social Commitments Plan
EIA	Environmental Impact Assessment
EP	Entry point
ESF	World Bank Environment and Social Framework
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standards
ESR	Ecological and Social Risks
FCA	“Free carrier” Incoterms 2020
FF	Freight Forwarder
GBV	Gender Based Violence
GPU	Global Procurement Unit
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service of the World Bank
HCF	Healthcare Facility
HIST	Health Implementation Support Team
IBRD	International Bank for Reconstruction and Development
ICU	Intensive Care Unit
ICWM	Infection Control and Waste Management
ICWMP	Infection Control and Waste Management Plan
IDA	International Development Association
IP	Intellectual Property
IPC	Infection Prevention and Control
IT	Information Technology
KAP	Knowledge, Attitude and Practice
LA	Loan Agreement
M&E	Monitoring and evaluation
MPF	Medical and preventive facility
MFA	Ministry of Foreign Affairs of Turkmenistan
MOE	Ministry of Education of Turkmenistan
MoHMI	Ministry of Health and Medical Industry of Turkmenistan
MFE	Ministry of Finance and Economy of Turkmenistan
MW	Medical waste
MWM	Medical Waste Management
NCPRP	National COVID-19 preparation and response plan
NGO	Non-governmental organization
OHS	Occupational health and safety

PAD	Project Appraisal Document
PCR	Polymerase Chain Reaction
PDO	Project Development Objective
PHC	Primary Health Care
PIU	Project Implementation Unit
PO	Purchase Order
POM	Project Operational Manual
PPE	Personal Protective Equipment
PSM	Procurement and Supply Management
RCCE	Risk Communication and Community Engagement
SARI	Severe Acute Respiratory Infection
SEA/SH	Sexual exploitation and abuse/Sexual Harassment
SEP	Stakeholder Engagement Plan
SES	Sanitary Epidemiology Service
SOP	Standard Operating Protocol/Procedure
TA	Technical Assistance
TRIPS	Trade-Related Aspects of Intellectual Property Rights
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
USI	Ultrasound investigation
WB	World Bank
WHO	World Health Organization
RCCE	Risk Communication and Community Engagement

EXECUTIVE SUMMARY

Project Development Objective (PDO) Statement: The project's aim is to help mobilize the potential of the healthcare system, respond timely to COVID-19 cases, and lessen the negative impact of the virus on the country's economy. A set of measures aimed at strengthening the healthcare system provided for by the Project comprises the system for assessing the sanitary and epidemiological situation through collection, transmission, processing, analysis and assessment of relevant information in order to come up with informed management decisions aimed at improving the efficiency of sanitary and anti-epidemic measures. The main purpose of the "COVID-19 Response in Turkmenistan" project is to support the Government of Turkmenistan in its efforts to prevent, detect and respond to the threat posed by COVID-19 through strengthening national public health preparedness systems in Turkmenistan. Moreover, project objectives are aligned with the COVID-19 NCPRP Results Chain.

The project is made up of three components of which two are technical and one is associated with project management. The technical components are designed to support the health sector response to COVID-19 in the short - to medium-term. They cover the seven critical pillars of an effective pandemic response plan outlined by WHO:

Component 1: Improving Prevention, Detection and Response to COVID-19 (\$ 10,026,137)

This component supports efforts to minimize transmission of COVID-19 and strengthen coordination of the national response to the pandemic. This is expected to lead to an increase the capacity for disease prevention and detection through the provision of technical knowledge, laboratory equipment and other critical resources.

Subcomponent 1.1. Strengthening Surveillance and Rapid Response to Suspected COVID-19 Cases

This sub-component supports strengthening laboratory, rapid response, and epidemiological capacity for case detection, isolation, and contact tracing. Specifically, it will finance the procurement of essential laboratory consumables, COVID-19 testing systems, and polymerase chain reaction (PCR) equipment at the national and regional levels for established and/or repurposed laboratories, as well as mobile PCR laboratories, disinfecting equipment and vehicles for rapid response teams and other relevant epidemiological teams at regional and district levels in the state Sanitary and Epidemiological Safety and Control offices of the MoHMI.

Subcomponent 1.2. Strengthening of Risk Communication and Community Engagement (RCCE)

This sub-component is to be implemented by UNICEF and includes development of information relevant to the containment of the pandemic, regularly communicated using consistent and evidence-based messaging. Support is provided for the review and update of the existing National Emergency Risk Communication Plan, review and update of the regulatory framework and means (policy) for risk communication and outreach to the public, including vulnerable groups.

Component 2: Strengthening Health System Preparedness for COVID-19 (\$ 7,924,746).

This component contributes to strengthening health system preparedness by expanding capacity for treating SARI, as well as enhancing IPC measures in health facilities. Care for the severely and

critically ill will be strengthened by the procurement of essential medical equipment, medicines, PPE, and supplies for hospitals designated for COVID-19 treatment, including mechanical ventilators, blood gas analyzers, mobile X-ray machines, and oxygen generators.

Sub-component 2.1 Expanding capacity for treating COVID-19 and SARI cases and Enhancing Infection Control and Prevention (IPC) measures in healthcare facilities

This component contributes to strengthening health system preparedness by expanding capacity for treating SARI, as well as enhancing IPC measures in health facilities. Care for the severely and critically ill will be strengthened by the procurement of essential medical equipment, medicines, PPE, and supplies for hospitals designated for COVID-19 care, including mechanical ventilators, blood gas analyzers, mobile X-ray machines, and oxygen generators.

Subcomponent 2.2 Training and Technical Assistance

The training and Technical Assistance is rendered by the WHO. The National Pandemic Preparedness and Response plan will be updated annually or more frequently, if necessary. WHO country office will assist the MoHMI in updating existing national regulatory documents and methodological guidelines, such as: “National testing strategy”, “National hospital surge capacity plan” and “National case management strategy” in case of release of new recommendations in 2022/2023, accordingly. These activities will also include the development of Medical curricula for medical education facilities concerning COVID-19 guidelines and Standard Operating Procedures (SOP)s.

Component 3: Project Management, Monitoring and Evaluation (US\$ 1,999,117)

This component supports overall project administration, including the cost of project implementation unit at UNDP, fiduciary functions, environmental and social risk management, and regular monitoring of and reporting on implementation. The UNDP will be responsible for project management and implementation under indirect financing arrangements with UN agencies, pursuant to a separate service agreement between UNDP and the Government of Turkmenistan.

This component also finances technical assistance, project implementation costs, office equipment, supervision costs (transportation and per diem), and training needed for the overall project management. The project will cover the cost of monitoring visits of MoHMI and UNDP staff, hiring consultants, and will support MoHMI with operational costs (stationery, cartridges).

This component also supports overall project monitoring and evaluation. The project team will include Social and Environmental Standards Specialist (hired within 60 days from the project start) in accordance with ESS 1.1. The Project shall be implemented in accordance with the applicable requirements of ESS 2 Labor Management, in a manner acceptable to the Bank.

Project scope and/or location. The project will cover the entire territory of the country.

Potential environmental impact and risks. In general, it is expected that the project will have a positive impact on the environment during project implementation. Notwithstanding that it is necessary to take into account environmental risks, spread of pathogenic microorganisms and materials used in the project-supported health facility departments.

Environmental risks associated with the project are related to risks of contamination from patients, handling tests and managing medical waste. Therefore, environmental safeguards in this context include:

- a. occupational health and safety for medical staff, laboratory staff and communities in due course of detection, transportation of patients/tests/chemicals and reagents, and treatment stages of the COVID-19 cycle; and
- b. occupational health and safety related to collection, transportation and disposal of medical waste management.

Unlike other COVID-19 Emergency Projects, the Project is not aiming to support any minor rehabilitation works for ICUs. All environmental impacts are expected to be low in magnitude.

These project activities are expected to be carried out within the territory of existing institutions; consequently, environmental problems (and their consequences) are expected to be temporary, predictable and easily resolved.

For activities within the project the World Bank Environmental and Social Framework (ESF) will apply; therefore, risks fall under the following five out of ten environmental and World Bank Social Standards (ESS): ESS #1, ESS #2, ESS #3, ESS #4 and ESS No. 10. Considering the above, the environmental risk rating is classified as "Substantial".

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 microorganisms 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. In addition, crucial has ensured vector control through strict adherence to standard procedures, as well as personal protective equipment (PPE) for all workers in the field healthcare.

Potential social impacts and risks. The main areas of social risks, as in the case of the environment, are: (i) risks associated with social unrest, panic, conflicts, stress and dissemination of false or fake information; (ii) risks associated with difficulties to provide timely and equal access to appropriate medical services; (iii) risks associated with addressing difficulties arisen in connection with quarantine related restrictions; (iv) social risks faced by disadvantaged and vulnerable people and (v) risks related to limited outreach. Regarding risk areas (i) and (ii), the key issues/risks to be managed are focused on: (i) providing a calm environment to avoid panic/conflict, caused by false rumors and social unrest; (ii) ensuring proper and quick access to appropriate and timely medical services, antiseptics and PPE that is not based on ability to pay or other factors; (iii) foresight and dealing with problems arising from keeping people in quarantine; (iv) decision problems related to the provision of assistance to vulnerable people and the risk of their "exceptions" and (v) implementation of activities outlined in the stakeholder engagement plan including through the use of online tools for ensuring proper outreach.

To manage these risks, the MoHMI, with support from the UNDP, will prepare two major instruments: (i) An Environmental and Social Management Framework (ESMF) and (ii) A Stakeholder Engagement Plan (SEP).

This Environmental and Social Management Framework (ESMF) has been developed to assist the Government of Turkmenistan in developing environmental and social instruments in response to the threat of COVID-19 in accordance with national regulations and provisions of the 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), Appendix II to this document, and an Infection Control and Waste Management Plan (ICWMP) template, Appendix III. 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 involved in responding to the COVID-19 threat. 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. In addition, other environmental and social instruments that are mandatory under the ESMF, such as the Stakeholder Engagement Plan (SEP), are appropriately summarized or referenced in the ESMF and the ESMP checklist.

ESMF contains the Environmental and Social Management Plan (ESMP) and the Infection Control and Waste Management Plan (ICWMP), which describe the detailed plan of activities, as well as instructions and procedures for each part. At the national level, UNDP Project Implementation Unit (PIU) in close coordination with the entitled specialists of MOHMI will arrange regular (at least two times a year) monitoring site visits to medical facilities. At Velayat (regional) and Etrap (district), as well as communities' levels, regional departments of MOHMI, regional administration, local medical facilities and sanitary and hygiene control services will be responsible for the periodic monitoring and evaluation (at least two times a year) of environmental and social management activities.

During these visits, key-information on environmental and social aspects of the project components, their impacts and consequences, implementation effectiveness, on negative impact mitigation measures and activities is collected, processed and incorporated into the quarterly reports. Collected information allows the PIU and stakeholders to evaluate the quality of project implementation and to take corrective actions, if necessary.

A Stakeholder Engagement Plan (SEP) for effective outreach and citizen participation has been prepared and disclosed. The project's Stakeholder/ Citizen Engagement (CE) measures will build on the WHO guidance for engaging civil society by including a set of structured CE tools and clearly-defined entry points to develop community information and feedback mechanisms, enhance government knowledge of local challenges and needs, establish local monitoring, and obtain data-based evidence (See ESS 10 for more details). The SEP will be a key instrument for outreach to the community at large on issues related to social distancing, higher risk demographics, self-quarantine, and quarantine. It is critical that these messages be widely disseminated, repeated often, and clearly understood. In this regard, a SEP Calendar has been prepared outlining and scheduling all completed and planned activities for information disclosure and stakeholder consultations. The SEP that has been prepared, consulted upon and disclosed on its website serves the following purposes: (i) providing stakeholder identification and analysis; (ii) planning engagement modalities such as effective communications tools for consultations and disclosure; (iii) establishing platforms for

influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the Plan; and (v) establishing a grievance redress mechanism (GRM).

Grievance Redress Mechanism (GRM) is based on existing institutional mechanisms of MOHMI of Turkmenistan, with a view of ensuring sustainability of institutional mechanisms and systems for filing and redressing complaints (GRM). The project monitors communication channels for compliance with the required standards, assess the quality of work, collect data on complaints and appeals received, track follow up actions taken with regards to appeals, prepare an overview within the framework of quarterly reports, and propose measures to further improve the work of the GRM. The population and stakeholders are able to forward their grievances, complaints and appeals on issues related to the implementation of the Project to the system of the MOHMI, UNDP, World Bank, or to relevant government agencies through various communication channels (hotline, filing a complaint online, in writing or by phone).

Environment and social risks rating. In order to properly assess and manage the risks and impacts of the ESS, the project takes appropriate steps and procedures, which fully comply with the standards of WB and National legal Framework. The World Bank assessment of the project at appraisal is that the both the Environmental and Social Risk levels for the project are “Substantial” for an overall ESF Risk of “Substantial”. The Risk is initially assessed at “Substantial” probably because of the fact that it is the first engagement of the World Bank with the Government of Turkmenistan (GoT) in implementation of joint projects and their assumption that GoT is new to ESSs. While indications are that Turkmenistan’s medical waste management system is modern and robust, the lack of sufficient time and travel restrictions in preparing this project may not have allowed for a detailed assessment. The Risk Rating is to be revisited once project operations are well underway and more on-the-ground knowledge about medical waste management is obtained.

Project Implementation Structure. The project is financed by The World Bank, which also provides continuous oversight and support to the project implementation. For procurement, the WB will pre-review and approve the proposed items prior to signing the contract by the UNDP. It also verifies compliance with the environmental and social standards, review implementation of stakeholder engagement plan, including its’ “Grievance redress mechanism (GRM) section.

Ministry of Finance and Economy of Turkmenistan is the guarantor and lead state agency for the WB project. It will provide routine oversight and coordinate funds in- and outflow for the project through reviewing regular financial reports.

Ministry of Health and Medical Industry of Turkmenistan is the implementing agency for the project, formally accountable for the technical implementation arrangements outlined in the Components 1 and 2. The Head of the Department of Extremely Dangerous Infectious Diseases of the State Sanitary and Epidemiological Service has been appointed as the National Project Coordinator and is responsible for coordination with the World Bank and UNDP teams (and other relevant UN agencies) and liaison with other relevant key departments/divisions on all technical matters during project implementation.

Regional and local administrations (municipalities), provide assistance in implementation of technical components of the project by means of organizing fulfillment of community and administration tasks in places, contribute to outreach to stakeholders, implement risk communication and community engagement activities under the leadership of the MOHMI Health information center

and UNICEF.

UN agencies, particularly WHO and UNICEF are implementing the technical part of the project. In this regard, UNICEF is responsible for the implementation of activities under Sub-component 1.2 - Strengthening Risk Communication and Community Engagement (RCCE). WHO is responsible for the implementation of Sub-component 2.2 which include the training of medical specialists, update of curricula of education, development of national strategies, policies, protocols, aimed for prevention, early detection, treatment, waste management and infection control of the disease, as well as, providing professional expertise and guidance based on global experiences and best practices for the update of the national protocols.

UNDP will be the Project Implementing Entity in accordance with the Standard Form of Agreement for Use by the World Bank. The project implementation will be carried out by the Project Implementation Unit under UNDP. For procurement of health products UNDP Global Procurement Unit (GPU) and Health Implementation Support Team (HIST) based in Copenhagen, Denmark will be engaged.

Structure of the Environmental and Social Safeguard Management Framework (ESMF). The document consists of eight chapters outlining environmental and social assessment procedures and mitigation measures in accordance with the requirements and standards of the World Bank's ESF for sub-projects/project activities to be supported by the Project.

- a. Chapter I provides an introduction and a brief description of the background of the Project. It also sets out the rationale and purpose of the ESMF prepared to provide guidance on acceptable procedures for the evaluation of project sub-projects/activities to be determined during project implementation.
- b. Chapter II describes the Development Objectives of the Project and the components of the Project. It also covers an overview of the potential environmental and social risks and impacts associated with project activities, as well as the justification of ratings awarded in relation to environmental and social risks.
- c. Chapter III provides a description of the policy, legislative and regulatory framework. This chapter provides an overview of the laws and regulations that are relevant to the environmental and social issues of the project. This chapter also provides a summary of the World Bank's environmental and social standards (ESSs) that are designed to support projects developed by the Borrowers.
- d. Chapter IV describes baseline data on environmental and social conditions in the country, as well as an analysis of current environmental and social systems at the country level.
- e. Chapter V analyzes the potential environmental and social risks and impacts associated with the implementation of Project activities, as well as proposed mitigation measures.
- f. Chapter VI deals with medical waste management system.
- g. Chapter VII includes procedures for dealing with environmental and social issues. It highlights the relevant tools and specific actions planned to prevent, avoid, minimize, mitigate or mitigate the environmental and social risks and impacts of the project during the project cycle to meet the requirements of the ESS.
- h. Chapter VIII describes Human resource management system.
- Chapter IX introduces Stakeholder Engagement Plan and public consultation procedures and information disclosure mechanisms incorporated in it.
- i. Chapter X describes Grievance Redress Mechanism to be used for handling the complaints arisen or enquiries made in relation to project activities etc.
- j. At the end of this document, the relevant Annexes are given as supplements to the above chapters.

Publication (disclosure) and consultations on ESMF. During Project Board Meetings held October 20, 2021 discussions were made on the need for an ESMF and the second one held on March 03, 2022 in the city of Ashgabat consultations were held on the draft version of the ESMF. After the approval of the final version by the World Bank and MOHMI will be posted on the MOHMI website (<https://www.saglykhw.gov.tm/home>). At the same time final ESMF will be formally submitted to the World Bank for publication (disclosure) in English on the World Bank's external webpage. During the implementation of the Project, the final version of this document will be used by the relevant government authorities and other stakeholders of the project.

Legal and Regulatory Framework. A regulatory framework and baseline for the implementation of the National COVID-19 preparation and response plan (NCPRP) is based on the Constitution of Turkmenistan wide range of the International treaties, National laws, codes, guidelines, standards and other regulatory documents, which are aimed at solving important tasks related to COVID 19, namely, protection and reinforcing the health of citizens, creating safe living and working conditions, preventing infectious diseases, providing quality sanitary epidemiological services to the population, as well as, environmental protection.

Relevance of environmental and social standards of the WB (ESS).

The ecological and social structure of the World Bank defines the World Bank's commitment to sustainable development through the Bank's Environmental and Social Framework (ESF) that includes a set of ten Environmental and Social Standards (ESS)¹ that are designed to support borrowers' projects to eradicate extreme poverty and promote shared prosperity.

The risks are mitigated through compliance with the following project relevant ESS:

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 10 – Stakeholder Engagement and Information Disclosure.

Detailed information on the ESSs directly relevant to the project will be provided in the relevant chapter of the main document.

Gender. The Government of Turkmenistan completed the implementation of the first National Action Plan for Gender Equality (NAPGE) for 2016-2020 and approved a new one for 2021-2025.

Both NAPGEs underline the necessity to work with the population to overcome traditional norms and stereotypes that contribute to the emergence of gender differences and stigmatization of people with disabilities.

¹ 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, Restriction 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.

The project reduces the risk of sexual exploitation and abuse by applying the WHO Code of Ethics and Professional Conduct for all employees of targeted treatment and prevention facilities, as well as providing gender-sensitive infrastructure, such as separate toilets and adequate lighting in quarantine and isolation centers. The GRM for this particular project also accepts complaints related to SEA/SH ensuring confidentiality.

Turkmenistan was one of the first countries to commit to implementing the 2030 Agenda for Sustainable Development and its promise to transform life and protect the planet, including the 17 SDGs.

In this regard, SDG 5.1.1 states that: “The extent to which the legal framework takes into account human rights, gender equality and labor rights, including non-discrimination based on age, gender, disability, ethnicity, religion, political opinion, economic or other status”

Definitions of sexual violence/rape exists in the Criminal code, yet there is a lack of explicit mention of gender-based violence in the Criminal Code and the Law on Equal Rights and Opportunities for Women and Men.

In light of the response to the COVID-19 pandemic, the UN agencies in Turkmenistan supported the Government of Turkmenistan to develop and implement National Plan for Preparedness of Turkmenistan to Counteract the Pandemic to Acute Infectious Diseases, in line with the 2030 Agenda's principle of leaving no one behind. One of the important support efforts was to ensure that even during a pandemic, women have the right and opportunity to plan a healthy family and have a safe pregnancy and childbirth.

UNFPA Turkmenistan supports the Government in implementing the National Action Plan on Gender Equality for 2021-2025; promoting and advancing the Law on gender-based violence.

Finally, two NGOs are working and serving as a GRM in the field of GBV and inquiries for assistance and consultations can be made through the following contacts:

“Keyik Okara”
ynam_club@rambler.ru
Phone no. +99365810833

“Beyik Eyyam”
Phone No.: (+99365)581366; (+993 12) 46 - 39 – 42

1. PROJECT BACKGROUND

Turkmenistan is a resource-rich, upper-middle-income country located at the heart of Eurasian continent. The Human Development Index (HDI) as of year 2020 is 0.715², which puts Turkmenistan on the 111th place among 189 countries and is an indicator of countries with high human development. Several key indicators are comparable to those of neighboring countries, for example, the expected duration of education (11.2 years) is comparable to Tajikistan (11.7), Uzbekistan (12.1). Life expectancy at birth is 68.2 years compared to 71.1 in Tajikistan, 71.5 in Kyrgyzstan, 71.7 in Uzbekistan, 73 in Kazakhstan and Azerbaijan. Additionally, the average life expectancy of women is

² <http://hdr.undp.org/en/countries/profiles/TKM>

higher (77 years) than among men (64.7). The main cause of death is non-communicable diseases such as heart disease and diabetes.

High rates of economic growth, driven by revenues from hydrocarbons, helped Turkmenistan reach upper-middle-income country status by 2012. GDP per capita increased from \$970 in 2002 to \$7,356 in 2018. The Covid-19 pandemic slowed down the growth of Turkmenistan's economy in 2020. Due to the high dependence on hydrocarbon exports, Turkmenistan's economy was exposed to external shocks caused by the pandemic, such as the collapse of world oil and gas prices and disruptions in the supply chain. Nevertheless, according to official data, Turkmenistan's real GDP showed solid growth of 5.9% and 6.2% during 2020 and in the first nine months of 2021, despite significant external obstacles caused by the global pandemic.³

In preparing for the pandemic, Turkmenistan had two critical advantages. First, the country benefits from its relatively young population. Those aged 65 and older make up just under 5 percent of the total population in Turkmenistan, compared to 17 percent in Europe and Central Asia, and 16 percent in North America. The smaller share the population over the age of 65 implies fewer severe and critical cases and lower morbidity and mortality rates. Secondly, Turkmenistan has an expansive network of public health centres and health facilities represented at the regional and district levels. The public health centres are comprised of virology laboratories, rapid response teams, epidemiological staff, and units responsible for infection prevention and control (IPC). The network of health facilities includes primary care facilities, district and regional general and paediatric hospitals, infectious diseases hospitals, and specialized tertiary inpatient care centres. There is a relatively large hospital bed capacity throughout the healthcare system, which may absorb initial surge needs in hospital beds and intensive care units (ICU) beds. For example, Turkmenistan has 400 acute beds per 100,000 population compared to 290 beds in the United States and 275 beds in Italy. The country reports 1,063 intensive care beds currently, equivalent to approximately 18.3 beds per 100,000 population. This compares favourably to state health facilities in Uzbekistan and is in line with those in Kazakhstan, which have approximately 7 and 21 beds per 100,000 population, respectively (2,200 and 3,984 actual beds in 2019).

Despite these advantages, the Turkmen health system may still face challenges in mounting effective COVID-19 prevention and control measures to COVID-19 transmission. Health staffing levels and designated infrastructure are unlikely to be a match to new cases surge. There are thirteen designated public health laboratories for COVID-19 testing with a 1,400 daily testing capacity staffed, in total, by 35 virologists and 35 virology laboratory technicians. Six hospitals are designated for case management, 660 beds or rooms are reported to be available to quarantine cases or contacts of COVID-19. Meeting the rapidly growing need for case detection, contact tracing, and IPC is likely to become a challenge as well. The availability of resources in public health facilities to carry out essential functions is another area for concern. For example, the WHO mission identified the need for additional medical equipment in the designated hospitals visited. Ensuring adequate supplies/consumables and trained staff in public health laboratories to rapidly expand existing capacity for COVID-19 testing will be critical as the testing needs to grow. The IPC measures in health facilities are also of concern, given the range of areas noted for strengthening in the WHO mission report. As the number of severe and critical cases grows, the health system will face shortages in equipment and supplies to manage the surge in COVID-19 and other severe acute respiratory infection (SARI), including equipment for oxygen therapy and ventilation, and essential medications and supplies.

³ The World Bank: Project Appraisal Document

In response to the global spread of COVID-19, the Government has urgently closed the borders and since March 2020 has restricted passenger and cargo transport links. International travel has been (and continues to be) suspended, except for a few charter flights allocated for the return of Turkmenistan citizens abroad or foreign citizens to their countries. Limited cargo traffic remains with Azerbaijan and recently (in September 2020) communication with Iran was re-opened, but all imported goods are subject to appropriate quarantine and disinfection procedures. In addition to international restrictions, in July 2020, the Government also decided to restrict the activities and temporarily close most commercial enterprises, except for grocery stores. The validity period of these restrictions is extended monthly.

In July 2020, a WHO delegation visited the country to study national preparedness for COVID-19 and measures to counter and eliminate the consequences of the pandemic. The mission report identifies the main strengths and weaknesses of the national response to the pandemic and areas.

In 2020, with the support of UN agencies in Turkmenistan, the Government developed and approved the National Plan for Preparedness and Response to Acute Infectious Diseases that was updated in 2021. Based on the recommendations of the WHO mission and the National Plan, a project proposal was developed for the financing by the World Bank. The loan agreement between the Government of Turkmenistan and the World Bank Group in the amount of US\$ 20 million was signed on July 26, 2021. After that, on September 23, 2021, the United Nations Development Program and the Ministry of Health and Medical Industry of Turkmenistan signed an Agreement on the implementation of activities under the World Bank project. In accordance with the Implementation Agreement, the project will be implemented in time period from September 23, 2021 to June 30, 2023, in partnership with WHO and UNICEF.

2. PROJECT DESCRIPTION

The goal of “Turkmenistan COVID-19 Response” Project is to support the Government of Turkmenistan with efforts to prevent, detect, and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Turkmenistan. The Project objectives are aligned with the results chain of the COVID-19 NCPRP.

The total funds available for the project are \$19,950,000.

The project implementation period is from 23 September 2021 to 30 June 2023.

The project has three components: two technical components and one project management component. The technical components are designed to support the emergency health sector response to COVID-19 in the immediate- and medium-term. The first two components cover seven critical pillars of an effective pandemic response plan, as outlined by WHO.

Component 1: Improving COVID-19 Prevention, Detection and Emergency Response (US\$ 10,026,137)

This component will support efforts to minimize the transmission of COVID-19 and strengthen coordination of the national pandemic response. It will enhance disease prevention and detection capacities through the provision of technical expertise, laboratory equipment, and other critical inputs. It will also enable Turkmenistan to strengthen and mobilize surge response capacity by investing in training of and essential equipment for frontline health workers, such as rapid response teams, epidemiologists, and laboratory specialists. In addition, this component will support the national EAEC in performing its coordination role in the COVID-19 pandemic response, including risk communication, community engagement, updating and implementing the National Pandemic Preparedness and Response plan, and preparing the region-specific Strategies on Public Health Measures.

Component activities include:

Sub-Component 1.1. Strengthening surveillance and rapid response to suspected cases of COVID-19

This sub-component will support strengthening laboratory, rapid response, and epidemiological capacity for case detection, isolation, and contact tracing. Specifically, it will finance the procurement of essential laboratory consumables, COVID-19 testing systems, and polymerase chain reaction (PCR) equipment at the national and regional levels for established and/or repurposed laboratories, as well as mobile PCR laboratories, disinfecting equipment and vehicles for rapid response teams and other relevant epidemiological teams at regional and district levels in the state Sanitary and Epidemiological Safety and Control offices of the MoHMI. The project will cover the cost of maintenance services for the available laboratory and medical equipment. National surveillance systems for infectious diseases will be strengthened, e.g. by introduction of a software for data management for case investigation and contact tracing. A range of training activities will also be carried out by the WHO to address critical gaps in knowledge and skills in pandemic response among public health specialists.

Sub-component 1.2. Strengthening risk communication and community engagement (RCCE)

This sub-component will be implemented by UNICEF and will include development of information relevant to the containment of the pandemic, regularly communicated using consistent and evidence-based messaging. Support will be provided for the review and update of the existing National Emergency Risk Communication Plan; review and update of the regulatory framework and policy for risk communication and outreach to the public, including vulnerable groups. Curricula, reference materials and manuals will be prepared for health workers and other professionals on essentials of RCCE along with training. UNICEF will support capacity building for medical workers and other specialists in interpersonal communication, motivational interviewing. In addition, UNICEF will support adaption of the existing global/regional training materials on misinformation / bias, and training will be provided to primary health care workers and the staff of Info Center of MoHMI of Turkmenistan. The existing Info Centers at national and regional level will be provided with upgraded equipment and will be supported on developing TV and Radio programs. The project will support printing posters and relevant information sheets for public consumptions to be used in public spaces. RCCE capacities of MoHMI will be digitalized through establishing internal C4D database of MoHMI, regular update of MoHMI website on RCCE and other relevant prevention messaging, and regular dissemination of SMS.

Besides health care system, UNICEF will support preparation of lesson plans for schools and universities. Targeted information campaigns will be conducted among school-age children, high school students and children with disabilities, pregnant and breast-feeding women (in schools, universities, infant homes, health care facilities and through the network of public organization, including Women's Union, Youth Union etc.) throughout the country on annual bases tied to the international days e.g., Global Handwashing Day - on 15th of October every year, Water Day on 22nd of March every year, etc.

Community outreach activities will be monitored and evaluated. Behavioral skills and their change will be analyzed through focus groups and Knowledge, Attituded and Practice (KAP) Study.

Under this sub-component UNDP will implement the Stakeholders Engagement Plan (SEP). UNDP will reach out to the stakeholders and engage in consultations, document and initiate the deliberations as per the agreed SEP. The project will determine whether Grievance Redress Mechanisms are in place whereby people can raise concerns, provide feedback, or make complaints. If not available, UNDP along with the MoHMI will establish, publicize, maintain and operate an accessible grievance mechanism, to receive and facilitate resolution of concerns and grievances of Project-affected people, and take all measures necessary and appropriate to resolve, or facilitate the resolution of, such concerns and grievances, in a manner acceptable to the Bank.

Component 2: Improving health system preparedness for COVID-19 (US\$ 7,924,746)

Sub-component 2.1 Expanding capacity for treating COVID-19 and SARI cases and Enhancing Infection Control and Prevention (IPC) measures in health care facilities

This component will strengthen health system preparedness by expanding capacity for treating SARI, as well as enhancing IPC measures in health facilities. Care for the severely and critically ill will be strengthened by the procurement of essential medical equipment, medicines, PPE, and supplies for hospitals designated for COVID-19 care, including mechanical ventilators, blood gas analyzers, mobile X-ray machines, and oxygen generators. A verified list of equipment, consumables and medications for resuscitation and management of SARI/COVID-19 patients will be defined and updated regularly in accordance with the WHO and national guidelines. Specifically, the list of medicines for management of COVID-19 cases will require frequent updates as the WHO releases new recommendations.

This sub-component will strengthen an overall IPC programme for the health system, including capacity to continuously implement and supervise IPC activities at the facility-level. Support for strengthening medical waste management and disposal will include financing of incinerators and training on their use.

Under this sub-component, UNDP will implement Environment and Social Commitments Plan (ESCP) through i) assessment of the environmental and social risks and impacts of proposed the project activities before the carrying out of the respective Project activities. ii) prepare, disclose, adopt, and implement instruments based on the assessment process, in a manner acceptable to the Bank, prior to carrying out of such activities; iii) consider actions to minimize exposure to disease; ensuring vulnerable parties' access to Project benefits; managing risks of security personnel and labor influx; and preventing/responding to sexual exploitation, abuse, or harassment.; iv) conduct training on Environmental and Social Standards for UNDP, MoHMI staff and for other stakeholders; and implement other measures of ESCP and its updated versions.

Sub-component 2.2 Training and Technical Assistance

The training and Technical Assistance will be rendered by the WHO. The National Pandemic Preparedness and Response plan will be updated annually or more frequently if needed. National testing strategy, National hospital surge capacity plan and National case management strategy – all documents have been already developed in 2020-2021 with the WHO support; however, in case of release of some new recommendations in 2022/2023, the WHO country office will assist the MoHMI with the updates of the national documents accordingly, by the local experts. Medical curricular for medical institutes concerning COVID-19 including guidelines and Standard Operating Procedures (SOP)s will be developed or updated by the working groups. This curricular will be discussed in several roundtable meetings.

Various trainings are planned to be delivered within the framework of in the project:

- Training for health care workers on the latest WHO recommended Infection Prevention and Control (IPC) and contact tracing and rapid response team module: a total of 4000 health care workers will be trained at national level.
- Training for health care workers on the latest WHO recommended Infection Prevention and Control (IPC) and contact tracing module and rapid response team: 320 health care workers will be trained from the regions.
- Training for health care workers on climate-induced vector-borne diseases training: in total 100 health care workers will be trained.
- Training and technical support for laboratory staff on latest lab equipment and antibody testing: a total of 80 laboratory specialists will be trained.
- Training on management of severe acute respiratory infections and COVID-19, as well as the use of latest medical equipment for 300 hospital doctors.
- Training on management of acute respiratory infections and COVID-19 at Primary Health Care (PHC).
- Training on evidence-based medicine and quality of care for 200 health care workers.
- Training on monitoring and evaluation (M&E) of SARI preparedness and response activities for MOHMI, Departments of health, and other managers of health care system. A team of M&E specialists will be trained at central level, then at regional levels.

Component 3: Project Management, Monitoring and Evaluation (US\$ 1,999,117)

This component will support overall project administration, including the cost of project implementation unit at UNDP, fiduciary functions, environmental and social risk management, and regular monitoring of and reporting on implementation. The UNDP will be responsible for project management and implementation under indirect financing arrangements with UN agencies, pursuant to a separate service agreement between UNDP and the Government of Turkmenistan. This component will also finance technical assistance, project operating costs, office equipment, supervision costs (transportation and per diem), and training needed for the overall project management. The project will cover the cost of monitoring visits of MoHMI and UNDP staff, hiring consultants, and will support MoHMI with operational costs (stationery, cartridges). This component will also support overall project monitoring and evaluation. Monitoring and evaluation will be the responsibility of the Division of Sanitary and Epidemiological Safety and Control of the MoHMI, including, specifically: (i) the collection of relevant data from relevant line ministries, the UNDP and other implementing agencies; (ii) the compilation of data for progress reports; and (iii) the submission of reports to the EAEC. Technical audits will be conducted at the facility-level to verify project indicators.

This component will also support overall project monitoring and evaluation. The project team will include Social and Environmental Standards Specialist (hired within 60 days of the project effectiveness) in accordance with ESS 1.1. The Project shall be carried out in accordance with the applicable requirements of ESS 2 Labor Management, in a manner acceptable to the Bank.

UNDP and MoHMI will prepare and submit quarterly progress reports demonstrating progress towards the outputs and activities set out in this Annex. Reporting will include but not limited to: (i) procurement and distribution; (ii) compliance with environmental and social standards; (iii) status of the indicators in the results framework; and (d) information on any problems or obstacles faced in the implementation of the project. Each quarterly progress report will also include: (i) a narrative and financial summary of the status of activities to demonstrate the progress towards the outputs and the linkage between the payments made under this agreement and the deliverables; (ii) quarterly interim financial report on the use of funds. Quarterly reports to the WB shall include Section related to GRM. The cost of reporting is covered under the budget lines 3.1 and 3.2.

Expected beneficiaries of the project

The expected project beneficiaries will be a subset of the population at large who will be affected by the COVID-19 response supported by the project. Given the nature of the disease, they would include infected people; at-risk populations, particularly the elderly and people with chronic conditions; medical and emergency personnel; medical and testing facilities; and public health agencies engaged in COVID-19 response in Turkmenistan.

However, the project benefits go beyond COVID-19, due to the multi-disease nature of the surveillance and diagnostic activities, and the comprehensive strengthening of the national health care system. There are substantial social and economic benefits that mainly stem from the potential losses (e.g. restriction measures, closing business, etc.) avoided as a result of the project interventions.

Potential environmental and social risks

Environmental risks which may occur during the implementation of project are related to risks of contamination from patients, handling tests, and managing medical waste. These include: (a) occupational health and safety for medical staff, laboratory staff and communities in due course of detection, transportation of patients/tests/chemicals and reagents, and treatment stages of the COVID-

19 cycle; and (b) occupational health and safety related to collection, transportation and disposal of medical waste management. However, the environmental impacts are expected to be low in magnitude, reversible, predictable, and temporary.

Social risk is likely to arise due to the lack of experience of the MoHMI in engaging with the communities in an open and transparent manner. This will be mitigating by support from UNICEF as planned under Sub-component 1.2 of the project, and by implementing Stakeholder Engagement Plan.

Environmental and social assessment

The assessment of potential environmental and social risks and impacts of proposed Project activities have been conducted in accordance with environmental and social standards and the Environmental and Social Management Framework (ESMF) has been prepared for the Project. The ESMF includes a template for Infection Control and Medical Waste Management Plans (ICWMP). Assessment includes ensuring that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project.

The preparation, disclosure, adoption and implementation of ICWMPs or other instruments required for the Project activities based on the assessment process, will be performed in accordance with the environmental and social standards, the ESMF, the EHSGs, and other relevant Good International Industry Practice (GIIP) including relevant WHO Guidelines on COVID-19 in a manner acceptable to the Bank.

3. POLICY, LEGAL AND REGULATORY FRAMEWORK

This section provides an overview of COVID-19 and Project related national regulations, standards and guidelines. A regulatory framework has been developed and continuously updated as necessary in the country in relation to fulfilling important tasks related to COVID 19, namely, preserving and strengthening the health of citizens, creating safe living and working conditions, preventing infectious diseases, environmental protection, as well as provision of sanitary epidemiological services for the population. For instance, the Law of Turkmenistan «On the Prevention of Infectious Diseases» was adopted in 2021. Furthermore, in the articles of the new edition of the Code of Turkmenistan "On Administrative Offenses", the measures for violation of sanitary legislation were updated, a new edition of the Sanitary Code of Turkmenistan, the Laws of Turkmenistan: "On protection of health of citizens", "On ensuring the safety and quality of food products", "On promoting and supporting breastfeeding", "On radiation safety", "On drinking water", "On protection of health of citizens from exposure to tobacco smoke and the consequences of tobacco consumption", "On countering the spread of the disease, caused by the human immunodeficiency virus (HIV infection), the Decree of the President of Turkmenistan "On salt iodization and fortification of flour with iron" and "On the production of flour enriched with folic acid and iron" were adopted.

3.1 National environmental assessment legal provisions

The State policy in the field of environmental protection in Turkmenistan is aimed at guaranteeing the priority of protecting human life and health, preservation and restoration of the environment, blending environmental, economic and social interests of the population in the direction of ensuring sustainable development and a favorable environment.

The state policy in the field of environmental protection can be successfully implemented, primarily, due to the consistent formation of the regulatory framework. In this regard, significant work in updating environmental legislation has been carried out in the country. This process is carried out taking into account new political, socio-economic realities and in line with provisions of international environmental law.

The new version of the Constitution of Turkmenistan (2016) stresses the responsibility of the State for the preservation of the environment and management of the rational use of natural resources (Articles 14, 53).

Relations in the field of environmental expertise, strategic environmental assessment and environmental impact assessment (EIA) are regulated by a significant bunch of regulatory acts, such as The Law of Turkmenistan "On Nature Protection" (2014), the Law "On Environmental Expertise" (2014), the Law "On Waste" (2015), the State Standard of Turkmenistan TDS 579-2001 "Environmental impact assessment of planned economic and other activities in Turkmenistan" (2001), "Regulations on the procedure for State environmental expertise" (1996), Sanitary Code of Turkmenistan dated November 21, 2009 and other relevant regulatory acts of Turkmenistan.

In addition, a system of regulatory acts in Turkmenistan also includes international obligations assumed by Turkmenistan in connection with its accession to a number of international environmental conventions.

According to article 29 of the Law of Turkmenistan "On Nature Protection", an environmental impact assessment is carried out in relation to planned economic and other activities that may have a direct or indirect impact on the environment, regardless of the organizational and legal forms of ownership of economic and other entities. Environmental impact assessment is carried out during the development of all alternative versions of pre-project, including pre-investment, and project documentation justifying the planned economic and other activities.

The Law of Turkmenistan "On Environmental Expertise" sets out the principles, goals and objectives, types of environmental expertise, objects subject to state environmental expertise, general requirements, procedure, timing of state environmental expertise, conditions for public environmental expertise. The State ecological expertise and public ecological expertise are carried out in Turkmenistan.

In accordance with the Article 6 of the Law "On Environmental Expertise" state environmental expertise is carried out by the Cabinet of Ministers of Turkmenistan, the Ministry of Agriculture and Nature Protection of Turkmenistan, which is the authorized state body in the field of state environmental expertise, local executive authorities and local self-government. Also, according to article 13, project documentation on environmental impact assessment is developed at the initial stage of planning economic and other activities that may have a significant impact on the environment.

Implementation of the Project against COVID-19 in Turkmenistan does not include any activities that have a significant impact on the environment, nor will any construction work be carried out that may increase emissions of pollutants into the atmosphere, wastewater discharge and generation of production waste, etc., and, accordingly, does not require an EIA.

The legal framework dealing with waste management is defined in the Law of Turkmenistan "On Waste", dated June 03, 2015. It is aimed at reducing waste generation and ensuring rational use of resources in economic and other activities in order to prevent negative impact on the health of population and the environment. State administration in the field of waste management is carried out by the Cabinet of Ministers of Turkmenistan, authorized state management bodies in the field of waste management, local executive authorities and local self-government.

TDS 579-2001 State Standard "Environmental impact assessment of planned economic and other activities in Turkmenistan" is very similar in structure, approach, principles, stages to the Espoo Convention on Environmental Impact Assessment. This standard includes a list of regulatory legal acts, the purpose, principles of EIA, a list of environmentally hazardous economic activities that require EIA and other aspects.

The existing system of regulatory acts of Turkmenistan is complemented by international obligations stemming from a number of international conventions and treaties in the field of environmental protection and sustainable development ratified by Turkmenistan.

Law of Turkmenistan "On environmental information" (14.03.2020) defines the legal, organizational, economic and social basis for ensuring access to environmental information and is aimed at ensuring the rights of legal entities and individuals to receive complete, reliable and timely information about the state of the environment and natural resources. This Law governs relations arising from: collection, storage, transfer, distribution and use of environmental information and protection of the rights of legal entities and individuals who have access to environmental information.

In this regulatory document Environmental information is defined as information about:

- 1) on the state of the environment, including the state of lands, soils, subsoil, surface and ground waters, forests, flora and fauna and its biological diversity, ecological systems, natural landscapes and specially protected natural areas, atmospheric air, climate and ozone layer of the Earth, other natural objects, as well as the interaction between these objects, genetically engineered organisms and microorganisms;
- 2) on pollutants, hazardous chemical and biological substances, radioactive materials, wastes, the entry of which into the environment affects or may affect its components, as well as the impact on the environment of noise, shocks, magnetic fields, infrared radiation in excess of the maximum permissible standards and other harmful physical effects;
- 3) on the measures of public authorities, local governments, economic and other activities of legal entities or individuals, on cost-benefit analyzes, as well as other economic analyzes and forecasts used in decision-making on issues related to the environment that have or can have impact on the state of the environmental components specified in paragraph 1 of this article;
- 4) on regulatory legal acts, concepts, strategies, programs and plans for the rational use of natural resources and environmental protection, the implementation of which has or may have an impact on the state of the environment;
- 5) on the degree to which the environment affects or may affect the state of health of citizens, their living conditions and safety;
- 6) other information on the state of the environment, established by the legislation of Turkmenistan.

Finally, Article 6 defines the sources of formation of environmental information provided or disseminated by environmental information holders is formed as a result of: environmental monitoring, carrying out measurements in the field of environmental protection, maintaining state accounting in the field of environmental protection, keeping records of the natural resources used and environmental impacts, assessment of the impact on the environment of the planned economic and other activities, carrying out ecological expertise, exercising control in the field of environmental protection, conducting an environmental audit, conducting an environmental cadaster for environmental system, implementation of environmental certification, implementation of standardization in the field of environmental protection, issuance of special permits (licenses), other permits and documents giving the right to use nature, making changes and (or) additions to these permits and other documents, their re-issuance, extension, suspension and termination of their validity, development and implementation of programs, plans and activities for the rational use of natural resources and environmental protection, conducting scientific research in the field of the environment and carrying out other activities in the field of the environment.

3.2 Sanitary and epidemiological welfare of the population, including on COVID-19 infection control activities and medical waste management

The Law of Turkmenistan "On the Prevention of Infectious Diseases" adopted in 2021 defines the legal, organizational, economic and social basis for the prevention of infectious diseases, is aimed at preventing, limiting the spread and eliminating infectious diseases.

The powers of the **State Sanitary Epidemiology Service of the Ministry of Health and Medical Industry of Turkmenistan** in the field of ensuring the sanitary and epidemiological welfare of the population include:

- 1) implementation of state sanitary supervision over compliance with sanitary legislation of Turkmenistan;
- 2) participation in the development of regulatory acts of Turkmenistan in the field of ensuring the sanitary and epidemiological welfare of the population;
- 3) introduction for consideration of the issues of ensuring the sanitary and epidemiological welfare of the population by state authorities and management bodies;
- 4) development of state and target programs related to the provision of sanitary and epidemiological welfare of the population, and ensuring their implementation;
- 5) keeping records and statistics in the field of sanitary and epidemiological welfare of the population;
- 6) coordination of design standards, state standards, including regulatory and technical documents for food products, materials and products in contact with food products;
- 7) approval of hygiene standards and control methods;
- 8) establishing the procedure for approving and issuing permits for the use of new chemicals, equipment, processes, polymer and plastic materials, and other chemicals;
- 9) approval of regulatory and technical documentation and issuance of permits for the use of new chemicals, equipment, processes, polymer and plastic materials, and other chemicals;
- 10) implementation of state supervision over the quality and safety of food products, materials and products in contact with food products, as well as their state registration and certification;
- 11) approval and issuance of permits for the use of certain means and methods in the production and processing of food products, growth stimulants of agricultural plants and animals, chemical plant protection products;
- 12) coordination of curricula, educational and workload, approximate mode of classes of children brought up in preschool facilities, students in secondary schools, as well as facilities of primary and secondary vocational education;
- 13) organization of social and hygienic monitoring;
- 14) coordination of the activities of departmental sanitary and epidemiological services;
- 15) interaction with other state control bodies in terms of ensuring the sanitary and epidemiological welfare of the population;
- 16) coordination of scientific provision of sanitary and epidemiological welfare of the population and the activities of bodies and facilities of the State Sanitary Epidemiology Service of the Ministry of Health and Medical Industry of Turkmenistan;
- 17) organizational and methodological guidelines for ensuring the sanitary and epidemiological welfare of the population;
- 18) organization and implementation of sanitary-hygienic and sanitary-anti-epidemic measures for the prevention and elimination of infectious, parasitic diseases and food poisoning;
- 19) sanitary protection of the territory of Turkmenistan from the introduction and spread of quarantine infections, importation of food and consumer goods dangerous to public health;
- 20) control over the production and use of drinking water that meets the requirements of state standards;
- 21) promotion of hygienic knowledge on the formation of a healthy lifestyle;
- 22) organization of sanitary and hygienic examination;
- 23) solving other issues within the competence of the State Sanitary Epidemiology Service of the Ministry of Health and Medical Industry of Turkmenistan.

Legislation in the field of sanitary and epidemiological well-being of the population is based on the Constitution of Turkmenistan and consists of the Sanitary Code of Turkmenistan dated November 21,

2009 and other legal acts of Turkmenistan and international treaties. The Sanitary Code states that the sanitary and epidemiological welfare of the population is ensured through:

- 1) development and implementation of state, regional and targeted programs for health promotion and prevention of diseases, improvement of human habitat and living conditions;
- 2) implementation of a set of organizational, legal and legislative measures aimed at fulfillment of the right of citizens for health protection, as well as ensuring guarantees of this right;
- 3) conducting social and hygienic monitoring;
- 4) conducting scientific research in the field of ensuring the sanitary and epidemiological well-being of the population;
- 5) implementation of measures to inform the population in a timely manner about the occurrence of infectious diseases, mass non-communicable diseases (poisoning), the state of the habitat and the ongoing sanitary and anti-epidemic (preventive) measures;
- 6) creation of an anti-epidemic fund for the prevention and elimination of outbreaks of infectious diseases;
- 7) ensuring sanitary protection of the territory of Turkmenistan;
- 8) determination of measures of responsibility for violation of sanitary norms, rules and hygienic standards;
- 9) education and training of the population in high sanitary culture, promotion of a healthy lifestyle;
- 10) state sanitary and epidemiological rationing;
- 11) establishing the rights and obligations of legal entities and individuals in the field of ensuring the sanitary and epidemiological well-being of the population;
- 12) the system of state and departmental sanitary supervision, industrial and public sanitary control over compliance with sanitary requirements, as well as over the conduct of sanitary-hygienic, sanitary-epidemic and anti-radiation measures in accordance with the legislation of Turkmenistan;
- 13) compliance with sanitary legislation of Turkmenistan;
- 14) carrying out as an integral part of their activities hygienic and anti-epidemic measures, as well as compliance with sanitary rules, norms and hygienic standards by legal entities and individuals.

The responsibilities of the State Sanitary Epidemiology Service of Turkmenistan are to identify, prevent and curb the impact of harmful environmental factors on the health of the population in order to preserve and strengthen it, form a healthy lifestyle and prevent diseases.

As part of the response to COVID-19, the various measures have been taken. For instance, in January 2020, the decree of the President of Turkmenistan approved a comprehensive plan of measures to prevent the importation of COVID-19 to Turkmenistan, as well as mandated activities of the existing state Emergency Anti-Epidemic Commission (EAEC) under the Cabinet of Ministers on the prevention of the importation and spread of COVID-19 in Turkmenistan. An Operational Headquarters (OH) located at the premises of the MoHMI was established where specialists from various ministries and departments ensure operational activities within the framework of approved Plan. MoHMI is the leading and coordinating agency of OH. The EAEC consists of representatives of 22 ministries and departments involved in provision of emergency measures in the field of public health.

Health sector readiness assessment was carried out and various measures aimed at ensuring readiness were implemented (training of specialists, providing necessary funds, materials and equipment,

informing the population). Surveillance of arriving citizens has been strengthened, various guidelines and protocols have been developed aimed at early detection, isolation, treatment and anti-epidemic measures, tracking contact persons and informing about risks.

Travel restrictions and quarantine measures have been introduced for people coming from countries with registered cases.

All interdepartmental measures at the national level are carried out based on the decision of the State EAEC and are aimed at preventing importation and further spread and mitigation of its consequences. Ensuring the smooth functioning of all basic services and activities is also an important issue.

3.3 Legal framework on Social protection and Social services

Constitution of Turkmenistan (14.09.2016) ensures the social security of every person and guarantees the equality of rights and freedoms of citizens (Article 28) and of (Article 29) men and women. Furthermore, it stipulates everyone's right to work where healthy and safe working conditions are provided (Article 49) and the right to health care (Article 52). At the same time citizens are granted the right to social security in old age, in case of illness, disability, loss of ability to work, loss of a breadwinner, unemployment and other legal grounds as well as young families, families with many children, orphans, veterans and persons who have lost their health while protecting state or public interests are provided with additional support and benefits from state and public funds (Article 54).

In accordance with the Article 61 of the Constitution of Turkmenistan everyone has the right to claim compensation in court for material or moral damage caused to him by illegal actions of state bodies, other organizations, their employees, as well as individuals.

In accordance with the Law of Turkmenistan "On Trade Unions, their Rights and guarantees of activity" (2013), trade unions have the right to participate in the development of state social programs aimed at creating conditions that ensure a decent life, free and harmonious human development, as well as to participate in the development of state programs on labor protection, the development of regulatory acts dealing with occupational diseases, labor protection. According to Article 18 of this law, primary trade union organizations participate in the implementation of various programs and projects to increase labor productivity, efficiency and quality of work, provide jobs, improve labor organization and protection, create safe and healthy working conditions for employees.

Social protection of the population in Turkmenistan is a state system of material support and social services for persons with disabilities, families with children and other persons, carried out through payments in the form of pensions, benefits and the provision of social benefits.

Code of Turkmenistan on social protection of the population (19.10.2012) defines the legal, organizational, economic foundations of social protection of the population of Turkmenistan, establishes state guarantees for the provision of pensions to citizens on the basis of state pension insurance, the provision of state benefits to certain categories of citizens, and also defines measures for the social protection of veterans and persons with disabilities. Social protection of the population in Turkmenistan is a state system of material support and social services for disabled persons, persons with disabilities, families with children and other persons, carried out through payments in the form of pensions, state benefits and the provision of social benefits (Article 2).

The state policy in the field of social protection of the population is aimed at ensuring a unified policy in the field of social protection of the population, implementation of the right of citizens to social protection guaranteed by the Constitution of Turkmenistan, improving the management of the system of social protection of the population and its legal framework etc. (Article 3).

Article 59 of the Code of Turkmenistan on social protection of the population sets up the right to state allowance for temporary disability for persons who have lost their ability to work during the period of work due to a general illness, work injury (injury), occupational disease and who have submitted a certificate of incapacity for work issued by a healthcare institution are entitled to state benefits for temporary disability. The period of temporary disability is established by the health care institutions of Turkmenistan and confirmed by a certificate of incapacity for work.

The Law of Turkmenistan "On social services" (2021) defines the legal, organizational and economic basis for the provision of social services to certain categories of persons. The goals of social services are: promotion of equal opportunities for all members of society, aimed at strengthening social cohesion and preventing social exclusion, rendering assistance for leading a decent, safe and creative life, equal participation in the public life of the state, assistance to persons in overcoming difficult life situations that they are not able to resolve with the help of their own means and available opportunities, forecasting and prevention of occurrence of difficult life situations, intensifying their own efforts of individuals and families, creating conditions for their independent solution of emerging problems (Article 4).

The state guarantees individuals, families, groups of persons recognized as persons in need of the provision of social services, the opportunity to use social services based on an assessment of individual needs in order to overcome a difficult life situation (Article 14) on an equal basis regardless of nationality, skin color, gender, origin, property and official status, place of residence, language, attitude to religion, age, state of health or other circumstances (Article 15).

Article 16 of the Law of Turkmenistan "On social services" defines the following grounds for recognizing a person as in need of social services:

- 1) disability;
- 2) old age;
- 3) the consequences of an industrial injury and occupational disease;
- 4) loss of a breadwinner, loneliness, orphanage, homelessness and neglect;
- 5) lack of a fixed place of residence;
- 6) forced change of the country of permanent residence;
- 7) stay as a victim of human trafficking or its identification;
- 8) consequences of violence or life-threatening situations;
- 9) family trouble;
- 10) other difficult life situations.

3.4. Labor protection legal framework

Labor protection and safety of employees are regulated by the "Labor Code of Turkmenistan" (2009), which administers labor relations of persons working at enterprises, organizations and facilities, regardless of the organizational and legal form and form of ownership, for individuals on the terms of an employment contract concluded on the territory of Turkmenistan. Labor code of Turkmenistan

also includes detailed Labor management procedures, which are mandatory to follow-up for all types of Employer and Employee relations. In addition, social protection of citizens is regulated by the "Code of Turkmenistan on Social Protection of the Population (2012).

In accordance with the Article 6. of the "Labor Code of Turkmenistan" State guarantees the following labor rights:

- a. The right of citizens to work is guaranteed by the Constitution of Turkmenistan, including the right to choose a profession, occupation and place of work, to healthy and safe working conditions, and protection from unemployment.
- b. Every citizen has the exclusive right to dispose of their abilities for productive and creative work and to carry out any activity not prohibited by the legislation of Turkmenistan.
- c. Every citizen has the right to freely choose a place of work by directly applying to the employer or through state employment agencies (services).
- d. The state guarantees the protection of labor rights. The minimum level of labor rights and guarantees for employees is established by this Code.
- e. State bodies (services) of employment provide free assistance to the population in the selection of suitable work and employment.

It is not allowed to restrict labor rights or receive any advantages in their implementation depending on nationality, skin color, race, gender, origin, property and official status, place of residence, language, age, attitude to religion, political beliefs, party affiliation or lack of affiliation to any party, as well as other circumstances not related to the business qualities of employees and the results of their work. Consequently, persons who believe that they have been discriminated against in the sphere of labor have the right to apply to the court with an appropriate application (Article 7). Also forced or compulsory labor is prohibited (Article 8).

The main directions of the state policy in the field of labor protection are:

- 1) ensuring the priority of saving the lives and protecting the health of workers;
- 2) adoption and implementation of laws and other regulatory legal acts of Turkmenistan on labor protection, as well as targeted programs to improve working conditions and labor protection;
- 3) state management of labor protection;
- 4) state supervision and control over compliance with labor protection requirements;
- 5) licensing of potentially hazardous work, certification of products (works, services) for industrial purposes;
- 6) assistance to trade union bodies for public control over the observance of the rights and legitimate interests of workers in the field of labor protection;
- 7) investigation and recording of accidents at work and occupational diseases;
- 8) protection of the rights and legitimate interests of employees affected by accidents at work and occupational diseases, as well as members of their families;
- 9) establishment of compensations for work with harmful and (or) dangerous (especially harmful and (or) especially dangerous) working conditions;
- 10) coordination of activities in the field of labor protection, environmental protection and other types of economic and social activities;
- 11) dissemination of advanced national and foreign experience in improving working conditions and labor protection;
- 12) introduction of a scientific organization, new equipment and technology into the field of labor protection, encouragement of rationalization and invention;

- 13) participation of the state in the financing of labor protection measures;
- 14) training and advanced training of labor protection specialists;
- 15) organization of state statistical reporting on working conditions, as well as on industrial injuries, occupational morbidity and their material consequences;
- 16) ensuring the development and functioning of a unified information system for labor protection;
- 17) international cooperation in the field of labor protection;
- 18) pursuing an effective tax policy that stimulates the creation of safe working conditions, the development and implementation of safe equipment and technologies, the production of means of individual and collective protection of workers;
- 19) establishing the procedure for providing employees with personal and collective protective equipment, as well as sanitary facilities and devices, medical and preventive means at the expense of employers (Article 172).

The implementation of the main directions of the state policy in the field of labor protection is ensured by the coordinated actions of state authorities and local governments, employers and their associations, as well as trade unions and other representative bodies authorized by employees on labor protection issues.

Every employee has the right to:

- 1) a workplace protected within acceptable limits from exposure to harmful or dangerous production factors that can cause an industrial injury, occupational disease or reduced performance;
- 2) obtaining complete and reliable information from the employer, relevant state bodies and public associations about the conditions and labor protection at the workplace, about the existing risk of damage to life or health, as well as about measures to protect against exposure to harmful and (or) dangerous production factors;
- 3) refusal to perform work in the event of a danger to the life or health of him or other persons due to violation of labor protection requirements, except for cases provided for by the legislation of Turkmenistan, until such danger is eliminated;
- 4) provision of means of individual and collective protection in accordance with the requirements of labor protection at the expense of the employer;
- 5) training (instructing) in safe labor methods and techniques at the expense of the employer;
- 6) professional retraining at the expense of the employer in case of liquidation of the workplace due to violation of labor protection requirements;
- 7) a request for an inspection of the conditions and labor protection at his workplace by the state supervision and control over compliance with the labor legislation of Turkmenistan by employees who carry out state examination of working conditions, as well as trade union bodies;
- 8) appeal to state authorities and local governments, to the employer, associations of employers, as well as to trade unions and other representative bodies authorized by employees on labor protection issues;
- 9) personal participation or participation through their representatives in the consideration of issues related to ensuring safe working conditions at his workplace, and in the investigation of an accident at work or an occupational disease that happened to him;
- 10) an extraordinary medical examination (examination) in accordance with medical recommendations with the preservation of his place of work (position) and average salary during the passage of the specified medical examination (examination);

11) compensation and other payments established by the legislation of Turkmenistan, labor and collective agreement (agreement), if he is employed in work with harmful and (or) dangerous (especially harmful and (or) especially dangerous) working conditions (Article 173).

As per Article 174 of the “Labor Code of Turkmenistan” State guarantees for the protection of the rights of workers in the field of labor protection and ensures the organization of labor protection, the implementation of state supervision and control over compliance with labor protection requirements, establishes liability for violation of the labor legislation of Turkmenistan. Other requirements defined in this Article are:

- a) The working conditions of employees must comply with the requirements of labor protection.
- b) For the period of suspension of work by the bodies of state supervision and control over compliance with the labor legislation of Turkmenistan due to violation of labor protection requirements through no fault of the employee, the place of work (position) and the average salary are retained.
- c) When an employee refuses to perform the work entrusted to him in the event of an immediate danger to the life or health of him and those around him; failure to provide the necessary personal protective equipment that directly ensures labor safety; suspension and prohibition of work by state bodies of supervision and control, until the violation is eliminated or until a new workplace is created, another job corresponding to his qualifications must be provided for a period of up to one month, or, with his consent, work with payment not lower than the average salary according to previous work. If necessary, the employer is obliged, at his own expense, to provide training for the employee in a new profession (specialty) while maintaining the average salary for the period of retraining.
- d) If it is impossible to provide the employee with other work for objective reasons, the downtime of the employee until the danger to his life and health is eliminated is paid by the employer in accordance with this Code and other regulatory legal acts of Turkmenistan.
- e) In case of failure to provide the employee with personal and collective protective equipment in accordance with the established norms, the employer does not have the right to require the employee to perform labor duties and is obliged to pay for the idle time that has arisen for this reason in accordance with this Code.
- f) An employee's refusal to perform work in the event of a danger to his life and health due to violation of labor protection requirements or from performing work with harmful and (or) dangerous (especially harmful and (or) especially dangerous) working conditions not provided for by the employment contract does not entail bringing him to disciplinary responsibility.
- g) In the event of harm (damage) to the life or health of an employee in the performance of his labor duties, compensation for the specified harm (damage) is carried out in accordance with the legislation of Turkmenistan.
- h) In the event of a deterioration in the health of an employee due to working conditions, loss of ability to work due to an accident at work or an occupational disease, the employer is obliged to provide the employee, with his consent, with work in accordance with a medical report or to provide training for the employee in a new profession at his own expense. (specialty) with the preservation of his average salary for the period of retraining, and, if necessary, his rehabilitation.

The employee has the right on information on labor protection (Article 177) and All enterprises must create working conditions that meet the requirements of safety and hygiene (Article 179).

Responsibilities for ensuring labor protection at the enterprise are assigned to the employer. The employer is obliged to ensure:

- 1) the safety of workers in the operation of buildings, structures, machines, mechanisms, equipment, the implementation of technological processes, the use in the production of tools, raw materials and materials;
- 2) use of means of individual and collective protection of workers;
- 3) working conditions at each workplace that meet the requirements of labor protection;
- 4) the regime of work and rest of employees in accordance with the legislation of Turkmenistan;
- 5) purchase and issue at their own expense of special clothing, special footwear and other personal protective equipment, washing and neutralizing or disinfecting agents in accordance with established standards for workers employed in work with harmful and (or) dangerous (especially harmful and (or) especially dangerous) working conditions, as well as in work related to pollution or performed in special temperature conditions;
- 6) training in safe methods and techniques for performing work on labor protection and providing first aid in case of accidents at work, briefing on labor protection, internship at the workplace and testing knowledge of labor protection requirements, safe methods and techniques for performing work;
- 7) non-admission to work of persons who have not undergone training and instruction in labor protection, internship and testing of knowledge of labor protection requirements in accordance with the established procedure;
- 8) organization of control over the state of working conditions at workplaces, as well as over the correct use of personal and collective protective equipment by employees;
- 9) certification of workplaces for their compliance with labor protection norms and rules;
- 10) in the cases provided for by this Code, laws and other regulatory legal acts of Turkmenistan, organize at their own expense mandatory preliminary (upon employment) and periodic (during employment) medical examinations (examinations) of employees, extraordinary medical examinations (examinations) of employees at their request in accordance with a medical report, while retaining their place of work (position) and average salary for the time of passing the specified medical examinations (examinations);
- 11) preventing employees from performing their labor duties without undergoing mandatory medical examinations (examinations) for professions, the list of which is established by the legislation of Turkmenistan, as well as in case of medical contraindications;
- 12) informing employees about the conditions and labor protection at the workplace, about the risk of damage to health and the compensations and means of individual and collective protection due to them;
- 13) provision of information and documents to the executive authorities in the field of labor protection, state supervision and control over compliance with the labor legislation of Turkmenistan, as well as trade union and other representative bodies of workers necessary for the exercise of their powers;
- 14) taking measures to prevent accidents, preserve the life and health of workers in the event of such situations, including the provision of first aid to victims;
- 15) investigation, recording and analysis of accidents at work and occupational diseases in the manner prescribed by this Code and other regulatory legal acts of Turkmenistan, issuance to the victim, and in the event of his death - to the family (family members), the legal representative of the deceased, a certified copy of the act of accident case no later than three days after the end of the investigation;

- 16) sanitary and household and medical and preventive maintenance of employees in accordance with the requirements of labor protection;
- 17) unhindered access for conducting inspections and investigations of officials of executive authorities in the field of labor protection, state supervision and control, public control over compliance with the labor legislation of Turkmenistan;
- 18) fulfillment of instructions of officials of the bodies of state supervision and control over compliance with the labor legislation of Turkmenistan and consideration of instructions of public control bodies in the manner prescribed by this Code;
- 19) familiarization of employees with the necessary documents on safety and health at their workplace;
- 20) development and approval, taking into account the opinion of a trade union or other body authorized by employees, instructions on labor protection for employees;
- 21) taking all scientifically substantiated and practically feasible measures to relieve the physical and psychological fatigue of workers in the labor process;
- 22) prohibition of employees to perform operations defined as imminently dangerous;
- 23) timely notification of the relevant authorities about accidents and accidents at work;
- 24) availability of normative legal acts of Turkmenistan containing labor protection requirements in accordance with the specifics of the enterprise, and familiarization of employees with them (Article 178).

According to Article 190 of the Labor Code of Turkmenistan, the provision of sanitary and medical-preventive services to employees of enterprises in accordance with the requirements of labor protection is entrusted to the employer. For these purposes, sanitary facilities, catering facilities, medical care facilities, restrooms during working hours and psychological relief are being equipped in accordance with the established standards; sanitary posts with first aid kits equipped with a set of medicines and first aid preparations are being created; apparatuses (devices) are being installed to provide employees of hot shops and sites with carbonated salt water and more.

3.5. Gender equality regulatory framework

The Law of Turkmenistan "On State Guarantees for Ensuring Equal Rights and Equal Opportunities for Women and Men" (2015) establishes state guarantees for ensuring equal rights and equal opportunities for women and men in all spheres of state and public life.

The main directions of state policy in the field of ensuring gender equality are: non-admission of discrimination on the basis of sex, formation and improvement of the legal framework, as well as the implementation of program documents, cooperation with public associations, as well as international organizations carrying out activities to ensure gender equality and implementation of generally recognized principles and norms of international law, as well as international obligations of Turkmenistan (Article 5).

The state guarantees equal rights for women and men in the exercise of civil rights, equal participation in managing the affairs of society and the state, and in the electoral process. The state guarantees the provision of gender equality in the field of health care, education, science, culture, labor and social protection, as well as in other areas of state and public life (Article 14).

Women and men are guaranteed the equal right to: protection and promotion of health, receiving a state-guaranteed amount of free medical care, receiving quality medical care and using medical services, obtaining information on reproductive health, prevalence of diseases, new methods of

prevention and treatment of diseases and use of the services of health and sanatorium institutions, children's health and rehabilitation centers, as well as sports facilities (Article 18).

The state guarantees women and men the equal right to work including equal opportunities for employment, free choice of profession, occupation and place of work, entrepreneurial activities, vocational training and retraining, combining work with the duties of parents, and also guarantees equal rights to safe working conditions, protection from unemployment (Article 21).

Finally, the state ensures equal rights for women and men to be protected from sexual assault, kidnapping and trafficking (Article 24).

3.6. Health services regulatory framework

Law of Turkmenistan "On the protection of the health of citizens" (2015) regulates relations arising in the field of protecting the health of citizens.

The main principles of state policy in the field of protecting the health of citizens are:

- 1) equality of the right of citizens to receive safe and high-quality medical care, medical services;
- 2) general availability of medical care, medical services;
- 3) preventive orientation and social orientation in the activities of medical institutions;
- 4) priority of protection of motherhood and childhood;
- 5) social security of citizens in case of disability;
- 6) the unity of medical science and practice in determining the prospects for their development;
- 7) inadmissibility of refusal to provide medical care, medical services;
- 8) participation of public associations in ensuring the right of citizens to health care (Article 4).

Turkmenistan citizens have the right to:

- 1) receiving a guaranteed volume of free medical care, medical services;
- 2) free choice of a family doctor and medical institution;
- 3) receiving medical care, using medical services, including with the use of telemedicine;
- 4) obtaining complete and reliable information about the state of one's health, methods of prevention, diagnosis, treatment, rehabilitation, sanitary and epidemiological well-being of the place of residence, rational nutrition, safety and quality of food products, factors contributing to the preservation of health or having a harmful effect on it;
- 5) examination, treatment and creation of conditions that meet sanitary and hygienic requirements;
- 6) protection of information constituting a medical secret;
- 7) examination and treatment outside of Turkmenistan in the manner determined by the authorized body;
- 8) appeal against actions (inaction) of medical workers;
- 9) compensation for damage (harm) caused to their health in the provision of medical care, medical services;
- 10) other rights in accordance with the legislation of Turkmenistan (Article 13).

The organization of medical care is carried out through:

- 1) development and implementation of measures for the prevention of diseases, the formation of a healthy lifestyle;

- 2) organization of first aid, all types of medical care;
- 3) ensuring the sanitary and epidemiological well-being of citizens;
- 4) providing citizens with medicines and healthy nutrition in accordance with the legislation of Turkmenistan (Article 32).

Information provision in the field of public health protection is aimed at:

- 1) use of international standards in the field of healthcare informatization;
- 2) ensuring free access to electronic information resources containing information about the activities of healthcare institutions, with the exception of electronic information resources, access to which is limited in accordance with the legislation of Turkmenistan;
- 3) introduction and development of the electronic healthcare system and telemedicine;
- 4) ensuring the safety and confidentiality of electronic information resources containing personal data of patients;
- 5) timely provision of complete and reliable data contained in electronic information resources, in respect of which the mandatory nature of their public distribution is established (Article 59).

3.7. Information access regulatory framework

Law of Turkmenistan "On information and its protection" (2014) regulates relations arising from the exercise of the right to search, collect, receive, send, produce, store, provide, distribute and use information, as well as the use of information technologies and ensuring the protection of information.

Legal regulation of relations arising in the field of information and its protection is based on the following principles:

- 1) freedom to search, receive, transfer, produce, collect, store and distribute information in any legal way;
- 2) establishment of restrictions on access to information exclusively by law;
- 3) openness of information about the activities of state bodies, local executive authorities and local self-government bodies and free access to such information, except in cases established by the legislation of Turkmenistan;
- 4) providing for the issues of ensuring the national security of Turkmenistan in the creation of information systems, their operation and protection of the information contained in them;
- 5) reliability of information and timeliness of its provision;
- 6) inviolability of private life, inadmissibility of collection, storage, use and dissemination of information about the private life of a person without his consent;
- 7) the inadmissibility of establishing by the regulatory legal acts of Turkmenistan any advantages of using some information technologies over others, if the obligatory use of certain information technologies for the creation and operation of state information systems is not established by the legislation of Turkmenistan (Article 3).

The owner of information may be the state, individuals or legal entities of Turkmenistan. On behalf of Turkmenistan, the powers of the information holder are exercised by state bodies and local governments within their powers established by the relevant regulatory legal acts of Turkmenistan. The owner of information, unless otherwise provided by the legislation of Turkmenistan, has the right to allow or restrict access to information, determine the procedure and conditions for such access, use

the information, including disseminating it, at their own discretion, transfer information to other persons under an agreement or on another basis established by law, protect their rights in the ways prescribed by law in case of illegal receipt of information or its illegal use by other persons and carry out other actions with information or permit the implementation of such actions. When exercising his rights, the owner of information is obliged to observe the rights and legitimate interests of other persons, take measures to protect information and restrict access to information if such an obligation is established by the legislation of Turkmenistan (Article 5).

Publicly available information can be used by any persons at their discretion, subject to the restrictions on the dissemination of such information established by the legislation of Turkmenistan (Article 6).

Individuals and legal entities have the right to search and receive any information in any form and from any source, subject to the requirements established by this Law and other regulatory legal acts of Turkmenistan (Article 7)

Restriction of access to information is established by the legislation of Turkmenistan in order to protect the foundations of the constitutional order, morality, health, rights and legitimate interests of others, to ensure the defense capability and security of the state. It is mandatory to maintain the confidentiality of information, access to which is limited by the legislation of Turkmenistan (Article 8).

In Turkmenistan, the dissemination of information is carried out freely, subject to the requirements established by the legislation of Turkmenistan (Article 9).

3.8 Environmental (nature protection), health and social national institutional structure

A significant role in ensuring the environmental protection function of the country is assigned to the Ministry of Agriculture and Environmental Protection of Turkmenistan (MAEP), authorized state body conducting state environmental policy and monitoring compliance with environmental legislation, with regards to the protection of ecological systems and the rational use of natural resources.

Normative acts adopted by the Ministry are binding on the entire territory of Turkmenistan for legal entities and individuals regardless of the form of ownership carrying out their activities. The velayat (regional) departments of the Ministry are entitled for review and resolution of arising issues in the regions. The Environmental Control Service of Ashgabat is engaged in background monitoring of air, water and soil composition and environmental oversight. Monitoring of the Turkmen part of the Caspian Sea is carried out by the "Hazarekogozegchilik" Caspian Environmental Control Service. Both organizations are affiliations of the MAEP.

The quality of the environment is also monitored by the Sanitary and Epidemiological Inspection of the Ministry of Health and Medical Industry, divisions of the State Committee for Water Economy of Turkmenistan and the State Corporation "Turkmengeology".

Since 1991, the Government of Turkmenistan has been carrying out an extensive work on the formation of a legislature approaching through a prism of changes in political, economic and social

status of the state. The country has adopted several laws and regulations aimed at the conservation and rational use of natural resources.

Currently, the following environmental regulatory acts are in force in Turkmenistan:

1. The Law of Turkmenistan "On Hydrometeorological activity" (1999)
2. The Land Code of Turkmenistan (2004);
3. The Law of Turkmenistan "On Hydrocarbon Resources" (2008);
4. The Law of Turkmenistan "On the Protection of the Ozone Layer" (2009);
5. The Law of Turkmenistan "On Radiation Safety" (2009);
6. Sanitary Code of Turkmenistan (2009);
7. Forest Code of Turkmenistan (2011);
8. The Law of Turkmenistan "On Flora" (2012);
9. The Law of Turkmenistan "On Specially Protected Natural Territories" (2012);
10. The Law of Turkmenistan "On Fauna" (2013);
11. The Code of Administrative Offences of Turkmenistan (2013);
12. The Law of Turkmenistan "On Environmental Expertise" (2014);
13. The Law of Turkmenistan "On Nature Protection" (2014);
14. The Law of Turkmenistan "On Subsoil" (2014);
15. The Law of Turkmenistan "On Waste" (2015);
16. The Law of Turkmenistan "On the Protection of Atmospheric Air" (2016);
17. Water Code of Turkmenistan (2016);
18. The Law of Turkmenistan "On Environmental Safety" (2017);
19. The Law of Turkmenistan "On Environmental Audit" (2019);
20. The Law of Turkmenistan "On Environmental Information" (2020).

The main state service "Turkmenstandartlary", in addition to performing the functions of standardization, certification, metrology, also monitors the rational use and protection of the subsoil, execution by all users of the established procedures for the use of the subsoil, monitors the safe conduct of mining and ore mining operations, the prevention of their harmful effects on the population, environment, buildings and structures and its elimination, monitors the storage of explosives and sources of ionizing radiation, develops requirements, guaranteeing the health and safe working conditions of employees, requirements for means, production technologies and labor organization in the state department of labor protection.

State regulation in the field of sanitary and epidemiological welfare of the population is carried out by the Cabinet of Ministers of Turkmenistan, State Sanitary Epidemiology Service of the Ministry of Health and Medical Industry of Turkmenistan, as well as local executive authorities and local self-government bodies within their competence.

The Ministry of Labor and Social Protection of Turkmenistan is a body of State administration and implementation of state policy in the field of social protection, which regulates labor relations, labor organization, labor protection, remuneration, employment, social security of the population.

The Ministry is guided in its work by the Constitution of Turkmenistan, laws, resolutions of the President of Turkmenistan, the Mejlis, the Cabinet of Ministers of Turkmenistan, and other regulatory acts and regulations. Based on the provisions of the Constitution, a number of laws have been adopted in the country, where constitutional norms have been further developed and guaranteed: the Labor Code, the Family Code, the Code on Social Protection of the Population, the Law on State Pension

Insurance, the Law on Guarantees of the Right of Youth to Work and other legislative acts. The state maintains minimum tariffs for the use of water, electricity, gas, housing and communal services and housing and provides with one-percent interest rate loans for the purchase of housing property and other benefits.

3.9 Environmental and Social Standards of the World Bank

The Environmental and Social Framework of the World Bank defines the World Bank's commitment to sustainable development through the Bank's policies and a set of environmental and social standards that are designed to support borrowers' projects to eradicate extreme poverty and promote shared prosperity.

ESS (Environmental and Social Standards) sets requirements for borrowers related to the identification and assessment of environmental and social risks and impacts associated with projects supported by the Bank through the financing of investment projects. The application of these standards, focused on the identification and management of environmental risks is expected to help borrowers in their goals of poverty reduction and sustainable welfare improvement for the benefit of the environment and their citizens.

The standards:

- support Borrowers/Clients in achieving best international practices related to environmental and social sustainability;
- assist Borrowers/Clients in fulfilling their national and international environmental and social obligations;
- strengthen non-discrimination, transparency, participation, accountability and governance;
- improve the results of projects in the field of sustainable development through continuous interaction with stakeholders.

Ten ESSs of the Bank are as listed below:

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, Restriction 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;

ESS 10 – Stakeholder Engagement and Information Disclosure.

The risks relevant to the project had been identified in relation to the following environmental and social standards:

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 10: Stakeholder Engagement and Information Disclosure.

ESS 1: Assessment and Management of Environmental and Social Risks and Impacts

Risk assessment within the framework of ESSs

Within the framework of the ESS, the Bank classifies all projects according to one of four classifications: high risk, significant risk, moderate risk or low risk. In determining the appropriate risk classification, the Bank takes into account relevant issues such as the type, location, sensitivity and scale of the project; the nature and extent of potential E&S risks and impacts; and the Client's ability and willingness to manage ESR (ecological and social risks) and impacts in accordance with the ESSs.

In order to properly assess and manage the E&S risks and impacts (ESS1) the project will undertake the following steps and procedures:

- a) **Screening** – all activities under the project are screened to exclude certain risky activities, potential environmental and social issues identified and environmental and social risks classified. Copies of each of these screening forms are to be kept at the PIU. The PIU's quarterly report submitted to the World Bank will contain copies of each screening undertaken during the quarter under review. ESMP sets out the following list of activities that are excluded from financing under the project:
 - Causing long term, permanent and/or irreversible environmental or social impacts;
 - With a high probability of causing serious adverse effects to human health and/or the environment not related to COVID-19 treatment;
 - With significant adverse social impacts/ which may give rise to significant social conflict;
 - That may affect lands or rights of vulnerable minorities;
 - That may involve resettlement, land acquisition, or adverse impacts on cultural heritage;
 - Any other exclusions detailed in the ESCP.
- a) **Environment and Social Instruments** – The PIU and each individual healthcare facility is to prepare and implement necessary environmental and social instruments for each of the activity financed under the project:
 - **ESMF** – the project prepares Environment and Social Management Framework with the *checklist for Environmental and Social Management Plans* (ESMPs) and a *template for Infection Control and Waste Management Plans* (ICWMPs), along with other tools for the management of environmental and social risks.
 - **ESMPs** – after the screening, Environmental and Social Management Plans are developed for the healthcare facilities, including installation of equipment such as biosafety boxes, oxygen stations, medical incinerators, and so on. Once approved, the ESMP will form an integral part of any contract for works or supervision of the activity.
 - **ICWMPs** – each healthcare facility will prepare and implement an Infection and

Control Waste Management Plan (ICWMP) so that the Healthcare Facilities, laboratories, and quarantine facilities supported by the Project apply international best practices in COVID-19 diagnostic testing and other response activities. ICWMP protocols for individual healthcare facility will be implemented on the assumption that the COVID-19 pathogen is present and that all healthcare staff and patients are potential carriers.

- **Emergency Response Plans for Oxygen Stations Installation and Maintenance -** For those healthcare facilities where oxygen stations are to be installed all required protocol to be followed and necessary measures taken all during installation, commissioning and maintenance of oxygen stations.
 - **SEP –** a Stakeholder Engagement Plan applicable to all project financed activities has been prepared for the project. UNDP will arrange the stakeholder engagement activities in line with the SEP to ensure patients and their families, local authorities, and the general public awareness of the situation and access to community-based hotlines, Grievance Redress Mechanisms (GRMs), and other main information channels.
 - **GRM –** the PIU gets use of the existing public GRM to enable stakeholders to air their concerns/comments/suggestions. Grievances are to be handled at the district, regional and national levels, including via dedicated hotline to be established. Project stakeholders and citizens can also submit complaints regarding the 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.
 - **Consultation and Disclosure –** given the need for social distancing during the COVID-19 pandemic, stakeholder consultations for the environmental and social instruments will be conducted virtually whenever possible. The PIU and individual healthcare facility will identify key stakeholders for each of the above instruments and organize consultations via phone, email and for healthcare facility employees by means of small meetings. For the ICWMP, key stakeholders must include patients and their families – meaning consultations will need to be continuous as new patients are identified. For SEP, some sort of public call for input(s) will be made via printed and/or broadcast media. All instruments are to be disclosed on the PIU and MoHMI website with printed copies available on demand. Copies of instruments prepared and disclosed are incorporated into the PIU's Quarterly Report to the World Bank as referred to in the ESCP and disclosed publicly on the World Bank website.
 - **Review and Approval –** the individual instruments are prepared for the healthcare facilities (e.g. where the incinerators, oxygen stations are installed) and then reviewed and approved by the PIU and shared with the World Bank for review and approval prior to putting them into implementation. Thereafter, post-review of each instrument based on PIU's Quarterly Report will be conducted by the World Bank comments provide when applicable. In case if during post review it becomes evident that instruments are not meeting World Bank standards the Bank may initiate the change of the procedures and put a requirement on prior review of new instruments.
- b) **Implementation –** the individual healthcare facility is responsible for implementation of the instruments. For ESCPs, this responsibility is shared with contractors and supervising

consultants when applicable and PIU provides implementation support and supervision.

c) **Monitoring and Reporting** – there are two types of reports, monthly from the healthcare facilities submitted to PIU and quarterly from PIU to the Bank;

- **Monthly Reports** - individual healthcare facility prepares monthly reports to the PIU on each activity being undertaken. These reports include progress on any on-going small works, statistics related to the implementation of the ICWMP, data related to local hot-lines, any grievances received via the GRM and follow ups and any other relevant information.
- **Quarterly Reports** – the PIU will submit an overall project implementation report to the Bank every quarter all during project implementation period. These reports will include data on national project implementation; a summary of grievances received and their resolution, a summary of activities for each individual healthcare facility, and copies of screenings and individual healthcare facility instruments prepared during the subject quarter.

ESS 2: Labor and Working Conditions

Under ESS 2, each healthcare facility's ICWMP provides guidance on occupational health and safety for these workers as well as on how they can register workplace grievances, should they arise.

Workers in healthcare facilities are particularly vulnerable to the risk of COVID-19, as well as stress related to the increased caseload. The project is implemented with resort to the following due safety measures: procedures for entry into healthcare facilities (including minimizing the number of visitors and undergoing strict checks before entering); procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers and posting signage in all public spaces mandating hand hygiene and PPE; and ensuring adequate supplies of PPE (particularly facemasks, gowns, gloves, handwashing soap and sanitizers). The project regularly integrates the latest COVID-19 guidance and best practices produced and disseminated by WHO.

UNDP-hired workers do not work in contaminated areas and safeguarded with appropriate protective measures. The UNDP protects its employees against discrimination (sex, race, national origin, ethnicity etc.), harassment, sexual exploitation and abuse, mobbing, abuse of authority, retaliation, exclusion/isolation and so on. The UNDP staff has access to stress counselling, legal support etc. The full details of available support and how to submit the complains are provided in [Where to Go When - A Resource Guide for UNDP Personnel \(June 2020\)](#). The allegations of workplace harassment, sexual harassment and abuse of authority can be submitted through harassment.support@undp.org and allegations of fraud or mismanagement of UNDP funds through reportmisconduct@undp.org.

In line with ESS 2 and Turkmen legislation, the use of forced labor or conscripted labor is prohibited in the project. The project does not engage child laborers.

ESS 3: Resource Efficiency and Pollution Prevention and Management

Waste that may be generated from medical facilities and labs could include liquid contaminated waste, chemicals, and other hazardous materials and other waste from labs and quarantine and

isolation centers including sharps, syringes, and contaminated PPE used in diagnosis and treatment. Each beneficiary medical facility/lab, following the requirements of the ESMF prepared for the Project, WHO COVID-19 guidance documents and other international best practices prepares and implements an ICWMP to prevent or minimize such adverse impacts.

Infection Control and Waste Management Procedures

The UNDP and MoHMI are responsible for proper treatment of medical waste at all stages of the project operations. Key principles that are to be maintained by the project throughout implementation include the following:

- **Ensuring occupational health and safety standards for workers.** The ESCP and ICWMP should address applicable, essential elements of occupational health and safety management as described in the World Bank Group ESH Guidelines for small-scale works and working in a healthcare facility, respectively. Each instrument identifies specific potential occupational hazards, including those related to the COVID-19 pathogen. The ICWMP specifically deals with ensuring adequate facilities for handwashing, cleaning and decontamination procedures, use of Personal Protective Equipment (PPEs) and disposal of medical waste.
- **Detailed procedures for regular testing of healthcare workers and patients.** The ICWMP contains procedures for regular testing of healthcare workers exposed to COVID-19 as well as patients who present symptoms. These testing procedures may vary between healthcare facilities depending on the availability of testing kits and laboratories in different parts of the country and at different times.
- **Requirements for handling dead bodies.** Healthcare workers, mortuary staff, and others handling bodies should apply standard precaution including hand hygiene before and after interaction with the body, and the environment; and use appropriate PPE according to the level of interaction with the body, including gown and gloves. To avoid the risk of splashes from the body fluids or secretions, personnel should use facial protection, including the use of face shield or goggles and medical masks. In this context the most up-to-date WHO guidance applies.
- **Safe handling of medical waste and sharps disposal.** The ICWMP should contain detailed instructions on handling medical waste at a given healthcare facility, given the options available. Medical waste, including any waste suspected to contain pathogens should be segregated and marked “infectious” with international infectious symbol in a strong, leak proof plastic bag, or a container capable of being autoclaved. Medical waste should be sterilized via chemical disinfection, wet thermal treatment (i.e. autoclave), microwave irradiation, or incineration prior to disposal. Sharps, including needles, scalpels, blades, knives, infusion sets, saws, broken glass, and nails etc. should be segregated in a rigid, impermeable, puncture-proof container (e.g. steel or hard plastic) container for sterilization and disposal in accordance with the guidelines. Additionally, needles and syringes should undergo mechanical mutilation (e.g. milling or crushing) prior to treatment, particularly chemical, wet thermal treatment, and microwave irradiation.
- **Personal Protective Equipment (PPE).** The ICWMP considers the WHO guidelines on the rational use of PPEs during the COVID-19 pandemic⁴, which highlight the issues faced by the global shortage of PPEs. The project ensures that healthcare workers involved in the critical

⁴ https://apps.who.int/iris/bitstream/handle/10665/331695/WHO-2019-nCov-IPC_PPE_use-2020.3-eng.pdf

care of COVID-19 patients have the necessary protection and that patients, particularly those who do not require hospitalization, understand their responsibilities for obtaining and wearing PPEs when around others.

- Guidance related to **transportation and management of samples** and medical goods or expired chemical products, as well as small scale rehabilitation activities.

ESS 4: Community Health and Safety

The risks described in ESS3 have a high potential of the infectious materials spreading to the community at large if they are not properly managed or due to accidents/ emergencies (e.g. a fire or natural phenomena event (e.g., seismic). In addition to measures under ESS3, the operation of quarantine and isolation centers needs to be implemented in a way that staff, patients, and the wider public follow and are treated in line with international best practice as outlined in WHO guidance for COVID-19 response as above under ESS 1 and ESS 2.

It is likely that, to ensure effective social distancing and contain the spread of the virus, quarantine and isolation centers may have to be designed and guarded to ensure a safe and women- friendly atmosphere. Further, due attention is paid on ensuring that temporary housing facilities provided for workers are safe from all perspectives. All these aspects will be further detailed in the ESMF.

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

The project mitigates the risk of sexual exploitation and abuse and sexual harassment (SEA/SIH) by applying the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure, such as segregated toilets and enough light in quarantine and isolation centers.

The project also ensures via the above-noted provisions, including stakeholder engagement, that quarantine and isolation centers and screening posts are operated effectively throughout the country, including in remote and border areas, without aggravating potential conflicts between different groups.

ESS 10: Stakeholder Engagement and information disclosure

ESS 10 recognizes the importance of open and transparent interaction between the Borrower and project stakeholders. Effective interaction with stakeholders may lead to strengthening of the environmental and social sustainability of projects, improve its acceptance and make a significant contribution to its successful development and implementation. The client interacts with stakeholders throughout the project lifecycle, starting such involvement as early as possible in the project development process and within a time frame that allows meaningful consultations with stakeholders on project development.

Stakeholder engagement plan of the Project identifies various stakeholder groups, which are defined as directly affected groups, indirectly affected groups and vulnerable groups of people, including the infected people and their relatives, medical staff, elderly and disabled, people engaged in medical

waste collection and utilization, as well as the responsible persons involved in the project implementation. SEP defines the affect and the needs of each stakeholder group, establishes project information disclosure and feedback through consultations collection channels. Therefore, SEP contains comprehensive project information disclosure plan, plan for consultations and collection of feedback regarding the project and a Grievance redress mechanism, which is a critical and important part of the project.

Quarterly project ongoing reports include summary on the progress of Stakeholder engagement plan implementation, public complaints, inquiries and related incidents, together with the status of the implementation of appropriate corrective/preventive actions.

The process of hiring a communications specialist is underway, who will be responsible to implement communication activities and a Stakeholder Engagement Plan (SEP). The UNDP provides information briefs about the Project.

The stakeholder engagement plan is to be reviewed periodically and updated as necessary during the implementation of the project to ensure consistency and relevance of the information provided in it.

Disclosure of ESMF and public consultations

Project Implementation Unit (PIU) prepares an Environmental and Social Management Plan (ESMP) and Infection Control and Medical Waste Management Plan (ICWMP) for each specific medical facility or site, which will be involved in a Project.

Also, PIU has prepared a public consultation plan for providing life-cycle public disclosure and consultations on the project goals and activities. Project information disclosure and public consultations are going to be continued to be conducted virtually, by means of using special IT platforms such as Skype, zoom, website etc. that allow two-way communication and Q&A session, or in various forms of meetings in person, workshops, seminars, mass-media, publications, billboards, hotlines, etc. For instance, ESMF public consultations were held during project inception meeting on October 20,2021 and recent Project Board meeting on March 2022, which brought together all influential and highly impacted by the project activities respective stakeholders.

Each communication session is for specific target group, and a subject to focus on. Detailed plans for project information disclosure and public consultations is described in detail in the chapter dedicated to SEP.

Grievance redress mechanism

Grievance Redress Mechanism (GRM) functions to assist in resolving complaints and grievances in a timely, effective and efficient manner. Specifically, it provides a transparent and credible process that ensures fair, effective and lasting implementation and outcomes of the project. Particularly, GRM allows anyone to send a complaint, concern or a report about the issue relevant to the project implementation so that the project can take timely and effective measures and corrective actions via early, prompt and effective response.

According to the results of a preliminary assessment of existing mechanisms for filing and considering complaints in Turkmenistan the country possesses effective mechanisms available to any person for appealing against any actions and inactions of officials, authorities, local administrative

and public organizations. All grievances and appeals received from citizens are delivered to the corporate system for further processing and follow-up.

Grievance redress mechanism within the Project is based on the legal and regulatory framework of the Turkmenistan Government, particularly on the Constitution of Turkmenistan, administrative procedures, ombudsman institute, justice system and court proceeding laws and procedures of Turkmenistan, as well as, norms and procedures of international agreements ratified by Turkmenistan. Additionally, the Project follows running UNDP, MOHMI and WB corporate grievance management standards protocols.

Grievance Redress Mechanism (GRM) is based on existing institutional mechanisms of MOHMI of Turkmenistan, with a view of ensuring sustainability of institutional mechanisms and systems for filing and redressing complaints (GRM). The project monitors communication channels for compliance with the required standards, assess the quality of work, collect data on complaints and appeals received, track follow up actions taken with regards to appeals, prepare an overview within the framework of quarterly reports, and propose measures to further improve the work of the GRM. The population and stakeholders can forward their grievances, complaints and appeals on issues related to the implementation of the Project to the system of the MOHMI, UNDP, World Bank, or to relevant government agencies through various communication channels (hotline, filing a complaint online, in writing or by phone).

Inquiries can be made in three main languages – Turkmen, Russian, English through phone, e-mail, website, correspondence, including anonymous inquiries and complaints from the population.

The project collects information on inquiries received through abovementioned channels, analyse and sort it, follow-up the resolution and respond to the cases. Quarterly reports contain information on received and processed complaints within the framework of existing grievance mechanisms.

Environmental risks associated with the project are related to risks of contamination from patients, handling tests and managing medical waste. Therefore, environmental safeguards in this context include:

- a. occupational health and safety for medical staff, laboratory staff and communities in due course of detection, transportation of patients/tests/chemicals and reagents, and treatment stages of the COVID-19 cycle; and
- b. occupational health and safety related to collection, transportation and disposal of medical waste management.

Social risks are considered as substantial and likely to arise due to the lack of experience of the MoHMI in engaging with the communities in a such pandemic and epidemic situations. They are mitigated by due support from UNICEF as planned under Sub-component 1.2 of the project, and through implementation of the Stakeholder Engagement Plan.

E&S Roles and Responsibilities

The UNDP and MOHMI are responsible for the implementation of the project. UNDP has established a Project Implementing Unit (PIU) and MOHMI has appointed a National coordinator.

The PIU has day-to-day responsibility for project management and support, including ensuring implementation of ESCP and SEP, including ensuring that project implementation is compliant with the World Bank's Environmental and Social Framework (ESF), particularly the relevant Environmental and Social Standards (ESSs); the World Bank Group's Environmental and Health Safety (EHS) Guidelines; WHO COVID-19 Guidelines; the Environmental and Social Commitment Plan (ESCP); the Environmental and Social Management Plan (ESMP) developed during project implementation and site-specific; and the Environmental and Social Management Framework (ESMF); organizing procurement, logistics, delivery, trainings, monitoring & evaluation, financial management and reporting functions.

MoHMI is also in charge of compliance with E&S standards, providing necessary support with implementation of the ESCP, SEP and ESMF and any recommendations from the WB, as well as providing technical expertise, support organization of the activities on the ground, interaction with other State authorities, etc.

The PIU includes Environment and Social Specialist to oversee the project's work nationally and ensure that each healthcare facility complies with all established project procedures. Special attention is paid to the issues of medical waste management and disposal systems as well as some knowledge of general occupational health and safety for healthcare workers and during minor works. The PIU is to hire additional consultants for development of ESMF, for waste management and other technical areas. In addition to E&S Specialist, the PIU will include Communications Specialist and consultants to support the implementation of Stakeholder Engagement Plan (SEP) and ensure the project visibility.

Procedures and Instruments to Address Environment and Social Issues

To address the E&S risks, the project implements specific measures as described in the following E&S documents:

- ESCP – Environment and Social Commitment Plan. This is a legally binding document that was part of the Loan Agreement package. The ESCP was prepared jointly by the Bank and the client.
- SEP – Stakeholders Engagement plan.
- ESMF – Environmental and Social Management Framework.

ESCP cannot be changed. SEP and ESMF may be updated during the project, but only with prior agreement with the Bank.

EMSF is prepared and updated to assist the Government of Turkmenistan in developing environmental and social instruments in response to COVID-19 situations following national regulations and the World Bank Environment and Social Framework (ESF). The ESMF provides guidelines for the development of appropriate prevention and mitigation measures for adverse impacts that might result from project activities.

3.10. International environmental treaties

The environmental legal framework in Turkmenistan also includes international obligations that Turkmenistan has assumed in connection with its accession to a number of international environmental conventions. Turkmenistan is a party to a number of conventions and international agreements closely related to this project:

1) The Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal

Turkmenistan is a party to the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal by accession on September 25, 1996. In this context the transportation of hazardous wastes is recorded in a journal administered by the Environmental Protection Service of the Ministry of Agriculture and Environmental Protection, defining the names of waste, their volume/quantity, date of shipment and countries of origin and destination. However, in the case of transboundary movement of hazardous wastes coordination with the Cabinet of Ministers of Turkmenistan is required in accordance with the established procedure. Provisions of the Basel Convention is not sufficiently reflected in the legislation of Turkmenistan, and the country uses the rules for dangerous goods, based on the agreement of the CIS member States "On the transit of special types of goods" from 1995 to collect information on transportation of hazardous wastes.

2) The Vienna Convention on the Protection of the Ozone Layer and the Montreal Protocol on Substances that Deplete the Ozone Layer

The Vienna Convention on the Protection of the Ozone Layer is a multilateral environmental agreement. The Montreal Protocol on the Regulation of Ozone-Depleting Substances is an international protocol to the Vienna Convention for the Protection of the Ozone Layer developed to protect the ozone layer by decommissioning certain chemicals that lead to destruction of the ozone layer. The Vienna Convention on the Protection of the Ozone Layer and the Montreal Protocol on the Regulation of Ozone-Depleting Substances were signed and ratified by Turkmenistan on November 18, 1993. The London Amendment to the Montreal Protocol was signed and ratified on March 15, 1994.

On January 22, 2008 Turkmenistan has joined the Copenhagen, Montreal and Beijing amendments to the Montreal Protocol on Substances that Deplete the Ozone Layer.

Turkmenistan was initially classified as a Party operating under Article 2 of the Montreal Protocol. By decision XVI/39 of the Executive Committee of the Multilateral Fund for the Implementation of the Montreal Protocol since 2005 Turkmenistan has been reclassified as a Party operating under paragraph 1 of Article 5 of the Montreal Protocol.

On August 22, 2020, Turkmenistan ratified the Kigali Amendment to the Montreal Protocol.

3) The Aarhus Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Matters

Turkmenistan was among the first to join the Aarhus Convention, having ratified it on April 30, 1999. The Convention entered into force on October 30, 2001, and since that time all obligations under the Convention are legally binding for all parties to the Convention.

The Aarhus Convention is an important international legal document that promotes the protection of the right of everyone to live in an environment favorable to their health and well-being. It contains provisions regulating the relationship between the relevant State bodies and the public in general and covers almost all areas of the environment, such as water and land resources, air, chemicals, biological diversity, human health and favorable living conditions.

4) UN Framework Convention on Climate Change

Turkmenistan ratified the UNFCCC in 1995 and the Kyoto Protocol in 1998. On September 23, 2016 the country signed and on October 21 ratified the Paris Climate Agreement.

After the ratification of the UNFCCC, Turkmenistan assumed the following obligations:

- to periodically submit to the Convention Secretariat National Communications containing information on the entire range of actions and measures undertaken in the country to address the following issues: inventory of anthropogenic greenhouse gas emissions; development and implementation of measures leading to the limitation and reduction of greenhouse gas emissions; assessment of the impact of climate change on ecological systems and socio-economic conditions of society;
- to submit to the Parties of the UNFCCC the data on national annual inventory of anthropogenic emissions from sources and removals by sinks of greenhouse gases;
- to develop and implement national programs that contribute to the implementation of policies and measures to reduce greenhouse gas emissions;
- to provide Parties with scientific and technical information on climate research and best practices for adaptation to its changes;
- to comply with financial obligations for contributions to the regular budget of the UNFCCC.

Three National Communications on Climate Change were submitted by Turkmenistan to the UNFCC in 2000, 2009 and 2015 respectively.

Based on the UNFCCC recommendations and considering the specific climatic conditions in Turkmenistan the “National Strategy of Turkmenistan on Climate Change” was developed and approved by the Decree of the President of Turkmenistan dated June 15, 2012. On September 23, 2019, new edition of the National Strategy of Turkmenistan on Climate Change was approved by the Decree of the President of Turkmenistan. The purpose of the National Strategy of Turkmenistan on Climate Change is to ensure the sustainable development of Turkmenistan through mitigation of climate change impact ; contribution to the socio-economic development of the country; preparing the country’s economy for the possible negative consequences of climate change; fostering economic, food, water and environmental security of the state.

Currently, with the support of the United Nations Environment Programme (UNEP) and UNDP the work is underway for the development of Turkmenistan’s Fourth National Communication on Climate Change and the First Biennial Communication (to be submitted to the UNFCCC Secretariat in early 2023) in accordance with country’s commitments under the Paris Agreement. Also with the UNDP assistance Second Nationally Determined Contributions (NDC) were prepared and draft submitted to the Ministry of Foreign Affairs of Turkmenistan in October 2021, and then, after approval by the Government of Turkmenistan, submitted to COP-26 held in Glasgow in late 2021.

5) The Convention on Biological Diversity was ratified by Turkmenistan on June 18, 1996

The objectives of the CBD are the conservation of biological diversity at all levels, the sustainable use of its components, and fair and equal sharing of benefits associated with the use of genetic resources. The 1st, 3rd, 4th and 5th National CBD Reports, as well as the 2nd National Biosafety Report (2014) have been prepared.

A Strategy and Action Plan for the Conservation of Biodiversity have been developed (SAPCB) in 2002 and updated accordingly in 2016 in line with the Strategic Plan for the Conservation and Sustainable Use of Biodiversity for 2011-2020.

6) Turkmenistan pays special attention to the problems of combating desertification

In 1996 Turkmenistan was one of the first parties to join the UN Convention to Combat Desertification, which was ratified by the Mejlis of the country the same year. In 1996, a Government Commission was established to develop a concept and strategy of action to combat desertification. In the same year, the National Action Program to Combat Desertification (NPDB) was developed in Turkmenistan and submitted to the Government of Turkmenistan for consideration and decision-making for its implementation.

Responsibility for the development of the National Action Program to Combat Desertification (NAPCD) was assigned to the National Institute of Deserts, Flora and Fauna of the Ministry of Agriculture and Environmental Protection of Turkmenistan.

7) The Framework Convention for the Protection of the Marine Environment of the Caspian Sea (the Tehran Convention)

This convention was ratified by Turkmenistan in 2006 and, after ratification by all Caspian littoral states, entered into force on August 12, 2006.

According to the Convention, Turkmenistan assumes the following obligations:

- a) to independently or jointly take all necessary measures to prevent, reduce and control pollution of the Caspian Sea;
- b) to independently or jointly take all necessary measures to protect, preserve and restore the marine environment of the Caspian Sea;
- c) to use the resources of the Caspian Sea in such a way as not to cause damage to its marine environment;
- d) to cooperate with other Caspian littoral states and with competent international organizations to achieve the objective of this Convention.
- e) to cooperate in the development of protocols to this Convention prescribing additional measures to prevent, reduce and control pollution of the Caspian Sea from land-based sources.
- f) to take all necessary measures to prevent, reduce and control pollution of the Caspian Sea as a result of activities on its bottom.
- g) to take all necessary measures to prevent, reduce and control pollution of the Caspian Sea from ships.
- h) to take all necessary measures to prevent, reduce and control pollution of the Caspian Sea caused by dumping from ships flying their flags and from aircraft registered in their territories.
- i) to take all necessary measures to prevent, control and combat the introduction of invasive alien species into the Caspian Sea.
- j) to take all necessary measures and cooperate in order to protect people and the marine environment from the consequences of natural disasters or accidents resulting from anthropogenic activities.

- k) to identify, within its jurisdiction, hazardous activities that may cause environmental emergencies and ensure that other Caspian littoral States are notified of any such planned or ongoing activities.
- l) to cooperate in the establishment of early warning systems for industrial accidents and environmental emergencies. In the event of an environmental emergency or its imminent threat, the country in whose territory such a situation has developed should, without delay, provide notification at the appropriate level to those Caspian littoral states that may be exposed to such an impact.
- m) to pay special attention to the protection, conservation, restoration, and rational use of the biological resources of the Caspian Sea.
- n) to take the necessary measures to develop and implement national strategies and plans for the planning and management of land affected by the proximity of the sea.
- o) to cooperate in the development of protocols to this Convention prescribing the necessary scientific research and, as far as possible, to adopt agreed measures and procedures to mitigate the effects of fluctuations in the level of the Caspian Sea.
- p) to take all necessary measures to apply environmental impact assessment procedures for any planned activity that may have a significant negative impact on the marine environment of the Caspian Sea.
- q) to cooperate in the formulation, development and harmonization of rules, standards, recommended methods and procedures that comply with the provisions of the Tehran Convention, taking into account the requirements generally accepted in world practice aimed at preventing, reducing and controlling pollution of the marine environment of the Caspian Sea, as well as its protection, conservation and restoration.

3.11 International conventions and treaties regulating social aspects

Turkmenistan is a party to the following international conventions and protocols in the field of human rights

1. Convention on the Rights of the Child (23.09.1994)

States Parties shall respect and ensure all the rights set forth in this Convention to every child within their jurisdiction, without discrimination of any kind, regardless of race, color, sex, language, religion, political or other opinion, national , ethnic or social origin, property status, health and birth of the child, his parents or legal guardians, or any other circumstances (Article 2).

2. International Convention on the Elimination of All Forms of Racial Discrimination (23.09.1994)

States Parties undertake to prohibit and eliminate racial discrimination in all its forms and to ensure that everyone is equal before the law, without distinction as to race, color, national or ethnic origin (Article 5).

3. Convention on the Elimination of All Forms of Discrimination against Women (20.12. 1996)

The participating States condemn discrimination against women in all its forms, agree without delay by all appropriate means to pursue a policy of eliminating discrimination against women (Article 2).

4. Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women (18.04. 2009)

A State Party to this Protocol recognizes the competence of the Committee on the Elimination of Discrimination against Women to receive and consider communications submitted under article 2 of this Convention (Article 1).

5. International Covenant on Economic, Social and Cultural Rights (20.12. 1996)

The States Parties to this Covenant undertake to ensure the equal right of men and women to enjoy all the economic, social and cultural rights provided for in this Covenant (Article 3).

6. International Covenant on Civil and Political Rights (20.12. 1996)

The States Parties to this Covenant undertake to ensure the equal right of men and women to the enjoyment of all civil and political rights provided for in this Covenant (Article 3).

7. First Optional Protocol to the International Covenant on Civil and Political Rights (20.12. 1996)

A State Party to the Covenant that becomes a Party to the present Protocol recognizes the competence of the Committee to receive and consider communications from persons subject to its jurisdiction who claim to be victims of a violation by that State Party of any of the rights set forth in the Covenant. No communication shall be accepted by the Committee if it concerns a State Party to the Covenant which is not a Party to the present Protocol (Article 1).

8. Convention on the Rights of Persons with Disabilities (15.07. 2008)

The purpose of this Convention is to promote, protect and ensure the full and equal enjoyment by all persons with disabilities of all human rights and fundamental freedoms, and to promote respect for their inherent dignity. Persons with disabilities include those with long-term physical, mental, intellectual or sensory impairments that, in interaction with various barriers, may prevent them from participating fully and effectively in society on an equal basis with others (Article 1).

9. Optional Protocol to the Convention on the Rights of Persons with Disabilities (15.07. 2008)

A State Party to this Protocol recognizes the competence of the Committee on the Rights of Persons with Disabilities to receive and consider communications from individuals or groups of individuals under its jurisdiction who claim to be victims of a violation by that State Party provisions of the Convention, or on their behalf (Article 1).

10. Convention 138 Minimum Age Convention for hiring (20.12.1996)

Each Member for which this Convention is in force undertakes to implement a national policy designed to ensure the effective abolition of child labor and the gradual raising of the minimum age for employment to a level corresponding to the fullest physical and mental development of adolescents (Article 1).

11. Convention 29 Forced or Compulsory Labor Convention (20.12.1996)

Each Member of the International Labor Organization which ratifies this Convention undertakes to abolish the use of forced or compulsory labor in all its forms as soon as possible (Article 1).

12. Convention on the Abolition of Forced Labor (20.12.1996)

Each Member of the International Labor Organization which ratifies this Convention undertakes to abolish forced or compulsory labor and not to resort to any form thereof:

- a) as a means of political influence or education or as a punishment for having or expressing political views or ideological convictions that are contrary to the established political, social or economic system;
- b) as a method of mobilizing and using labor for the needs of economic development;
- c) as a means of maintaining labor discipline;
- d) as a means of punishment for participation in strikes;
- e) as a measure of discrimination on grounds of race, social and national origin or religion (Article 1).

13. Discrimination (Employment and Occupation) Convention [Convention No. 111] (20.12.1996)

Each Member for which this Convention is in force undertakes to determine and implement national policies designed to promote, in ways consistent with national conditions and practices, equality of opportunity and treatment in respect of employment and occupation, with a view to the elimination of all discrimination in respect thereof (Article 2).

14. Convention on the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labor [Convention No. 182] (25.09. 2010):

Each Member which ratifies this Convention shall immediately take effective measures to secure, as a matter of urgency, the prohibition and elimination of the worst forms of child labor (Article 1).

4. ENVIRONMENTAL AND SOCIAL BASELINES

4.1. Environmental baselines

Turkmenistan is a country in Central Asia, which shares borders with the Republic of Kazakhstan in the north, with the Republic of Uzbekistan in the northeast and east, with the Islamic Republic of Afghanistan in the southeast and with the Islamic Republic of Iran in the south. Turkmenistan is washed by the waters of the Caspian Sea from the west.

Administratively, the country's territory is divided into five velayats – Dashoguz, Lebap, Mary, Akhal and Balkan. The capital of Turkmenistan is the city of Ashgabat, which was founded in 1881 and is the largest administrative, political, scientific and cultural center of the country. The northern and central parts of the territory of Turkmenistan are occupied by the sandy deserts of the Turan lowlands - the Central, Zaunguz and Southeastern Karakums. In the south and southeast, the country is surrounded by mountains. The highest point of Turkmenistan is located on the Koytendag mountain

range - 3139 m above sea level, the lowest point is the Akchakaya depression - minus 81 m. The area of Turkmenistan is 491,2 thousand km². The country is located between 35°08' and 42°48' N and 52°27' and 66°41' E, to the north of the Kopetdag mountain range, between the Caspian Sea in the west and the Amu Darya River in the east. The length from west to east is 1100 km, from north to south – about 650 km.

Relief

Among the countries of Central Asia, Turkmenistan has the flattest terrain, which makes up about 80% of the territory in the form of deserts and semi-deserts. Approximately 20% of Turkmenistan's territory is occupied by mountains. The formation of the main landforms is primarily related to the history of the geological development of this area and is due to the physical and geographical influence. The flat part has a general slope towards the Caspian Sea, from east to west. This is due to the fact that in the recent geological past (before the beginning of the Neogene), the entire territory of Turkmenistan was covered by seas, and this contributed to the formation of a powerful sedimentary cover. Most of the plains lie at an altitude of 0-200 m. Geographically, the entire flat part of Turkmenistan belongs to the Turan Lowland, within which three categories of landscapes are distinguished: a) tertiary plateau; b) sandy deserts; c) loess foothill plains. The first includes the Krasnovodsk plateau, the extremities of Ustyurt and Mangyshlak, the second - the Central, South-Eastern and Zaunguz Karakums, the third - the northern foot of Kopetdag and Paropamiz. In the south, sandy deserts turn into hills and foothills of Kopetdag - medium-high (up to 2,942m above sea level) mountains; to the north of them, two ridges are located separately – Maly and Bolshoy Balkhany. Kopetdag is bordered from the north by a foothill plain, which in the west merges with the Caspian lowland plain. In the south-east, the northern foothills of Paropamiz – the Badkhyz hills (up to 1267 m) and Karabil (up to 984 m), separated by the Murghab River, "enter" the borders of Turkmenistan. In the east are the Koytendag mountains, in the west - the Caspian Sea, the depth of which in some places reaches more than 1000 m.

Climate

In general, the territory of Turkmenistan is characterized by a sharply continental and exceptionally dry climate. Despite the desert nature of the landscape, there are considerable differences between the climatic conditions of the northern and southern parts of the territory. The northern part, which includes the territories of the Dashoguz velayat, the northern regions of the Balkan and Lebap velayats, located in the sphere of activity of the Siberian anticyclone and characterized by severe and long winters with persistent frosts and prolonged snow cover in most years. In these areas, summers are much shorter, less hot with relatively uniform precipitation, but in small amounts.

The southern regions of the country are characterized by a mild winter with unstable snow cover and frequent transitions from frosts to positive air temperatures. The areas of the coastal zone of the Caspian Sea are particularly distinguished by their mild climate.

A characteristic feature of atmospheric circulation over the territory of Turkmenistan in all seasons of the year is the high repeatability of meridional processes. Although these processes occur less frequently in the cold half of the year than in the warm season, however, in winter and during the transition period they are more effectively manifested in the variability of the weather, accompanied by a sharper cooling, strong winds and precipitation. A snowless and relatively warm winter sometimes, under the influence of the invasion of cold continental air masses, becomes harsh and destructive for heat-loving plants, although frosts last only a few days.

The difference in the nature of the temperature regime of the northern and southern parts of the territory is determined by different conditions of atmospheric circulation in the cold and warm half-year. The relative severity of winter with very low temperatures and rare thaws in the northern part of

the territory is entirely due to the development of a powerful Siberian anticyclone and intense radiation in clear anticyclonic weather. The temperature regime of the winter months of the southern part of the territory due to the development of intense cyclonic activity here at this time is characterized by significant softness. Frosty weather is usually kept here for a whole day for a short time, only in the coldest winters, when the Siberian anticyclone reaches high intensity, periods with negative temperatures persist for a long time. However, even in such years, under the influence of a significant influx of radiation, daytime temperatures often reach positive values.

The coldest month is January. During the warmest period of the year (from May to September), the daytime air temperature often exceeds 40°C. The absolute minimum air temperature is -36.0°C (in Dashoguz velayat), and the absolute maximum is +50.1°C (Repetek, Southeastern Karakum).

The annual temperature amplitude in the northern regions reaches 32°C, and in the southern – about 26°C. The greatest diurnal amplitudes are observed at the end of summer and, according to long-term average data, are about 13-16°C in the northern and 18-22°C in the southern regions.

The absolute maximum temperature of the soil surface (80.0°C) was recorded in the South-Eastern Karakums (Repetek station).

Frost-free period in the north-eastern regions (Dashoguz oasis) in Turkmenistan lasts 187-200 days, in the rest of the territory – 230-250.

The intensity of solar radiation ranges from 606.7 (in the northwest) to 682.0 kJ/cm² (in the southeast).

Turkmenistan belongs to the zone of insufficient moisture. The average annual precipitation varies from 76 to 380 mm.

The maximum relative humidity reaches in January and is 70-78%. The driest period is from June to September, when the relative humidity in Karakum is 20-30%, and in oases – 30-35%.

On the flat territory of the country, the average annual wind speed is 3.2–4.2 m/s. During the year, the number of days with dust storms ranges from 35-67, and in some years reaches 106-113.

The average January temperature ranges from -1.6°C in the west to 1.1°C in the east. There are short-term temperature drops to -28°C in the east and -35°C in the north, as well as increases to 12°-16 °C. With an average July temperature of 31.4 °C, there is often an increase in temperature to 40-45 °C on some days. In the semi-desert zone, the frequency of atmospheric droughts and dry-dry weather increases significantly.

The desert zone of the country is characterized to a greater extent by the continental climate and poor humidification conditions. In a year, the evaporation exceeds precipitation by 10 or more times, and in 3 summer months – by 20-70 times. In general, the climate of this zone is characterized by prolonged hot summers, cold winters for these latitudes, large annual and daily temperature amplitudes, high dryness of the air, low clouds.

Winds in the desert zone are weak, the frequency of calms is large, the prevailing direction is northeast. The daily wind flow is typically continental: in the evening and at night, calm prevails, during the day the wind increases, reaching a maximum in the afternoon.

The coldest month of the year is January with an average temperature of -3.2 to -4.8 °C. At the same time, even in the coldest months of winter, it is occasionally possible to have warm temperatures up to 12-22 °C.

In the cold period, 60-84% of the annual precipitation falls.

Dust storms are usually observed during the passage of a cold front.

An abnormal increase in summer air temperatures is associated with the development of thermal depression.

Typical for the warm half-year is the high frequency of atmospheric droughts, against the background of moderately arid and dryly arid weather.

Winter is characterized by great instability and variability of the weather, especially in the northern part of the zone, where changes of positive and negative temperatures are frequent.

Summer in the desert zone is long, sultry and dry, the weather is characterized by cloudlessness and large daily amplitudes of air and soil temperature. During the day, the temperature of the air and the soil surface can heat up to 50°C and 78°C, respectively.

In the northern regions, where a severe winter regime with low temperatures prevails, precipitation often falls in the form of snow, and a stable snow cover is formed. Precipitation deficit is observed from June to September. During this period, there is little precipitation: from 2.5 to 5 mm. Precipitation in the summer months is caused by the development of cyclonic activity, when the level of convection reaches the level of condensation, which is located here at an altitude of 1.2 – 1.4 km. The factor stimulating precipitation in this part of the territory is also a higher level of relative humidity in the lower layer of the troposphere.

The maximum precipitation falls in April (18.7 mm) and March (18.2 mm). The main number of them – 46.4% of the annual amount – falls from March to May. During the cold period of the year, from October to February, precipitation amounts to 45.2% of the annual amount. In the warm period of the year there is little precipitation, for 4 months on average their amount is 3.4 mm, that is, 8.4% of the annual amount.

The precipitation regime in the east and south of the territory is determined by the invasion of southern and western cyclones, northern and northwestern cold air masses. The maximum precipitation falls in March (64.3 mm). The main amount (87.8%) falls in the winter-spring period, from December to April. In May and November, precipitation amounts to 10.1% of the annual amount. In the warm period of the year there is little precipitation, less than 5.0 mm (1.9% of the annual amount) in 4 months.

The western zone covers the territory of the Balkan velayat. The maximum precipitation falls in March (23 mm). The main amount (86.5% of the annual amount) falls in the autumn-spring period, from October to May. During the warm period of the year, precipitation falls often, but in small quantities. During the 4 months of the warm season, less than 19.7 mm of precipitation falls, which is 13.5% of the annual amount.

In the annual course on the flat territory, the largest number of days with precipitation falls during the cold period of the year. Their maximum frequency in the southern regions falls in the second half of winter and spring, when cyclonic activity develops intensively. During this period, the bulk of precipitation falls. In summer there comes a dry period.

In desert areas, precipitation mainly falls during the cold period of the year (from 5 to 8 days in each of the winter months), in summer their probability is extremely low.

All mountainous areas are characterized by a high frequency of precipitation throughout the year. Often heavy rainfall in the mountains leads to the occurrence of mudflows, often of destructive force. The largest number of cases of heavy precipitation that reached the criteria of "dangerous" and "spontaneous" in all of the natural zones of Turkmenistan is observed in March-May. The number of cases with heavy precipitation is observed in the foothill areas. The number of days with precipitation >20 mm in the foothill and southern regions is 3-8, and >30 mm - about 3 days per year.

The wind regime is determined by local baric-circulation conditions and changes significantly during the transition from the warm half of the year to the cold.

In the desert zone of Turkmenistan, north-easterly and easterly winds prevail in winter, their frequency is 38% of the total number of observations without calm. Typical for the desert and partially foothill zones of the southern part of the country is the predominance of north-westerly winds (up to 50%) in combination with a low frequency of winds of other points. In western Turkmenistan, the greatest frequency of east and south-east winds is observed, but there is no pronounced predominance of one or another rumba. This is due to the weakening of the western spur

of the Siberian anticyclone and the frequent exits of cyclones from the south of the Caspian Sea and from the northwest.

In the warm season, the wind regime in Turkmenistan changes dramatically. At this time, the removal of air masses from the extreme northern latitudes of the continent to the central regions prevails. Under these conditions, north-westerly, northern and north-easterly winds prevail on the territory of Turkmenistan (their frequency is 35-55% of cases in July).

Turkmenistan's **water resources** are formed due to the surface runoff of the Amu Darya, Murghab, Tejen, Kashan, Kushka, Atrek, Sumbar rivers and small watercourses flowing from the northeastern slopes of Kopetdag, as well as groundwater. The flow of rivers is completely or largely formed outside of Turkmenistan.

The total volume of water resources per year of average water content is estimated at 25 km³. In the total volume of surface water resources, the Amu Darya accounts for 22 billion m³ (88%); Murgab – 1.631 billion m³. (6.5%); Tejen -0.869 billion (3.5%); Atrek, Sumbar and Chendyr - 0.354 billion (1.4%); small rivers -0.15 billion m³ (0.6%). All the rivers of Turkmenistan, except for small watercourses of the northeastern slopes of Kopetdag, are transboundary, that is, 95% of the surface runoff is formed outside the country. The main feature of all surface water resources is that their runoff is completely disassembled, or partially regulated, and then used for drinking water supply, irrigation, municipal and other needs of the population. The approved groundwater reserves in Turkmenistan as a whole amount to 3.4 million m³/per day, explored – 6 million m³/per day, and forecast - 9 million m³/per day. In the water balance of the country, the share of groundwater used is 2.0-2.5%.

Return runoff is formed mainly due to collector-drainage runoff from irrigated lands and in a small amount due to industrial, municipal and domestic runoff. The total volume of collector-drainage runoff exceeds 6 km³/year, and industrial-municipal and domestic runoff is about 0.25-0.30 km³/year. In this regard, only a small part of the collector-drainage runoff in low-water years (about 50 million m³/year, which is 0.2% of the total volume of water resources) is used for irrigation needs.

Turkmenistan's water sector is one of the most vulnerable to the global climate change. The expected increase in air temperature, as well as the subsequent reduction in the volume of river runoff, may have a significant negative impact on the most significant sectors of the country's economy.

Soils and land resources

The soils in Turkmenistan are characterized by a very low humus content, which is due to the insignificant amount of annual precipitation and strong heating of their surface. This limits the development of vegetation. The total area of agricultural land as of January 1, 2019 was 39740,6 thousand hectares, of which pastures account for 95.6% (37,992,5 thousand hectares). The land area of the reclamation fund suitable for development is 17 million hectares. Over 1.7 million ha of the territory of Turkmenistan is irrigated land. However, due to proximity of irrigated soils to water bodies and close occurrence of mineralized groundwater these soils are also prone to salinization. In the foothill areas of the country, where more precipitation falls, chernozem soils develop under a relatively dense grass cover. In the mountains, with a change in altitude, there is a vertical belt of soils, ranging from light gray soils to brown soils in the upper part.

The main areas of irrigated agriculture in Turkmenistan are the Amudarya, Murghab, Tejen and Atrek oases, as well as the Pre-Kopetdag foothill plain. Of the total area of the country's territory (as of 01.01.2019), 63.4% (31,121.0 thousand hectares) account for land used for agricultural purposes, state reserve land (12,179.4 thousand hectares) and forest fund -29.2% (2,188.3 thousand), other land users – 6.9% (3382.2 thousand hectares).

Biological diversity

Turkmenistan is distinguished by a variety of ecosystems. Among them: plain-desert, mountain, river, marine and coastal-marine, lake and anthropogenically developed ecosystems. Each ecosystem is characterized by its own species and diversity of living organisms inhabiting it. Due to its geographical location, Turkmenistan plays a key role in the region in preserving global biodiversity and maintaining biosphere functions. The biological diversity of the country includes at least 20 thousand species, including more than 7 thousand plant species and about 13 thousand species of animals (of which more than 720 are vertebrates). In addition, the biodiversity of Turkmenistan is characterized by high rates of autochthonous development of flora and fauna. All this diversity is distributed across various ecosystems – plain-desert (about 80% of the country's territory), mountain, river, lake, sea, coastal-marine and anthropogenic developed.

All ecosystems – mountainous in combination with plain-desert, unique riverine with tugai forests, lake and marine - form the ecological and biological framework of arid communities of the country. This determines the importance of Turkmenistan's biodiversity at the national and global level.

Since the process of climate change will proceed at a more accelerated pace than the adaptation of various representatives of the plant and animal world to it, as well as due to the presence of associated impact factors and limited adaptation options, many ecosystems (especially forest, mountain systems) are quite vulnerable to the effects of climate change.

The results of the study of biodiversity and the possibilities of preserving its components show that climate change in Turkmenistan has a multidirectional impact on it. In the lower reaches of the Atrek River, the lack of water (drying out) for a long period leads to a significant restructuring in the ecosystem. It should also be noted that due to a decrease in precipitation and an increase in air temperature, the yield of desert pastures has been decreasing in recent years.

At the same time, the species diversity in the country's fauna has been somewhat enriched in recent years. Climate change causes displacement of the range boundaries of several species, which causes the penetration of new species into the country. This can be revealed by the results of ongoing monitoring. In particular, due to the expansion of the range of some representatives of the animal world and, first of all, birds (caused primarily by climate change on a global scale), new species have appeared on wintering grounds, usually spending the winter somewhat south of our country - gray crane (*Grusgrus*), osprey (*Pandion haliaetus*), some sandpipers.

4.2 General economic baseline

The economy of Turkmenistan functions on the principles of market economy (Article 134, Turkmenistan Constitution) with national and state programs designed for medium and long-term periods. Currently, the country is implementing large-scale reforms aimed at diversification of the national economy and introduction of innovation. In recent years, traditional industries: oil and gas, electric power, agriculture, construction, transport and communications have been developing remarkably. Gross domestic product (GDP) grew by 6.3% in 2019, the industrial sector accounting for 4.1%, 14.2% trade and 10.1% transport and communications⁵.

The emerging market economy is heavily dependent on oil and gas, which accounted for 77.8% of total exports and 22.2% of GDP in 2018. High levels of economic growth thanks to revenues from hydrocarbon production has enabled Turkmenistan to achieve the status of a country upper-middle-

⁵ WHO PROGRESS REPORT 2020: Health and sustainable development: achieving Sustainable Development Goal 3 on health and well-being and other health related SDG targets in Turkmenistan.

income country by 2012. At the same time, the country's heavy dependence on the oil and gas industry makes it vulnerable to the volatility of world oil and gas prices⁶.

The country used the period of high oil and natural gas prices to develop different sectors of the local economy by means large public investments, including in the social sector. About 80% of the State budget of Turkmenistan is allocated annually to the social sector, including for pensions, state benefits, education and healthcare. Salaries, pensions, state benefits and student scholarships are increased by 10% annually. The minimum amount of payment for housing and communal services for the population and transport services are set by the State.

GDP per capita grew from \$970 in 2002 to \$7,356 in 2018. In the period from 2015 to 2020, GDP growth by 6.3 percent per year. Revenues from the export of hydrocarbons enabled the country to accumulate large foreign exchange reserves that served as a solid fiscal buffer and had led to the creation of a Stabilization Fund.

The backbone of the country's industry is the fuel and energy complex, which has been undergoing complete modernization over the years of independence, new gas pipelines and gas processing facilities and storages facilities are built. The Turkmen shelf of the Caspian Sea is being actively developed. Cement, carbamide, kaolin, and metallurgical plants have been put into operation. The construction of textile mills, gas turbine power plants, food industry enterprises and other facilities continues. Newly created productions significantly affect the changes that have occurred in the structure of employment in industry in favor of manufacturing industries, which indicates a decrease in the level of raw material dependence of the economy to a certain extent. While 1.5% of the total number of people employed in the extractive (mining) industry and quarrying, 9.7% of the population work in the manufacturing industry (2016).

The contribution of agriculture to GDP increased slightly from about 8% in 2012 to 11% in 2017, and its share in total employment decreased from 45.8% to 43.4%. The share of the industrial sector decreased from 42.4% in 2012 to 32.3% in 2017, creating jobs for only 12% of the total workforce. The share of services sector, which employs about 38% of the workforce in the structure of GDP increased from 26.9% in 2012 to 41.9% of GDP in 2017.

Within the framework of planned programs, investments in the construction sector amounted to about 35 billion US dollars. New high-tech enterprises were created. In 2019, using funding from wide range of available sources, 1,704 industrial and socio-cultural facilities worth about \$10 billion were established.

At the same time, work is underway to create new industries in the economy and increase production volumes.

Turkmenistan has been intensifying cooperation with various financial institutions, including the Asian Development Bank, the European Bank for Reconstruction and Development, the International Monetary Fund, the Islamic Development Bank, the World Bank etc.

4.3 Population, disadvantaged and vulnerable groups

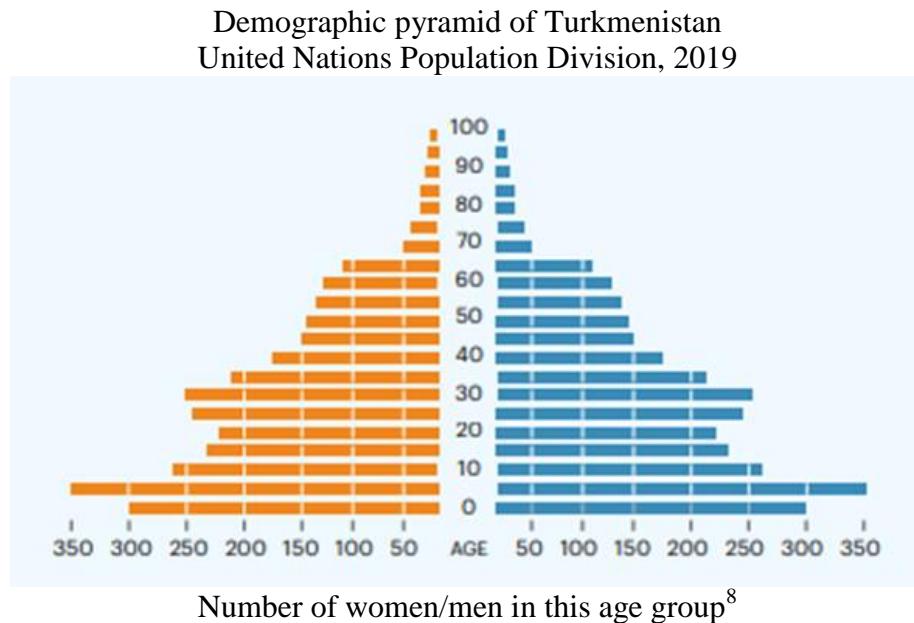
Turkmenistan is a multinational state, where about 6 million people live – representatives of more than 40 nationalities. The official State language is Turkmen, and all citizens are also guaranteed the right to use their native language.

There are 51 cities in Turkmenistan, of which 11 have etrap rights; 62 villages, 605 gengeshliks (rural municipalities) and 1719 rural settlements⁷.

⁶ Turkmenistan Common Country Analysis (2021)

⁷ WHO PROGRESS REPORT 2020: Health and sustainable development: achieving Sustainable Development Goal 3 on health and well-being and other health related SDG targets in Turkmenistan.

In the structure of the permanent resident population, women make up 50.2% and men 49.8%. The population of working age is 58.4%, younger than this age – 34.0%, older - 7.6%. The percentage of the literate population is 99.8%. As of 2021, the proportion of the population aged 0-14 years is 30.6% of the population, aged 15-64 years 64.4%, the population over 65 years is 5% of the total. The average life expectancy for men is 65 years, and for women it is 72 years.



Vulnerable groups of the population include the following categories of citizens:

- elderly pensioners;
- people with disabilities;
- pregnant women, infants and children;
- female-headed households and (or) single mothers raising minor children;
- large families with low incomes;
- unemployed;
- children from orphanages and orphan houses, and people living in nursing homes;
- persons without citizenship and refugees.

The socio-economic consequences of the global Covid-19 pandemic most affected the low-income groups. Elderly people around the world are extremely vulnerable not only due to the severe form of the disease, but also due to many other factors of insecurity, starting with the consequences of rising food prices and a decrease in the purchasing power of income since their earnings are limited by their pensions.

Vulnerable groups around the world face growing economic difficulties as they often live in precarious conditions and largely depend on the informal sector for their livelihoods. In these circumstances, it is extremely important to extend socio-economic support packages to everyone who meets the criteria of vulnerability, regardless of legal status.

Adults and children with disabilities around the world face a high risk of exclusion from basic education, the labor market and the working environment, as well as from public life. Immediate

⁸ UNFPA in Turkmenistan

causes affecting the incidence of childhood disability include the inability of caregivers and parents in many countries to provide appropriate care, and the lack or limited availability of community-based support services to facilitate their access to care. The main reasons include ignorance of symptoms and the need for early intervention.

Recently, there has been an alarming trend of increasing the number of children with disabilities in specialized facilities in the world. There is also a low level of availability of child care specialists who can offer parental counseling, and weak traditions of social work as a profession in some countries. The Law "On social services" was adopted in December 2021 developed in cooperation with UN agencies.

The country is implementing a policy aimed at including children with disabilities in regular school, however, this inclusion remains extremely limited. Many children with disabilities are educated at home. Most of the extracurricular activities for children with disabilities are organized in separate boarding schools and are not always available for children with disabilities living in families. Parents who had participated in the focus groups expressed their satisfaction with the work of the centers for the development of children, which were created for children with disabilities in certain regions. The problem is that their coverage is limited compared to demand even in the regions where they were created, and they are often located far from the family home. Some children are uncomfortable traveling on public transport, the availability of which may be limited in some places and special transport services are not offered. The centers will need more personnel and more special trainings. The centers can facilitate the transition of a child to a regular primary school, but placement in regular schools is still based on decisions of medical and educational commissions, and not based on available conditions and personal choice.

The vulnerable segment of the population also includes children from poorer families and/or more disadvantaged regions. It has been observed that costs can discourage poorer families from seeking medical care and can contribute to neonatal and infant mortality along with a lack of quality medical services. As a rule, the nutritional status of mothers and children, is worse in poorer families, which affects the future physical development of the child.

Both children and the elderly are more likely to suffer from health impacts of environmental degradation, including deterioration of water and air quality. Rural residents are less likely to have access to pre-school education, which means that children will go to school at a disadvantage that will be difficult to overcome in the subsequent years of compulsory schooling. In general, children from more disadvantaged families are likely to face multiple and overlapping vulnerabilities, which can only be reduced if systems to identify their needs have been put in place, as well as mechanisms to ensure intersectoral cooperation and referral systems to various services to ensure that needs are resolved.

In Turkmenistan, the State pays retirement and disability pensions, survivor's benefits, child birth benefits, child care benefits, disability benefits and social benefits. Beneath, social benefits and aid are provided to disabled persons, lonely elderly citizens, people with disabilities, families with children and others by providing financial aid payments and benefits, providing medicines, wheelchairs, prostheses and other prosthetic and orthopedic products, printed publications with special font, sound-amplifying equipment and signaling devices, as well as by providing medical, social, vocational rehabilitation and household services⁹. Additionally, subsidized tariffs for the use of water, electricity, gas, housing and communal services and housing, one-percent interest rate loans for the purchase of housing property and other benefits remain in force.

⁹ CCA Update 2021_TKM_FINAL_2 Dec 2021

4.4 Analysis of social and gender issues

Ensuring equal rights and equal opportunities for women provides the creation of conditions for women to exercise their civil, political, economic, social and cultural rights guaranteed to them by the existing legislation. Considering the importance of this task both for the overall success in the implementation of the SDGs and for further social and economic development of the country, Turkmenistan pays special attention to creating conditions under which women can fully participate in the life of the country and society. The adopted National Action Plan for Gender Equality for 2021-2025 was developed considering the recommendations of the UN Human Rights Treaty bodies and agencies and contains the key directions of the country's policy regarding gender equality and the empowerment of women. One of the achievements in this area is the provision of equal opportunities for women to carry out economic activities and the elimination of occupational segregation. In 2016, the amendments were made to the Labor Code of Turkmenistan, which provided for the removal of restrictions on the time of performance of labor activity by women. The amendments to the legislation made in March 2019, provided for the removal of restrictions on job categories, where women could not previously be involved.

4.5 Health sector and the status of COVID-19 in the country

The healthcare development program is closely linked to the implementation of the state social policy, as well as environmental protection issues in the view of climate change induced impacts. In this context, healthcare plays crucial role in terms of social and economic development. State and public bodies, enterprises, facilities, organizations should aid the protection of people's health in their workplace or while they are exercising their duties. The policy in this area is based on such factors as systemic prevention, orientation to modern standards of health and medical care, a harmonious combination of domestic traditions and achievements with modern international best practices and science based approach to public healthcare along with taking into account the potential adverse impacts of climate change. It is important to note that as a result of integrated application of state and sectoral measures healthcare sector has been re-oriented to significantly strengthening the work on disease prevention, creating conditions for the formation and promotion of a healthy lifestyle, improving "health education" and combating bad habits, the development of physical culture and sports, especially among children and youth.

As a part of the implementation of the State "Health" program, the healthcare system has been improved, including the construction of state-of-the-art medical centers, and a wide range of medical facilities (hospitals, centers and health homes) which constitute and comply with the principles of the new healthcare model. As of January 2018, there are 35 urban health homes, 122 hospital facilities, 59 emergency medical service departments, 5 boarding houses for the elderly and disabled in Turkmenistan. These facilities employ 14,600 doctors and 24,900 specialists representing the secondary medical staff.

Significant progress was made in solving health protection tasks, which were evidenced by the receipt of international certificates on the elimination of a number of infectious diseases in Turkmenistan. Positive results have been achieved in the improvement of the sanitary and epidemiological situation in the country. The Sanitary Code of Turkmenistan has been adopted in a new edition and a number of new laws have been developed, including on the quality and safety of food products, on radiation safety, on drinking water, on the protection and promotion of breastfeeding and requirements for baby food products. Over the past years, the country has achieved success in eliminating dracunculosis, polio, malaria evidenced by relevant international certificates. In addition, the National Program of Turkmenistan for the early development of a child and preparation for school is being implemented.

5. POTENTIAL ENVIRONMENTAL AND SOCIAL RISKS MITIGATION

5.1 Environmental and social risks, impacts

In general, it is expected that the project is expected to have a positive impact on the natural and social environments. However, it is necessary to consider environmental and health associated risks posed by the spread of pathogenic microorganisms and materials used in the project-supported health facilities. Such places include the intensive care units, various laboratories, hospitals, polyclinics and health homes. In order to achieve positive environmental and social impacts, these risks must be taken into account and relevant measures must be taken to mitigate them at all stages of project implementation.

Risks that have a potential to adversely affect the natural and social environments can be grouped as follows:

- *Rational management and handling of medical waste.* As medical waste is formed in various types of medical and preventive facilities and laboratories, there is a certain risk of infection with infected waste in case of irrational waste management. In accordance with Order No. 336 dated 11.09.2010 of the Ministry of Health and Medical Industry of Turkmenistan all newly built medical centers of Turkmenistan are equipped with modern equipment for disinfection and disposal, which makes it possible to dispose of treated waste as household waste. The project should ensure effective management and disposal of medical waste in accordance with the WHO and World Bank Guidelines on Environmental, Health and Labor Protection;
- *Safety and health of medical personnel.* Some of the most vulnerable groups are medical workers, especially nurses and laboratory staff. One of the main and often observed causes is improper handling of contaminated materials, which increases the risk of infection of personnel. Medical waste should be perceived as a reservoir of pathogenic microorganisms that can cause contamination and the growth of infections. If the waste is not adequately managed, these microorganisms can be transmitted through direct contact, through the air or in some other way. Thus, infected waste contributes to increasing the risks of nosocomial infections, endangering the health of staff and patients. Accordingly, ensuring control over the sources of infections through strict compliance with WHO standard procedures and PPE for all health workers is crucial. In addition, working with local authorities and authorized bodies in the field of waste management, it is important to ensure strict compliance with social distancing measures and quarantine regimes in order to reduce the rate and frequency of infection among project workers and affected persons;
- No construction, medical facility rehabilitation and repair works planned by the project.
- Project doesn't include implementation of any construction and repair works. It is expected that all of the above environmental risks and impacts will be temporary, predictable and easily mitigated by ensuring compliance with the prescribed COVID -19 safety measures of WHO and the World Bank Guidelines on Environmental Protection, Health and Work. In general, Turkmenistan has established a system of management and handling of medical waste.

In addition to environmental risks, the project can also create social risks:

- Risks associated with social unrest, panic, conflicts, stress and dissemination of false or fake information;
- Risks associated with difficulties to provide timely and equal access to appropriate medical services;
- Risks associated with addressing difficulties arisen in connection with quarantine related restrictions;

5.2 Meeting the requirements of the World Bank to mitigate environmental and social standards

The Project implementation unit (PIU) and the medical and preventive facilities participating in the project bear the main responsibility for ensuring the reduction of environmental and social risks at each stage of the project. Issues of risk reduction are addressed through the appropriate ESS.

ESS 1 - Assessment of environmental and social risks and impacts management

It is expected that the project is to lead to positive environmental and social consequences, as it should improve the system of supervision, monitoring and localization of COVID-19, it can also cause significant risks to the environment, health and safety due to the dangerous nature of the pathogen, reagents and other materials used in medical and preventive facilities.

To manage these risks, the Project would ensure MOHMI uses two main tools:

- *The present ESMF*, which includes templates of *Environment and social management plan (ESMP)*, and Infection control and medical waste management plan (ICMWP) check-lists for a specific facility, so that the health facility and laboratories that will be supported by the Project apply the best international practices in COVID-19 diagnostic tests and other COVID-19 responses. The ESMF has a list of exceptions for ICU and laboratories if there is a lack of appropriate capacity and infrastructure; and also, the Stakeholder Engagement Plan for effective coverage and participation of citizens, which was prepared and disclosed both in the country on the media resources of the Ministry of Health and on the World Bank website.

In order to achieve positive environmental and social impacts, the above-mentioned main risk areas are considered and mitigated, as discussed below:

- *Medical waste management*. Given that medical waste formed in laboratories and medical facilities, which are a potential source of this infection, improper handling of medical waste is associated with the risk of further spread of the disease. Therefore, the ESMP contains an ICWM template specially designed for the identification, testing and processing of COVID-19, as well as for effective Medical Waste Management;
- *Health and safety of employees*. Health facility workers are particularly vulnerable to infections such as COVID-19. Health-related infections due to inadequate compliance with occupational health and safety standards can lead to illness and death among health workers and laboratory workers, as well as to a wider spread of the disease in communities. The ESMP contains detailed procedures, based on WHO guidelines, for protocols required for the treatment of patients and handling of medical waste, as well as guidelines on hygiene and

environmental protection for personnel, including the necessary PPE. Proper disposal of sharp objects, disinfection protocols and regular testing of medical workers are also included;

- *Health and safety of the community.* Stakeholder Engagement Plan is a key tool for reaching the general population on issues related to social distancing, high risk of infection for categories of the population, self-isolation and quarantine. It is extremely important that these recommendations are widely disseminated, often repeated and clearly understood.

Each Intensive Care unit and laboratory participating in the Project apply ICWMP infection control and planning in accordance with the requirements of the national legislation, as well as relevant Guidelines on Environmental Protection, Health and Labor, Hygiene and Safety of environment and WHO. ESMF covers measures and procedures for the control of environmental and social infections for the safe handling, storage and processing of COVID-19 materials, including methods for preventing, minimizing and controlling environmental and social impacts during the operation of laboratories and health facility supported by the project. It also clearly outline the implementation scheme by the MoHMI to manage ecological and social risks; the training programs focused on the biosafety of the COVID-19 laboratory, the operation of the health facility, as well as compliance monitoring and reporting requirements, including the management of medical waste.

ESS 2 - Labor and working conditions

The project is implemented in accordance with the requirements of ESS 2, in a manner acceptable to the World Bank, including through the make use of certain measures in terms of occupational health and safety.

The project covers the following categories of employees: direct employees and contract employees. Direct employees can be either government civil servants or employees appointed as “technical consultants” within the framework of the project. Civil servants will be guided by a set of rules from the Civil Service Code, and technical consultants will be guided by contracts concluded based on mutual agreement. Standard Rules of Conduct, including measures to prevent sexual harassment/sexual exploitation and violence (SEA/SH), will also be included in all contracts for general construction work. In addition, a Gender Based Violence (GBV) assessment was also carried out. The direct and contract employees are able make use of already available GRM at Medical and preventive facilities and entry points.

ESS 3 - Resource efficiency, pollution prevention and management

Medical and chemical waste (reagents, infected materials, etc.) from the supported health facility (medicines, consumables and medical equipment) can have a significant impact on the environment and human health. Each beneficiary in accordance with the requirements of the ESMF, WHO COVID-19 guidance documents and other best international practices, prepares and follows the ESMP to prevent or minimize such adverse impacts. The document obliges that any waste related to the testing or treatment of COVID-19 will be incinerated on site whenever possible. It also contains strict protocols for disinfection and packaging of such waste for transportation to the nearest incinerator if on-site destruction is not possible. The ESMF includes requirements related to the transportation and management of samples and medical goods or expired chemical products. The ESMP for a specific site includes procedures for handling construction waste. Resources (water, air, etc.), used in the healthcare facilities, will comply with standards and measures in accordance with the state sanitary and hygienic services of the Ministry of Health and the WHO guidelines on infection control for healthcare organizations.

Basic handwashers, latrines or other basic sanitary and hygienic facilities will be improved taking into account the safe management of wastewater (mini-septic tanks, etc.). Resources (water, air, etc.) used in medical and preventive and quarantine facilities and laboratories will comply with standards and measures drawn up in accordance with the guidelines of the Department of State Sanitary and Epidemiological Control of the MoHMI and guiding on the prevention of spread of infections in medical and preventive facilities.

ESS 4 – Community Health and Safety

Medical waste generated by targeted treatment and prevention facilities and points of entry has a high potential for the transfer of microorganisms that can infect society as a whole in case if they are not disposed of properly. There is a possibility of an infectious microorganism entering the environment if it is not well contained in the laboratory or due to emergency situations/incidents - for example, in the event of a fire or natural disasters (for example, seismic). Thus, laboratories, quarantine and isolation centers, as well as entry points will have to follow the procedures detailed in the ESMF, the control list of the ESMP and ICWMP. The functioning of the treatment and prevention facilities in which funds will be invested should be carried out in such a way that their staff, patients and the general public follow and are treated in accordance with the best international standards set out in the WHO guidelines for responding to COVID-19, as indicated above in ESS 1 and ESS 2.

Stakeholder Engagement Plan also provides for extensive interaction with communities in order to disseminate information related to project activities on public health and safety - especially with regard to social distancing, high-risk demographic groups, self-isolation and mandatory quarantine. The project aims to reduce the risk of sexual exploitation and abuse by applying the WHO Code of Ethics and Professional Conduct for all employees of targeted treatment and prevention facilities, as well as providing gender-sensitive infrastructure, such as separate toilets and adequate lighting in quarantine and isolation centers. The GRM for this particular project accepts complaints related to SEA/SH ensuring confidentiality.

Through the above-mentioned provisions, including interaction with stakeholders, the project also ensures the effective functioning of quarantine and isolation centers and entry points throughout the country – including in remote and border areas, without aggravating potential conflicts between different groups.

ESS 10 - Interaction with stakeholders and disclosure of information

The project recognizes the need for effective and comprehensive interaction with all stakeholders and the general population. Given the serious problems associated with COVID-19, it is critical to disseminate clear messages about social distancing, high-risk demography, self-quarantine and, if necessary, mandatory quarantine. Useful consultations, especially when public meetings contradict the goals of the Stakeholder Engagement Plan (SEP), and the disclosure of relevant information becomes of great importance for ensuring public health and safety from all points of view - social, environmental, economic and medical.

Against this background, the project has prepared a SEP, which serves the following purposes:

- i. identification and analysis of stakeholders;

- ii. planning forms of interaction, an effective communication tool for consultation and disclosure of information;
- iii. creating enabling platforms to influence decisions;
- iv. defining the roles and responsibilities of the various actors in the implementation of the Plan;
- v. GRM.

The consultation process includes various communication methods (brochures, interviews, meetings and public consultations) and mass media means (radio broadcasting, local television, Internet) to inform and involve affected persons and other stakeholders in the environmental and social process. In rural areas, households will be reached through local TV and radio channels, information stands at the village level, text messaging and the use of visual communication tools (audio and video clips, leaflets, photographs, booklets in the Turkmen language) instead of direct face-to-face contacts. Even though nationwide information campaigns are conducted, specific communication around borders and international airports, as well as quarantine centers and laboratories, should be timed according to needs and adapted to specific local circumstances.

Public consultations are conducted virtually, through IT platforms (Skype, Zoom, IMO, mailing lists, web platform, etc.). Thus, it provides an opportunity for two-way communication and answers to questions. Comments can also be collected through similar IT platforms. During the implementation of the project, the GRM mechanism serves as a tool for collecting and responding to feedback from stakeholders.

At the planning and design stages, the Project Implementation Unit screened all Project-related activities using the screening form provided in Annex I.

ICWMP is developed for all target facilities to which the Project provides with equipment, reagents and PPE. Each health facility and entry points have to assist the PIU during screening and appoint a responsible person for monitoring ESMP and ICWMP compliance during the project implementation.

5.3 Environmental and social risks mitigation at different stages of project development

At different stages of Project development and implementation, different risks and impacts arise, and, accordingly, various measures need to be taken to eliminate them. Since the project mainly funds the preparation, monitoring of COVID-19, as well as response, and will not support the construction or expansion of medical facilities, this section is devoted to providing the necessary mitigation measures mainly for (i) planning and design stage; and (ii) operational participation in the project by medical facilities.

5.3.1 Planning and design stage

The key ecological and social baseline activities and issues that should be undertaken and considered at the planning and design stage are the following:

Procurement of medicines, goods and materials

The project finances the purchase of goods and materials, including laboratory equipment and medicines. Accordingly, this should be done considering transparency and the needs of vulnerable and disadvantaged social groups, as well as based on technical specifications recommended by the

WHO guidelines. Potential ecological and social risks and mitigation measures in the procurement of goods and materials are presented in Table 2 below.

Table 2. Health and safety mitigation measures for purchasing vaccines, medicines, goods and materials

A. Medicines and therapy		
Activities	Risks and consequences	Mitigation measures
Distribution of medicines	<p>Not transparent and poorly managed distribution system and practices can worsen the current situation with shortage, affecting the maximum and efficient use of resources.</p> <p>Disadvantaged and vulnerable groups of the population may face disproportionate difficulties in assessing available resources, exposing them to great risks.</p>	<p>Attention should be paid to the distribution system in order to ensure efficient and effective use of goods and services and to avoid unequal distribution among the rich, influential and privileged.</p> <p>Special attention and efforts should be given to disadvantaged and vulnerable groups to ensure that they are equal, if not better, correspond to these resources.</p>
B. Goods and services		
Procurement and supply of laboratory equipment, consumables or goods for the emergency rooms, clinics and other medical facilities	The surfaces of imported materials may be contaminated, and handling during transportation may lead to spread of contamination	<p>Since the coronavirus can remain on the surface from several hours to several days depending on the type of surface (as well as various conditions and temperatures through which the equipment moves), there is a risk that the virus will persist on the surface, if goods are originating from countries reporting cases of COVID-19.</p> <p>Beneath measures for processing imported goods and equipment, except for regular hand washing is required.</p> <p>Projects should ensure the availability of appropriate hand washing facilities with soap (liquid), water and paper towels for drying hands (warm air dryers can be used as an alternative), as well as a closed trash can for paper towels.</p> <p>Alcohol-based antiseptics should be in reach (available) where hand-wash products cannot be easily and regularly used.</p> <p>It is required that information campaigns and reminders are regularly posted on the site, so that employees regularly wash their hands when handling goods.</p> <p>If this is the case (for example, when it comes to goods coming from countries with a large number of infected people), the</p>

		surface can be decontaminated with a disinfectant. After disinfection, workers should wash their hands with soap and water or use alcohol-containing hand washing products.
Purchase of PPE for healthcare workers and medical service personnel	Incorrect standard or quality of PPE leads to the spread of infection among health care workers and service personnel	PPE include: Medical masks Medical Gown Eye protection (safety glasses or protective mask) Respirator (standard N95 or FFP2) Boots / closed work shoes The WHO Interim Guidance on the Rational Use of PPE during Coronavirus Infection provided additional information on the types of PPE required for various functions.
Distribution of goods or services as needed	Nontransparent and poorly managed distribution system and practice can worsen the current deficit situation, affecting maximum and efficient use of resources. Vulnerable groups of the population, may face disproportionate difficulties in assessing available resources, exposing them to greater risks.	Attention should be paid to the distribution system in order to ensure the efficient and effective use of goods and services and to avoid unequal distribution among the rich, influential and privileged, especially at this time of scarcity. Special attention and efforts should be paid to vulnerable groups to ensure that they are equal, if not better, matched to these resources.
Hand washing stations	Insufficient hands washing facilities are provided	Projects should ensure the availability of proper hand washing facilities with soap (liquid), water and paper towels for drying hands (warm air dryers can be used as an alternative), as well as enclosed trash can for paper towels. If hand washing with soap and water is not possible, antiseptics may be provided.
Alcohol-based hand sanitizers	Alcohol-based hand sanitizers may not be as effective in fighting infection as hand washing with soap and water.	Alcohol-based hand sanitizers are not considered as effective as hand washing with soap and water, and therefore they should only be used in places where it is impossible to ensure complete hand washing. It is necessary to provide advice to remind users where to find all the possibilities for hand washing.
Medical waste infected with the COVID-19 virus	Collection, sorting, processing and disposal of medical waste which become carriers of the spread of the virus.	There is no evidence that direct, unprotected contact with a person during the handling of medical waste leads to transmission of COVID-19. The treatment of medical waste generated during the care of patients with

		<p>COVID-19 should be implemented in accordance with the National Program for the Safe Handling and Disposal of Medical Waste in Healthcare Facilities (2008). Alternative treatment methods should be designed for longer-term projects, such as steam treatment methods. Steam treatment should preferably be carried out on site, although after treatment, sterile/non-infectious waste can be crushed and disposed of in appropriate waste facilities.</p> <p>In accordance with Order No. 336 from 11.09.2010 of the Ministry of Health and Medical Industry of Turkmenistan the installation of additional equipment for the disinfection of this type of waste in each medical facility and newly constructed facilities, the transfer of waste of class "B" to the category of non-hazardous waste of class "A" and ensuring the removal of these wastes as ordinary solid household waste is obligatory.</p> <p>See WHO Safe handling of waste from health care activities.</p>
Water, sanitation, hygiene and waste management to control spread of COVID-19	The COVID-19 virus is transmitted through inadequate sanitation or through drinking contaminated water and waste	<p>There is no evidence that the COVID-19 virus persists in drinking water, wastewater or medical waste, and compliance with hygiene regulations will ensure effective control. See the WHO Guidelines on Water Supply, Sanitation and Waste Management for guidance on control measures for COVID-19.</p>
Identification and diagnostics	Sample collection and testing for COVID-19 can lead to the spread of the disease among medical workers or laboratory workers or during transportation of potentially affected samples.	<p>Collection of samples, transportation of samples and testing of clinical samples from patients meeting the definition of a suspicious case should be carried out in accordance with the WHO interim guidelines.</p> <p>Laboratory testing for coronavirus infection (COVID-19) in suspected cases of human disease. Tests should be carried out properly in equipped laboratories (BSL-2 or equivalent means are required to work with samples for molecular testing) by personnel trained in the relevant technical and safety procedures.</p> <p>It is necessary to follow national guidelines</p>

	<p>on laboratory biosafety. Information about the risk associated with COVID-19 is still limited, but all procedures should be conducted based on a risk assessment. For more information related to the COVID-19 risk assessment, see the Special Interim Guidance Document: WHO Interim Guidance on Laboratory Biosafety related to 2019-nCoV.</p> <p>Samples that are potentially infectious materials (PIM) should be processed and stored as described in the WHO document "Guidelines for Minimizing Risks for Facilities Involved in the Collection, Processing or Storage of Materials Potentially Infectious for Polioviruses (PIM Guidelines)".</p> <p>For general guidelines on biosafety in the laboratory, see WHO Biosafety Guidelines for Laboratories, 3rd edition.</p>
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To assess the need for supplies/equipment and the need for medical personnel during the COVID-19 pandemic, WHO has developed a set of free surge calculators – one for supplies and two for health personnel resources. All tools use the same basic epidemiological assumptions and classify the health workforce using standardized codes of the International Standard Classification of Professions of the International Labor Organization, but their results are intentionally different because of their main focus.

Forecasting consumables, diagnostics and equipment requirements

For this purpose, WHO has prepared the “COVID-19 Essential Supply Forecasting Tool”, which aims to help governments, partners and other stakeholders to assess the potential needs for essential supplies in responding to the current COVID-19 pandemic. Although it gives an estimate of the number of cases, this calculator is not an epidemiological calculator. The purpose of this tool is to predict essential supplies: it includes an assessment of personal protective equipment, diagnostic equipment, biomedical equipment for case management, essential medications for maintenance therapy and medical supplies.

Recommended priority medical devices in the context of COVID-19

WHO has also prepared a list of priority goods and accessories to be purchased in the context of COVID 19, which can be found on the website below. The list contains descriptions of the management of patients with severe acute respiratory infection (hereinafter referred to as SARI) when infection with the COVID-19 virus is suspected at different levels of medical care. The first level, for outpatient treatment; the second level includes general hospitals and laboratories; and the third level, includes specialized hospitals with intensive care units and SARI units. The listed technologies are

intended for interventions and should be adapted to the human resources of healthcare, infrastructure and available technological resources. The same WHO website provides “Technical Specifications for medical equipment for COVID-19” and “Technical Specifications for invasive and non-invasive ventilators for COVID-19”. These documents describe the minimum requirements for medical equipment to be purchased in the case of COVID-19, and requirements to be met by invasive and non-invasive ventilators to ensure quality, safety and effectiveness when used for COVID-19 management. The document states that all these ventilators must be equipped with accessories, consumables and spare parts necessary for operation for at least 3 months.

Oxygen sources and distribution for COVID-19 treatment centers

WHO has also issued interim guidance on oxygen sources and distribution strategies for COVID-19 treatment, which has been adapted from WHO and UNICEF technical specifications and guidelines on oxygen therapy devices, which are part of the WHO technical series on medical devices. This guide is intended for healthcare administrators, clinical decision makers, procurement officers, planners, medical engineers, infrastructure engineers, and policy makers. It describes how to quantify oxygen demand, identify the oxygen sources that are available, and select suitable sources of overvoltage to best meet the needs of COVID-19 patients, especially in low- and middle-income countries. Also, the following aspects should be taken into account when organizing the procurement process: requirements for medical products and devices; hygienic standards for indicators for medical products, devices and materials used for their manufacture.

Assessment of the location, type and scale of the healthcare organizations involved in the Project and associated waste management facilities, including waste transportation routes

This will include the following activities:

- a) *Location of facilities*: in addition to the usual considerations regarding proximity to sensitive areas such as cultural heritage sites or a nature reserve, when preparing for participation in a project of medical facilities, ICU and intensive care and laboratories;
- b) *Environmental and social assessment*: it is necessary to study close sensitive social factors such as a residential area or school and the availability of municipal services such as municipal water supply, sewerage and waste collection on site; and
- c) *The type and scale of the waste management facilities*: at the evaluation stage, the characteristics and throughput of the installation should be studied. The assessment should consider waste treatment and transportation measures, operational procedures and working methods, as well as the required capacity for the type of disposal facility (a general hospital, a high-level biosafety laboratory for testing for coronavirus; a temporary hospital or quarantine zone, an incineration plant or a landfill for waste disposal) proportionate to the volume of waste generated.
- d) *Proper functional planning of healthcare organizations, which may include several aspects:*
 - i) safety of construction and equipment, universal access;
 - ii) control of hospital infection;
 - iii) sorting, storage and recycling of waste.

In this regard, it is necessary to comply with the requirements of the WHO Guidelines for the Treatment of Acute Respiratory Infection Centers (March 2020).

Assessment of medical waste flows, including wastewater, solid waste and atmospheric emissions (if significant), in a medical facility

Screening of medical facilities

The Project Management Team checks each participating medical facility, ICU and intensive care units and laboratories for potential ESRs in accordance with the guidelines of the WB Group, the WHO COVID-19 guidelines, and the verification form. The selection will include:

- a) determining any necessary changes in the design of the facility or its operation, such as ICU and intensive care units, safety of construction and equipment, universal access, control of hospital infection, disposal of medical waste, etc.;
- b) determining the scope of expected work (i.e. rehabilitation units in ICU, installation of box chambers, installation/increase of water supply and installation of sanitary stations, etc.);
- c) determining that utilities (electricity, water, heat, etc.) correspond to the planned work;
- d) determining how such work may interfere with the normal operation of the medical facilities;
- e) determining the need for external or additional security personnel; and
- f) preparation of an ESMP for a specific site, including ICWMP activities.

Requirements for the protection of health workers

The project management group reviews the health protection protocols for health workers against infectious diseases based on the current WHO guidelines for COVID-19 and the Protocol on Infections and Prevention.

The review will include:

- a. Determining whether the training provided to health workers and other healthcare workers is adequate;
- b. Determining whether medical facility personnel are trained in how to handle the remains of those who may die from COVID-19, including those conducting autopsies;
- c. Determining the availability of adequate stocks of PPE on site; and
- d. Determining supply lines for the necessary PPE.

5.3.2 Performing restoration construction works

The project does not involve any sort of construction work.

5.3.3. Operation stage

The operational stage can concentrate a number of risks associated with COVID 19, and therefore it is necessary to perform the following actions:

Management of medical waste

The Environmental and Social Management Plan should contain detailed Plans and instructions for handling the medical waste at medical facilities, taking into account the available options. Medical waste, including any waste suspected to contain pathogenic microorganisms, must be separated and marked as "infectious" with an international infectious symbol in a strong, airtight plastic bag or container that can be autoclaved. Medical waste must be sterilized by chemical disinfection, wet heat treatment (i.e. autoclaving), microwave irradiation before removal. Sharp objects, including needles, scalpels, blades, knives, infusion sets, saws, broken glass, nails, etc. should be placed in a rigid,

impermeable, non-piercing container (for example, made of steel or hard plastic) for sterilization and disposal in accordance with the guidelines.

The ICWMP should be designed in such a way that it can be used as a tool for verifying compliance with the requirements of medical facilities, prioritization and a time-bound plan that will need to be monitored. For example, medical facilities cannot be supported if medical waste is incinerated or buried without disinfection in illegal places.

When developing ICWMP, the following issues should be taken into account:

- Delivery and storage of goods, including samples, pharmaceuticals, reagents and other hazardous materials.
- Treatment methods, including the provision and use of PPE, appropriate cleaning procedures, testing for COVID-19 and transporting samples to laboratories for testing.
- Waste disposal processes that comply with the WHO guidelines for the safe management of waste from health activities – including in relation to:
 - Accumulation, minimization, reuse and recycling of waste
 - Sorting at points of handling, packaging, collection, storage and transportation of waste
 - the suitability and capacity of disinfection and waste management equipment, such as autoclaves. Treatment facilities include small incinerators and treatment plants. It will be necessary to assess their suitability and compliance with the established requirements, and, if necessary, it will be necessary to propose appropriate measures. Such as the suitability and capacity of sites used for waste disposal outside the facilities where medical waste will be transported and disposed of. It will be necessary to assess their suitability and compliance with the rules of transportation and disposal, as well as licensing of vehicles and waste disposal sites outside the facilities.

The social issues addressed in the ICWMP have to include the following:

- Occupational health and safety (OHS) and working conditions and work;
- Social issues – such as the influx of labor, gender or disability.

Ensuring the health of employees and general hygiene

In order to ensure the safety of workers' health, the necessary actions in this regard should include the following:

- a. Training of personnel on the signs and symptoms of COVID-19, its spread, methods of protection (including regular hand washing and social distancing) and action in a situation where people with this symptom are identified;
- b. Promotion of good respiratory hygiene in the workplace: placement of posters promoting respiratory hygiene and combining them with other communication measures, such as providing recommendations from the management of the medical facilities, holding meetings and information on the internal network, etc.;
- c. Ensuring that offices have hand-washing facilities equipped with soap, disposable paper towels and closed trash cans. You can also use an alcohol-based disinfectant (in the presence of 60-95% alcohol).

Expanded daily cleaning mechanisms should be provided, including regular and thorough cleaning using disinfectants for food/canteens/food/beverage production sites, restrooms/toilets/showers, common areas, including door handles, floors and all surfaces that people regularly touch (it is

necessary to make sure that cleaners are provided with adequate PPE when cleaning rooms used for consultations and treatment of infected patients). During the screening, a quick assessment of specific rules will be carried out, and the necessary additional measures will be proposed in ICWMP. Infection control committees in health care facilities will have to familiarize themselves and recommend to cleaners the necessary advice on cleaning measures - especially in places used for isolation or treatment.

Protection of healthcare workers

PIU and medical facilities ensure the following:

- i. Regular delivery and proper storage of goods, including samples, pharmaceuticals, disinfectants, reagents, other hazardous materials, PPE, etc.;
- ii. Compliance with protocols for regular disinfection of common areas, offices, intensive care, equipment, tools, and waste;
- iii. Making sure that the washing and other sanitary facilities are always provided with clean water, soap and disinfectant;
- iv. Ensuring that equipment such as autoclave/microwave equipment is in good working condition;
- v. Ensuring regular testing of health workers, constantly in contact with patients with COVID-19;
- vi. Making sure that the temporary housing for medical workers is provided with adequate means for washing and hygiene.

Personal protective equipment

In addition to the WB Guidelines, Health and Safety on PPE of the WB Group, WHO has published guidelines on the rational use of PPE during the COVID-19 pandemic, which highlight the challenges faced by the global shortage of PPE. The ESMP will require that these guidelines be taken into account and that health care workers involved in the critical care of COVID-19 patients have the necessary protection and that patients, especially those who do not need hospitalization, understand their responsibility to receive and wear PPE.

Containment of COVID-19

Health facilities provide the following:

- Compliance with quarantine procedures for patients with COVID-19;
- If appropriate, patients with COVID-19 will be provided with access to a telephone or other means of communication to communicate with family and friends to reduce the feeling of isolation during quarantine;
- Regular notification of the situation to the public and reminder of protocols to prevent the spread of COVID-19;
- Testing, where appropriate, members of the public (family and friends) who have been in contact with patients with confirmed COVID-19 disease.

The health care and PIU coordinators monitor compliance through monitoring forms developed by the project. If some gaps are identified, the PIU will need to increase the importance of protocol compliance and recommend time-bound steps to improve monitoring.

5.3.4. Decommissioning stage

The operation of medical equipment will be carried out on a regular basis, depending on the installation date and warranty period. Decommissioning will be carried out in accordance with local regulations. Since no new facilities will be built within the framework of the project, the decommissioning of the facilities is not expected. In the event that lightweight structures are built for entry points, decommissioning should be carried out in accordance with local regulations.

6. MEDICAL WASTE MANAGEMENT SYSTEM

The policy of Turkmenistan in the field of waste handling and management is regulated by the Law of Turkmenistan "On Waste" (2015).

Article 20 "Protection of nature from pollution by industrial waste, municipal and other waste" of the Law of Turkmenistan "On Nature Protection" defines general requirements aimed at minimizing the negative impact of waste on the environment. In addition, it defines the responsibility of municipal councils in choosing the location for waste, in coordination with the Ministry of Agriculture and Nature Protection, Sanitary and Epidemiological Service and other relevant authorities. The neutralization of harmful waste in specially designated areas, as well as the disposal and storage of waste must be approved by the nature protection authorities. This article also defines the places where waste disposal is prohibited. Finally, State environmental authorities and other state bodies have the right to restrict, suspend or terminate waste generation activities if they are not carried out in accordance with provisions of this article.

The Law of Turkmenistan "On the Protection of Atmospheric Air" defines the requirements for the transportation, processing and disposal of industrial and household waste, stating that waste that cannot be recycled must be disposed of in a designated place. Waste management technologies are subject to state environmental expertise. The law also defines the responsibility of local executive authorities to maintain proper sanitary conditions in settlements and requests the development of container sites and their regular maintenance. In addition, the obligation of local executive authorities to allocate places for storage, processing or disposal of waste is provided.

The Regulation on State Environmental Expertise (approved by Presidential Decree in 1996) provides in its annex that the transportation, processing and disposal of hazardous industrial waste is subject to environmental expertise.

Additional legislation indirectly regulates waste management. This legislation does not use the term "waste" but uses the term "chemicals". The Law on the Protection of Atmospheric Air of 2016 provides for the registration of chemicals by state authorities in the case of their production or import and provides for the use of such chemicals in accordance with legislation. All actions are applicable for the implementation of the Basel Convention and for the purpose of control by authorized bodies.

The Sanitary Code in the new edition of 2009 describes requirements for the production, storage, sale, use, disposal, neutralization and burial of chemicals, biological agents and materials and stipulates that all legal entities and individuals must comply with sanitary rules, standards and requirements for the sanitary and epidemiological welfare of the population during the use, reuse, neutralization and disposal of chemicals, biological agents and materials, after their state registration in accordance with the procedure established by the legislation of Turkmenistan.

Within the framework of the policy of the President of Turkmenistan on the strategic, economic development of the country until 2030, for the development of the healthcare sector, taking into account the consumer market and the demand market, in order to introduce and use the accumulated experience of European countries in the safe management of waste, including medical, it is essential

to establish cooperation with the countries of the European region, World Health Organization on improving the service for the safe management of medical waste, and, above all, training relevant specialists.

In the last decade, in the country, as well as throughout the world, due to the transition of healthcare facilities to the use of disposable instruments (syringes, needles, etc.) and disposable items (gloves, masks, etc.), there has been a consistent annual surge in the volume of medical waste.

Prevention of infectious diseases is one of the most important areas for development of the healthcare system in Turkmenistan. In this context, one of the most important factors in protecting the environment and the health of citizens is the safe handling of medical waste.

The main issues of handling and management of medical waste are regulated within the framework of the National Program for the Safe Handling and Disposal of Medical Waste in Healthcare Facilities, approved by the Deputy Chairman of the Cabinet of Ministers of Turkmenistan on March 06, 2008. The main objectives of the Program are to protect the population as a whole from the negative effects of medical waste, as well as to guarantee medical personnel full access to quality services and healthy working conditions in order to reduce the number of cases of diseases, injuries and improve the health and quality of life of health workers. An Interdepartmental Coordination Committee (ICC) has been established to interact with the main ministries, departments and facilities responsible for the implementation and evaluation of the Program.

In accordance with the Program, a Methodological Guide for the Safe handling of Medical waste was developed, it was approved under № 336 as of September 11, 2010.

Medical waste generated in medical facilities during the diagnosis and treatment of patients is a by-product of healthcare. They include sharp (piercing-cutting), blunt objects, biological materials, chemicals, pharmaceutical (medicinal) preparations, medical devices. In addition to microbiological and toxic impurities, radioactive and polymeric materials may also be present in the composition of these wastes. Currently, the existing system of safe handling of medical waste in the country is regulated by the orders and instructions of the Ministry of Health and Medical Industry of Turkmenistan.

In 2006, local specialists assessed the state of safe handling of medical waste in 75 medical facilities of the country: in 10 medical and advisory centers, 24 velayat (regional), 9 city, 13 etrap (district) hospitals, 11 urban health homes, 5 rural health centers and in 3 rural health homes.

Evaluation results

Per 1 bed on a daily basis the following is accumulated:

- household waste - 0.5-0.9 kg (central clinics, velayat, city hospitals);
- piercing (stabbing) waste - 0.02-0.04 kg (central, velayat hospitals), 0.01 kg (city hospitals);
- infected - 0.1 kg (central clinics, velayat, city hospitals);
- anatomical - 0.02 kg (central clinics, velayat hospitals), 0.01 kg. (city hospitals);
- chemicals - 0.02-0.3 kg (central clinics, velayat hospitals);
- pharmaceutical and radioactive waste were absent during the assessment.

Sorting of medical waste is carried out in following categories: piercing (stabbing), infected, anatomical, household. There is no special packaging coding system for medical waste. All instruments in hospitals are disinfected by medical staff in the workplace. Chemical disinfectants (bleach, chloramine, sodium hypochlorite) are used for disinfection of medical waste.

Medical waste is incinerated in a specialized furnace built under the DOTS program (Dashoguz), on the territory of hospitals in open furnaces of primitive type in (Akhal, Mary velayats), exported and burned outside the city in various places (Dashoguz and Balkan velayats), some are melted in disinfection chambers on the territory of hospitals (Balkan velayat) while others are exported to city landfills. Some of the medical waste (disposable syringes) of Ashgabat and Lebap Velayat are being recycled.

Classification of biomedical and medical waste according to “Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal”

Medical Waste Group –

- A. not differing in composition from municipal waste
 - A 1** - ordinary municipal and household waste.
- B. Biomedical and medical waste
 - B 1**- Anatomical waste (non-infecting body parts, placenta, tissues, organs, limbs, blood);
 - B 2**- Sharp objects (needles, syringes, scalpels, slides, ampoules, etc.);
 - B 3** - Pharmaceutical waste

Pharmaceutical waste includes pharmacological preparations that have become unusable for the following reasons:

- Expiration date;
- Expiration date after opening the package or ready-to-use medication;
- Other reasons.

The term “pharmaceutical preparations” covers various substances and types of preparations, starting with teas and disinfectants containing heavy metals and ending with specific medicines containing dangerous and safe substances. Therefore, waste disposal activities may be different.

Pharmaceutical waste by the nature of disposal is divided into 3 classes:

Class 1 - Pharmaceutical products such as chamomile tea and cough syrup, which do not pose a danger during the collection, storage, disposal of waste.

Class 2 - Pharmaceutical products that may pose a danger in case of improper handling. Their liquidation is carried out at the appropriate waste disposal facility.

Class 3 - Pharmaceuticals, containing heavy metals and unidentifiable pharmaceutical substances and disinfectants. This class is considered dangerous, and their elimination is carried out at the appropriate waste disposal facility. Due to the complexity of sorting by class, it is decided to consider all medicines as hazardous waste or requiring special attention.

B 4- Cytotoxic pharmaceutical waste is generated as a result of the use and manufacture of pharmaceutical products with cytotoxic (antitumor) effect. They are divided into 6 main groups: alkylated substances, antimetabolites, antibiotics, plant alkaloids, hormones and others. The potential danger to the health of people working with cytostatic agents is due to mutagenic, carcinogenic and teratogenic properties.

B 5 - Waste containing blood and biological fluids (materials contaminated with blood and other biological fluids, secretions, human and animal excrement that are non-infecting waste, used cotton wool, clothing, tampons, syringes without needles, infusion equipment without needles, bandages of non-infectious patients, etc.).

C. Infecting waste

- a) Decommissioned materials and equipment contaminated with blood and blood preparations, other biological fluids or excrement of patients suffering from dangerous infectious diseases. Contaminated waste of patients suffering from transfusion infectious diseases undergoing hemodialysis (dialysis equipment - tubes, filters, sheets, underwear, aprons, gloves, lab coats contaminated with blood);
- b) Laboratory waste (microbiological cultures and strains containing any live pathogens artificially grown in significant quantities, as well as laboratory cups and devices for transferring, inoculating and mixing microbiological cultures of infectious disease pathogens and infected animals from laboratories).

Places of waste generation of this class can be quarantine departments, pathology departments, blood banks, surgical clinics, as well as veterinary hospitals, laboratories where microbiological and virologic cultures are grown.

Waste belonging to this group can be formed during the diagnosis and treatment of patients suffering from the following diseases:

- Acquired immunodeficiency syndrome* (blood);
- Viral hepatitis* (blood, feces);
- Creutzfeldt-Jakob disease* (CDJ), transmissible spongiform encephalopathy (TGE) (tissue, cerebrospinal fluid);
- Cholera (blood, feces, vomit);
- Typhoid fever/paratyphoid fever (feces, urine, bile);
- Enteritis, dysentery, hemolytic-uremic syndrome (HUS) caused by enterohemorrhagic E. coli (feces);
- Active tuberculosis (sputum, urine, feces);
- Meningitis/encephalitis (sputum, cerebrospinal fluid);
- Brucellosis (blood);
- Diphtheria (sputum, discharge from infected wounds)
- Leprosy (discharge from the nose, infected wounds);
- Anthrax (sputum, discharge from infected wounds)
- Plague (sputum, discharge from infected wounds);
- Polio (sputum, feces);
- Cu- fever (sputum, blood, dust);
- Sap (sputum, discharge from infected wounds);
- Rabies (sputum);
- Tularemia (pus);
- Viral hemorrhagic fever with renal or hantavirus syndrome (blood, sputum, discharge from infected wounds, urine);
-

*- usually transmitted by inoculation.

□- transmitted through feces and as a result of eating contaminated foods.

D. Other hazardous waste - waste generated not only in the health sector - solvents, chemicals, batteries, fixing solutions, fluorescent lamps, etc.

E. Radioactive waste - these include solid, liquid and gaseous waste contaminated with radionuclides. These include cellular substances, laboratory reagents, film developers, radioactive materials, compressed cylinders (oxygen cylinders, aerosol cans, and others). They

accumulate in large hospitals, during the treatment of oncological diseases, during various medical procedures, as well as in the radiological laboratory.

Sustainability of the medical waste management system

Collection, sorting, transportation, neutralization and final disposal are carried out in accordance with the requirements of sanitary and hygienic procedures, rules and techniques in force on the territory of Turkmenistan.

One of the most applicable methods is the transformation of infected medical waste into household waste, by preliminary centralized disinfection of them (by chemical or thermal method) in the facilities where they are created.

In order to minimize the possible impact of class "B" hazardous waste on the health of special personnel, by Order No. 336 dated 11.09.2010 MoHMI made a decision on the mandatory installation of additional equipment for the disinfection of this type of waste in each medical facility and newly constructed facilities, the transfer of waste of class "B" to the category of non-hazardous waste of class "A" and ensuring the removal of these wastes as ordinary solid household waste.

Sanitation and sewerage

The assessment of water supply and sanitation shows that all secured territories have constant access to clean drinking water and sanitation. This is evidenced by the state policy aimed at ensuring access to clean drinking water for all segments of the population through the implementation of the "National Program of the President of Turkmenistan to improve the social and living conditions of the population of villages, towns, cities of etraps and etrap centers for the period up to 2020.

In accordance with the National Program, drinking water plants and sewage treatment facilities with modernization of water supply and sewerage systems were put into operation on the territory of Turkmenistan in each velayat and etrap centers. These measures made it possible to equip sufficiently remote settlements with high-quality drinking water and sanitation.

7. PROCEDURES FOR SOLVING ENVIRONMENTAL AND SOCIAL ISSUES

In order to implement this ESMP on the part of the Project Implementation Unit (PIU) under the UNDP ,as well as the medical facilities involved, the following procedures must be completed.

- Screening of medical facilities for compliance with the project in order to eliminate risks by using a special form. The provision of a quarterly report is mandatory.
- Conducting social and environmental assessment.
- Development of an ESMP for the project, which will include minor restoration construction work to be carried out at an associated medical facility, including the creation or restoration of intensive care units, the installation of boxes, the restoration of laboratories, the restoration or installation of sanitary stations and hand washing facilities, as well as the restoration or installation of equipment for incineration of medical waste. As an integral part of the ESMP, it includes COVID-19 infection control actions and protocols that define all the requirements in this regard.
- Advising on issues related to environmental and social instruments and disclosure of their content. Due to the current situation related to the COVID-19 pandemic, consultations related to environmental and social issues will be held on an ongoing basis. It is planned to hold consultations by phone, e-mail, as well as for employees of medical facilities in the

- format of conversations taking into account social distancing. It also provides for informing the general public of printed publications and broadcasting mass media.
- Review and approval of environmental and social instruments. The ESMP documents will be prepared by the associated medical facility, reviewed and approved by the PIU prior to implementation, followed by verification by the WB through the Quarterly Report of the Project Management group. In case of non-compliance with the standards, the World Bank may require changes in procedures.
 - Implementation and monitoring of environmental and social action plans. In order to ensure the proper implementation of environmental mitigation measures, as well as infection control and health management measures, the ESMP template contains, a general Monitoring Plan that will be adjusted to take into account the specific medical facility that will participate in the project. The monitoring plan contains indicators for monitoring, as well as details on the website for monitoring activities, deadlines, monitoring tool and necessary funding.

Moreover, in accordance with ESS2 each healthcare facility has to prepare Infection Control and Medical Waste Management Plans (ICWMP). The ESMF includes a template for Infection Control and Medical Waste Management Plans (ICWMP) in the Annex III enclosed as an attachment. The template contains relevant sections on infection control and waste management, management measures, emergency preparedness and response, institutional arrangement and capacity building along with monitoring and reporting.

The preparation, adoption and implementation of ICWMPs based on the assessment process performed in accordance with the environmental and social standards, the ESMF, the EHSGs, and other relevant Good International Industry Practice (GIIP) including relevant WHO Guidelines on COVID-19 in a manner acceptable to the Bank.

Based on monitoring activities, during the implementation of the project, medical facilities and PIU provides regular reporting by providing two types of reports: monthly from medical facilities to PIU and quarterly from PIU to the Bank;

- a) Monthly reports - Individual medical facilities prepare monthly reports to the PIU for each activity undertaken and the implementation of the ESMP. These reports include information on progress in any ongoing small works, statistics related to the implementation of the ESMP, statistics related to local hotlines, any complaints received through the complaint log and information about their resolution, as well as any other relevant information.
- b) Quarterly Reports - The PIU submits a general project implementation report to the Bank every quarter during which the project is active. These reports will include statistics on the implementation of the national project; a summary of complaints received and their resolution, a summary of activities for each individual medical facility, as well as copies of inspections and individual instruments of medical facilities prepared during the quarter under review.

7.1. Institutional arrangements, responsibilities and capacity-building

The authorized body responsible for the implementation of the project is the Ministry of Health through the Project Implementation Unit established at the UNDP.

UNDP sets up Project Implementation Unit (PIU) under the Health portfolio of the UNDP Turkmenistan CO and supervised and supported by the Country Office as presented on Figure 1.

The PIU has day-to-day responsibility for project management and support, including ensuring implementation of ESCP and SEP, including ensuring that project implementation is compliant with the World Bank's Environmental and Social Framework (ESF), particularly the relevant Environmental and Social Standards (ESSs); the World Bank Group's Environmental and Health Safety (EHS) Guidelines; WHO COVID-19 Guidelines; the Environmental and Social Commitment Plan (ESCP); the Environmental and Social Management Plan (ESMP) developed during project implementation and site-specific; and the Environmental and Social Management Framework (ESMF).

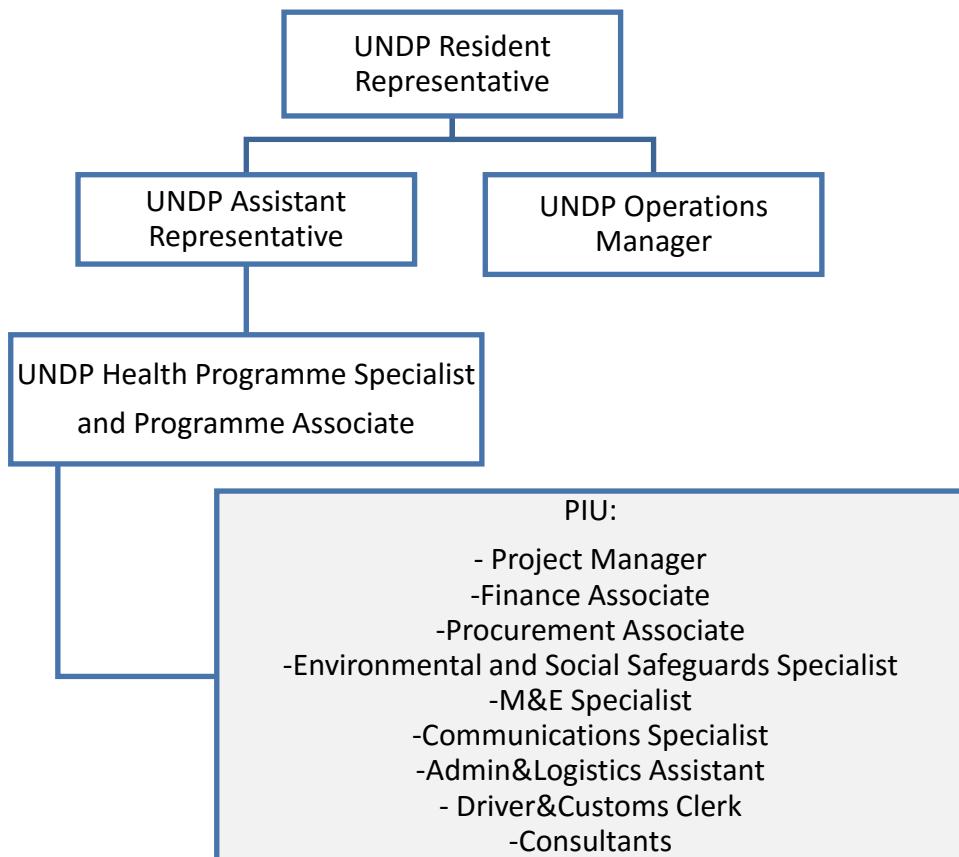


Figure 1. Organizational structure of the PIU within UNDP Turkmenistan

Task delegation among Parties involved in the implementation of this project, as well as, their obligations and the responsibilities are described in POM in details. (Project Operations Manual).

7.1.1. Participating medical facilities

Each selected individual medical facility appoints one employee who will be responsible for the implementation of the ESMP. It is important that the representative of the medical facility appointed for the implementation of the ESMP should be delegated from the management level - the director of the medical facility or his deputy, or the chief doctor of the medical facility. He/she assumes overall responsibility, heads an intradepartmental group and regularly reviews the problems and effectiveness of infection control and waste management practices in medical facilities.

Among his/her responsibilities are the following:

- a. Defining roles and responsibilities at each link of the chain within the framework of the MW management process;
- b. Ensuring the availability of adequate and qualified personnel, including those responsible for infection control and biosafety, as well as for waste management;
- c. Involvement of all relevant departments in the medical facility and creation of an internal team to manage, coordinate and regularly analyze problems and results from the point of view of the implementation of the ESMP;
- d. Creation of an information management system for tracking and recording waste flows in the medical facility;
- e. Organization and implementation of capacity-building and training activities, in which medical workers, waste management workers and cleaners should participate. Third-party service providers in the field of waste management must also undergo appropriate training;
- f. Supervision of the implementation of works on the restoration of construction works and compliance with the requirements of the ESMP;
- g. Ensuring compliance with the requirements specified in the ESMP regarding ICWMP.

7.1.2. Capacity building

Since the proposed project is one of the first projects in the country in accordance with the new ESF and ESS, the current Project of the Ministry of Health and Medical Industry of Turkmenistan does not have sufficient experience or knowledge of new requirements, especially in terms of occupational safety and working conditions, hazardous waste management, public health and safety. It should be noted that the country's ability to manage the risks associated with COVID-19 is a serious problem, since the intensive care units and the laboratory staff involved may not have detailed know-how on biosafety risk management. Turkmenistan has no experience in solving social problems related to COVID-19 due to a number of reasons, but is familiar with appropriate measures, including quarantine. The Project will provide funding to address these shortcomings and build capacities using international best practices in the area, including COVID-19 related WHO guidelines and World Bank ESF in order to build capacity through training medical professionals is necessary, especially those engaged in waste management and cleaning of premises.

Third-party waste management service providers should also receive appropriate training.

At this stage of the project development, it is proposed to include the following in the training topics:

- a. Recommendations for the prevention and control of COVID-19 infection;
- b. Laboratory biosafety guidelines related to COVID-19;
- c. The requirements of the WB Environmental and Social Framework (ESF), the E&S Guidelines and the ESS requirements;
- d. Standard precautions for patients with COVID-19;
- e. Risk awareness and community engagement;
- f. WHO guidelines on COVID-19 quarantine;
- g. WHO and national sanitary rules and regulations for the treatment of medical waste.

At the initial stage of the project implementation, the PIU will prepare a detailed plan of the proposed training activities, which will be submitted to the World Bank for consideration and approval.

7.1.3. Personal protective equipment (PPE)

In addition to the World Bank Group EHS Guidelines for PPE, WHO has published guidelines on the rational use of PPE during the COVID-19 pandemic, which highlight the challenges posed by the global shortage of PPE. ICWMP takes these guidelines into account and ensure that healthcare workers involved in providing critical care to patients with COVID-19 have the necessary protection, and that patients - especially those who do not require hospitalization – understand their responsibilities to acquire and wear PPE when they are near other people.

8. HUMAN RESOURCE MANAGEMENT

The objectives of Turkmenistan's labor legislation are to establish State guarantees of citizens' labor rights, create favorable working conditions and protect the rights and interests of employees and employers.

The main objectives of the labor legislation of Turkmenistan are to create necessary social and legal conditions and guarantees for the realization of the constitutional right of citizens to work, legal regulation of labor relations, as well as other relations directly related to labor, aimed at achieving economic growth, improving people's well-being, ensuring the effective functioning of the labor market, development of social partnership between employees, employers, public authorities and local self-government.

In accordance with ESS 2 the project covers direct workers and contract workers. Direct employees can be medical workers, government employees or persons appointed as "technical consultants" within the framework of the project. Medical workers and civil servants are guided by the Labor Code of Turkmenistan, and "technical consultants" are guided by mutually agreed contracts. For these workers, guidance will be given on occupational health and safety, as well as on how they can register complaints at the workplace if they arise. The contract workers are mainly be local workers hired locally and involved in undertaking minor equipment installation and setup works. The workplaces will comply with the conditions stipulated by the standards of labor organization and safety, the requirements of sanitation and hygiene, the collective agreement (Agreement). The workers are protected by appropriate health protection measures, which described in detail in the ESMP for the specific site to be prepared. The ESMP also includes information on how complaints can be registered at the workplace if they arise. Existing GRM is operationalized for the project and serves for all of the project workers and employee, as well.

9. STAKEHOLDER ENGAGEMENT PLAN

9.1 Interaction with stakeholders

In accordance with the ESMF, it is necessary to develop and approve the ESMP and ICWMP for target hospitals in order to identify environmental, epidemiological and social risks and measures to reduce them. ICWMP for target hospitals is adapted to local conditions and will undergo public consultations consistent with ESS10 and the SEP. In addition, a separate ICWMP is developed for the management of medical waste at the regional level for medical facilities receiving support from the

Project in the form of medicines and PPE. The ICWMP of the regional level will be posted on the website of the MoHMI.

The ESMF is agreed with interested parties, who in turn will be able to make their comments and suggestions for use in the final version of the document. It is also planned to continue to hold a number of meetings with key stakeholders, ministries and departments such as the Ministry of Agriculture and Environment Protection, Ministry of education, Ministry of Social protection, Etc., administration of regions and districts, and communities, in accordance with the Project information disclosure plan and Project consultations and public hearings plan, which is indicated in the Stakeholder Engagement Plan (SEP). A calendar of activities within SEP is developed after consultations with the involved parties and stakeholders. The results of the discussion will be carefully recorded and used in the preparation of the final version of the document.

MoHMI cooperates with the World Bank, WHO, the United Nations Population Fund, the United Nations International Children's Emergency Fund and the United Nations Development Programme in several health sectors. These partnerships are currently being used to support a coordinated government response to COVID-19. UN agencies will support procurement, including direct procurement of medicines. The Project's Stakeholder Engagement Plan will contain more information about the methods of engagement with stakeholders.

9.2 Disclosure of the ESMF

In terms of methodology, it is important that the different activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above will have the chance to participate in the Project benefits. This can include household-outreach and information boards at the village level, the usage of different languages, the use of verbal communication (audio and video clips, pictures, booklets etc.) instead of direct verbal contacts.

The project also builds synergies with other development donors and will use the information and educational materials produced by them during the outreach campaigns. The information materials costs are covered under Subcomponent 1.2. The table below briefly describes what kind of information will be disclosed, in what formats, and the types of methods that will be used to communicate this information at four levels to target the wide range of stakeholder groups and the timetables. The Information disclosure plan is developed including the Levels: National, Velayat (region), Etrap (district), and Community levels. UNDP in partnership with client/MOHMI provides the support and monitoring functions at all Levels of the Project information disclosure, Project consultations, and GRM.

Information Disclosure Proposed Methods during Implementation Stage

Implementation Level	Information type	Methods of Disclosure	Location and Time terms	Target stakeholders	Percentage of Coverage	Responsible party
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National Level	Informing about infection prevention, promotion of personal hygiene	Information materials, publications, audio and videos	Daily, announcement s on national radio and TV channels, Internet portals	Adults, adolescents, children	90% of the adult population	Ministry of Health and Medical Industry of Turkmenista n (MOHMI)
	Updates on the prevention, diagnosis and treatment of COVID-19 and SARI, and on the WB project	Briefings, trainings, meetings	Weekly, in all medical institutions	Medical staff	100% of medical staff	MOHMI
	Popularly familiarize with personal hygiene measures, “Do’s” and “Don’ts”	Printed informative and education materials, booklets, banners	Constantly, educational institutions throughout the country	Population, students of schools, secondary vocational schools, university students	100% of the total student population	Ministry of Education, together with MOHMI, UNICEF
	Telephone consultations, assistance in resolving issues, complaints about COVID-19	Hotline of the MOHMI of Turkmenista n and velayat health departments Ashgabat	Daily, Ashgabat and all regions	Hotline users	100% of all inquiries	MOHMI and UNDP (for facilitation, monitoring, analysis of complaints and questions)
	Informing about measures and actions for the prevention of COVID-19, recommendations for sanitation and hygiene	SMS messages	At least 2 times a year, all regions and levels	Population	100% of the population with mobile phones	MOHMI, UNICEF
	Raising awareness of measures and actions to	Information and education materials,	Publications and posts on websites, portals, social	Internet users, especially young people	70% of persons with access to the	Information center of MOHMI, UN

prevent COVID-19, in case of suspected infection, diagnosis and treatment, as well as to prevent the spread of COVID-19 and SARI, what should and should not be done, about the WB project	SMM content (audio, video, photo, graphics, text) videos on the channels of popular bloggers in social networks	networks, at least once a month		Internet	agencies (WHO, UNICEF, UNDP)
Measures to eliminate misinformation bias	Publications in the media, printed material, trainings, meetings	2 times in a year, all levels and regions	Population and medical workers	30% of population, or and 100% of medical staff	MOHMI, UNCEF
Evaluation of the implementation of activities	Monitoring visits to medical institutions in central, velayat, etrap and rural areas, followed by evaluation of the results	2 times a year, Central, velayat, etrap and rural medical facilities	Key stakeholders, Heads and employees of the medical facilities	Will be determined later	MOHMI, UNDP
KAP survey (Knowledge, attitude, practice)	Questionnaires, tests	Representatives of the population and medical workers, from different regions of the country (Ashgabat, velayats, etraps) and levels of	Selective groups of the population and medical workers, covering central, city, velayat, etrap and rural institutions and regions of the	Will be determined later	MOHMI, UNICEF

			medical facilities, at the end of 2022	country		
Velayat Level	Information on COVID-19/SARI prevention, sanitation and hygiene, promotion of personal hygiene, “Do’s” and “Don’ts”	Publications in the regional media	Publications and information in the regional media, at least once a quarter	Population, adults, adolescents, children	70% of the population of each region	Local departments of the MOHMI of Turkmenistan, administration of velayats and etraps, public organization s, UNICEF
	Popularly familiarize with personal hygiene measures, “Do’s and “Don’ts”	Banners and stands in public places and crowded places	Installation of information banners, stands and informers in public places, at least twice a year	Population, Adults, teenagers, children	90% of the population visiting public places, crowded places	Local departments of the MOHMI, UNDP, WHO, UNICEF
	Telephone consultations, assistance in resolving issues and complaints about the project	Hotlines of velayat health departments, administrations, public organization s involved in the project implementation	Velayat branches of administration s and their departments, local departments of the MOHMI	Population of velayats	100% of those who applied through the hotline	Administration of velayats and their departments , departments of MOHMI
	Information campaigns in targeted focus groups	Remote and face-to-face meetings, speeches, discussions, webinars, forums, discussions, trainings, round tables, other online events	Remote and face-to-face meetings, Twice a year	Population of velayats and etraps	50% of the total number of representatives of educational and medical institutions	Local departments of MOHMI, Ministry of Education, Administration of velayats and etraps, UNICEF

	Training of medical workers and other specialists in interpersonal communication, motivational interviewing	Training	Remote and face-to-face trainings, once in every two months	Medical staff	10% of the number of local medical staff	Local departments MOHMI, UNICEF
	Activities to eliminate misinformation bias	Publications in regional, printed materials, trainings, meetings, clarifications	Twice a year, in velayats	Population of velayat and medical staff	70% of the local population and 100% of the medical staff	Local departments MOHMI, UNICEF
	Information campaigns using the resources of public organizations and communities	Meetings, speeches, discussions, webinars, forums	Remote and face-to-face events, at least twice a year	Population of velayats and etraps	20% of the total population	Volunteers, Public organizations
Etrap Level	Information on COVID - 19/SARI prevention, sanitation and hygiene	Banners and stands in public places and crowded places	Installation of information banners, stands and informers in public places, at least once a quarter	Population, adults, teenagers, children	70% of the population of each etrap	Departments of the MOHMI of Turkmenistan in etraps, etrap administrations, public associations, UNICEF
	Promotion of personal hygiene, in an accessible form “Do’s” and “Don’ts”	Publications , brochures, memos, banners	At public places, not least than 2 times a year	Population, adults, teenagers, children	90% of the population visiting public places, crowded places	Administration of etraps, heads of etrap medical facilities, public associations
	Telephone consultations, assistance in	Hotlines of etrap health departments,	Administration of etraps, local departments of	Population of etraps	Population of etraps 100% of	Administration of etraps, local

resolving issues and complaints on the project	administrations	MOHMI		those who applied through the hotline	departments of MOHMI
Information campaigns in focus groups	Meetings, speeches, discussions, trainings, round tables	Meetings, twice a year	Population of etraps	50% of the total number of representatives of educational and medical facilities	Local departments of the MOHMI, Ministry of Education etrap khyakimliks , UNICEF
Training of medical workers and other specialists in interpersonal communication, motivational interviewing	Training	Etraps, 1 time every 2 months	Medical staff	20% of local medical staff	Local departments of the MOHMI, UNICEF
Activities to eliminate misinformation bias	Printed materials, trainings, meetings	Etraps, 2 times a year	Population and medical staff	70% of the local population and 100% of the medical staff	Local departments MOHMI, UNICEF
Information campaigns using the resources of public organizations and communities	Meetings, speeches, discussions, webinars, forums	Remote and face-to-face events, at least 2 times a year	Population of velayats and etraps	20% of the total population	Volunteers, public organizations
Community Level	COVID-19/SARI Prevention and Diagnosis Awareness	Meetings, meetings, reception of citizens	Rural schools, health houses, at least 2 times a year	Students and rural schools, visitors to rural health houses	90% of visitors to schools and health houses
					Local administration and government bodies of villages, heads of schools and health

						houses
Popularly familiarize with personal hygiene measures, do's and don'ts	Printed information	Families, at least 2 times a year	Vulnerable groups, households, disadvantaged families, families with disabilities	50 % of vulnerable groups	Employees of local medical facilities, social workers	
Measures to eliminate misinformation bias	Explanatory work, meetings	Villages and communities, at least twice a year	Population of villages and communities, a year	80% of the population	Heads and doctors of local medical facilities	

9.3 Public consultations

Public hearings and consultations are mandatory for projects whose implementation may directly affect the environment and the health of citizens.

This section describes the process of disclosing the ESMF, as well as the process of conducting consultations and public awareness within the framework of this project. The development of the project was carried out in the context of the growing threat associated with COVID-19, which limits the project's ability to hold public hearings and consultations on this ESMF before this project is approved by the World Bank.

During the implementation of the project, the implementing agency prepares an ESMP for a specific site in accordance with the ESMF. Information about the subprojects will be posted in the relevant healthcare organizations and the websites of the MOHMI and PIU, as well as public consultations will be organized. Then the draft of the ESMP, prepared by the local executive health authorities is disclosed and approved. Project stakeholders, especially local health authorities, will continue to advise on the development of the ESMP. Public feedback is considered in the drafting of these documents until they are completed. The draft ESMP is reviewed in order to take into account the views of the parties consulted, information on public consultations added to the ESMP, and the final versions of the ESMP are to be republished.

After the development of the ESMF, the document is sent for approval to the Ministry of Health and Medical Industry and other Key stakeholders for their feedback and comments. After their confirmation the document is finalized and presented to all interested parties in the final version.

Interaction with stakeholders is carried out in medical facilities where COVID-19 events are carried out by distributing information about COVID-19 protection, prevention measures through appropriate information posters; publications on social networks and on the websites of medical facilities. Facility-level coordinators will be ready to answer questions that may arise from patients with COVID-19, their families and local communities.

Disclosure of relevant information about the project helps stakeholders, including those who may be negatively affected by the project, to understand the environmental and social risks, impacts, opportunities and mitigation measures of the Project. The purpose of information disclosure and communication is:

- to provide a schedule and information on events to be organized for local communities, together with feedback collection mechanisms;
- to inform key stakeholders about environmental and social risks and impacts associated with project activities;
- to improve knowledge about the activities related to the COVID-19 Project, as well as related risks and risk reduction measures, to provide best practices in terms of environmental protection, health and safety for employees and contractors;
- to make the complaints procedure available to the public in order to collect feedback and take corrective actions in cases that may lead to unnecessary risks or a negative opinion about the implementation of the project.

Thus, the project will have to adapt to different requirements. The PIU additionally has to refer to the Technical Note: public consultations and interaction with stakeholders within the framework of operations supported by the World Bank, when there are restrictions on holding public meetings. Despite the fact that nationwide information campaigns are to be launched, specific communication methods around border posts and international airports, as well as quarantine centers and laboratories should be timed to meet the needs and adapted to specific local conditions.

Public consultations can be conducted virtually, using IT platforms (Skype, zoom, website, newsletter, web platform, etc.), which allow for two-way communication and a session of answering questions. Comments will also be available through similar IT platforms. The project GRM mechanism will serve as a tool for collecting and responding to feedback from stakeholders during the project implementation.

The consultation process and its results should be documented. They should be as follows: (i) cover national and relevant local laws and regulations related to consultation and disclosure processes; (ii) include methods (brochures, interviews, public meetings and consultations) and means (radio broadcasts, local television, Internet) used to inform and involve affected persons and other stakeholders in environmental and social processes; (iii) summarize the response and highlight issues raised by various stakeholders; (iv) include mechanisms for future consultations; and (v) document public meetings and interviews, including dates, names and gender of participants, topics, discussion details and important outcomes.

WHO has issued technical guidance on working with COVID-19, including the following: (i) preparedness and response guide under the Action Plan on Risk Communication and Community Engagement (RCCE); (ii) risk preparedness and community engagement; (iii) a COVID-19 risk communication package for healthcare facilities; (iv) workplace preparation for COVID-19; and (v) guidance on preventing and addressing social stigma associated with COVID-19.

The initial consultations within stakeholder engagement plan (SEP) were done prior to the contract signature, and the SEP was developed and has been disclosed prior to project approval, as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. The World Bank team, including Country Management Unit representatives of the World Bank office in Ashgabat, and UNDP held a series of meetings, in September 2020, with the Government

aimed at discussing the impact of the pandemic to the social sectors and economy and how the World Bank can help government in responding to the pandemic. The government has applied to the World Bank for support in order to carry out activities to respond to COVID-19, namely, the implementation of activities aimed at improving health preparedness and response to COVID-19. The planning of project components and activities was based on updated data on the COVID-19 pandemic, which were received by special working groups of the World Bank, the Government of Turkmenistan, UN agencies involved in the project, as well as environmental and social standards of the World Bank. If required, the SEP and ESMF will be continuously updated throughout the life of the project and conditions. The ESMF will be disclosed after every update.

After signing the contract, the initial SEP was published on the website of the MOHMI - <https://www.saglykham.gov.tm/home>. UNDP initiated the work aimed to analyze, plan, organize and operationalize the activities within the SEP, including Project information disclosure plan, Project consultations plan, Grievance redress mechanism. These activities also include coordination of activities with other involved parties, such as MOHMI, WHO and UNICEF. Since UNDP, WHO and UNICEF received the Advance payment with almost 3 months delay, the implementation of the SEP and all other activities also had to be postponed. This current version of the SEP includes the updated plan of Project information disclosure plan and Project consultations plan. Detailed plan of meetings is under preparation, finalization and will be shared after the consultations with involved parties and completion of the recruitment of E&S Specialist and M&E Specialist.

The activities planned within implementation of SEP need to be revised considering the current conditions. The significant delay of the advance payment to UNDP, WHO and UNICEF, caused the revisions of the Project information disclosure plan, Project consultations plan, establishment of the Grievance redress mechanism. These activities need intense coordination of the activities with other involved parties, such as MOHMI, WHO and UNICEF. The SEP, could be updated throughout the project implementation period when required. All versions of the SEP would reflect actual information on:

- Type of Stakeholders to be consulted,
- Anticipated Issues and Interests,
- Stages of Involvement,
- Methods of Involvement,
- Proposed Communications Methods,
- Information Disclosure, and
- Responsible authority/institutions

It is essential to be careful to minimize the risk of COVID-19 infection in the processes of interaction with stakeholders (for example, minimal use of face-to-face meetings and the use of online tools). The table below, which is being further expanded as part of the updates, summarizes the methods used to consult with key informants.

In terms of methodology, it is important that the different activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above have the chance to participate in the Project benefits. This can include household-outreach and information boards at the village level, the usage of different languages, the use of verbal communication (audio and video clips, pictures, booklets etc.) instead of direct verbal contacts.

The project also builds synergies with other development donors and uses the information and

educational materials produced by them during the outreach campaigns. The information materials costs will be covered under Subcomponent 1.2. The table below briefly describes what kind of information will be disclosed, in what formats, and the types of methods that will be used to communicate this information at four levels to target the wide range of stakeholder groups and the timetables.

The following methods are used during the project implementation to consult with key stakeholder groups, considering the needs of the final beneficiaries, and in particular vulnerable groups. Proposed methods vary according to target audience. The Project consultations plan is developed including the Levels: National, Velayat (region), Etrap (district), and Community levels.

UNDP in partnership with client/MOHMI provides the support and monitoring functions at all Levels of the Project information disclosure, Project consultations, and GRM.

Project Consultations and public hearings plan

Consultations' Level	Topic of consultations	Methods	Timeframe	Stakeholders	Responsible
National Level	Familiarization of partners with the launch of the WB project	Remote meeting	Held on October 20, 2021	Ministry of Finance and Economy of Turkmenistan, World Bank, UNDP, WHO, UNICEF	MOHMI of Turkmenistan, UNDP
National Level	Project Board to inform about the progress of the project	Remote or in personal meetings	At least twice a year, or, when necessary	Organizations involved in project implementation, Ministry of Finance and Economy of Turkmenistan, The World Bank, UNDP, WHO, UNICEF, public organizations, and other stakeholders	MOHMI of Turkmenistan, UNDP
National Level	Familiarization with the project news	Posts on social media	As news becomes available	For the general population and stakeholders	UNDP
National Level	Environmental and Social Standards,	Training in a hybrid	At least twice a year, or,	Key parties involved in the	MOHMI of

	Environmental and Social Management plan (ESMP), Infection control and waste management plan (ICMWMP)	format, discussions, seminar	when necessary	implementation of the project	Turkmenistan, UNDP
National Level	Informing, clarifying and receiving feedback	Hotline of the MOHMI of Turkmenistan	When needed	Users of the hotline	MOHMI of Turkmenistan, UNDP will monitor, follow-up and report the inquiries
National Level	Informing, clarifying and receiving feedback by using website of MOHMI: http://www.saglykhm.gov.tm/app/contactus	Distance communication via internet	Daily	Population, stakeholders, medical staff	MOHMI of Turkmenistan, UNDP
National Level	Developing or updating medical curricula in medical schools related to COVID-19, including guidelines, principles and SOPs	Roundtables	Once a year	Key stakeholders	MOHMI of Turkmenistan, WHO
National Level	Registration, processing, resolution of received complaints and appeals on the project, clarifications, consultations, tracking decisions	Grievance redress mechanism	Daily, upon each inquiry	Population, public organizations, stakeholders, implementing parties	MOHMI of Turkmenistan, UNDP will monitor the channels, follow-up and report the inquiries
National Level	Protocols and recommendations for the prevention and treatment of COVID-19, measures for the control of infectious diseases	Publications (booklets, brochures, etc.), remote and in personal trainings,	At least twice a year, or, when necessary	Heads of healthcare institutions, doctors, nurses, orderlies	Departments of MOHMI of Turkmenistan, UNDP,

		discussions			WHO
National Level	Evaluation of the implementation of activities and achievement of results under the project	Monitoring visits to medical institutions of the country - central, velayat, etrap, rural	Mid and late phase project	Key stakeholders	Departments of MOHMI of Turkmenistan, UNDP
National Level	KAP survey (Knowledge, attitude, practice)	Survey and questioning of the population and medical workers, different cities, velayats, etraps, villages and communities	Once a year at the end of project	Key stakeholders	Departments of MOHMI of Turkmenistan, UNDP
Velayat Level	Familiarization with the goals and activities of the project	Remote and in personal meetings with stakeholders	At least twice a year, or, when necessary	Key stakeholders in velayats	Regional and local departments of MOHMI Turkmenistan, UNDP
Velayat Level	Environmental and Social Standards, Environmental and Social Management plan (ESMP), Infection control and waste management plan (ICMWMP)	Remote and in personal meetings, discussions, reporting with stakeholders	At least 2 times a year, or, when necessary	Stakeholders in velayats, medical facilities and medical staff	Regional and local departments of MOHMI Turkmenistan, UNDP
Velayat Level	Informing, clarifying and receiving feedback	Hotline of the velayat department of MOHMI and velayat administration	When needed	Users of the hotline	Regional department of MOHMI or Velayat administration
Velayat Level	Protocols and recommendations for the prevention and	Remote and in personal meetings,	At least twice a year, or, when	Medical staff and heads of medical	Regional and local department

	treatment of COVID-19, measures for the control of infectious diseases	trainings, discussions, dissemination of printed information materials	necessary	facilities in velayats	s of MOHMI Turkmenistan
Etrap Level	Familiarization with the goals and activities of the project	Remote and in personal meetings with stakeholders	At least 2 times a year, or, when necessary	Key stakeholders in etraps of Turkmenistan	Regional and local departments of MOHMI Turkmenistan
Etrap Level	Environmental and Social Standards, Environmental and Social Management plan (ESMP), Infection control and waste management plan (ICMWMP)	Remote and in personal meetings, discussions, reporting with stakeholders	At least 2 times a year, or, when necessary	Key stakeholders in etraps of Turkmenistan, Medical staff and heads of medical facilities in velayats	Regional and local departments of MOHMI Turkmenistan
Etrap Level	Informing, clarifying and receiving feedback	Hotline of the etrap department of MOHMI and Etrap administration	Daily, When needed	Users of the hotline	Administration of etrap, Regional department of MOHMI
Etrap Level	Protocols and recommendations for the prevention and treatment of COVID-19, measures for the control of infectious diseases	Remote and in personal meetings, trainings, discussions, dissemination of printed information materials	At least twice a year, or, when necessary	Medical staff and heads of medical facilities in etraps	Regional and local departments of MOHMI Turkmenistan
Community Level	Recommendations for the prevention, diagnostic and treatment of COVID-19, Do's and Don'ts	Meetings, clarifications	At least twice a year, or, when necessary	Vulnerable groups	Family doctors, paramedics, nurses, social workers
Community Level	Personal hygiene importance	Meetings, clarifications	At least twice a year, or,	Vulnerable groups	Family doctors,

			when necessary		paramedic s, nurses, social workers
Community Level	Measures of Infection control at the household level	Meetings, clarifications	At least twice a year, or, when necessary	Vulnerable groups	Family doctors, paramedics, nurses, social workers

10. GRIEVANCE REDRESS MECHANISM (GRM)

The main objective of a Grievance Redress Mechanism (GRM) is to assist in resolving complaints and grievances relevant to the Project 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 GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of project activities;
- 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.

10.1 Description of GRM

The grievance redress mechanism for the project is guided by the existing norms and procedures of the legislation of Turkmenistan governing the issues of grievance, in particular:

Constitution of Turkmenistan (14.09.2016): Everyone is guaranteed judicial protection of honor and dignity, as well as the rights and freedoms provided for by the Constitution and laws. Everyone has the right to appeal to the court the decisions and actions of state bodies, public associations, local self-government bodies and officials (Article 60).

Law of Turkmenistan "On Administrative Procedures" (03.06.2017): Right to appeal to an administrative body: Each person has the right to apply to the administrative body on issues directly related to his rights and legitimate interests, to file petitions or receive information from the administrative body. The administrative body is obliged to take appropriate decisions on these applications or provide information (Article 8).

Law of Turkmenistan "On Appealing to Court the Actions of State Bodies, Public Associations, Local Self-Government Bodies and Officials Violating the Constitutional Rights and Freedoms of Citizens" (02/06/1998): The right of citizens to file a complaint with the court: Every citizen whose constitutional rights and freedoms have been violated or infringed by the actions or decisions of state bodies, public associations, local self-government bodies or officials has the right to file a complaint with the court. Foreign citizens and stateless persons enjoy the right to file a complaint with the court in the manner prescribed by this Law, unless otherwise provided by the legislation or international treaties of Turkmenistan (Article 1).

Law of Turkmenistan "On Court" (08.11.2014): The right of citizens to protection in court: Citizens of Turkmenistan have the right to protection in court against illegal actions of state bodies, public associations and officials, from any encroachment on honor and dignity, life and health, personal and political rights and freedoms of a person and citizen, provided for by the Constitution of Turkmenistan. Foreign citizens and stateless persons enjoy the right to judicial protection on an equal basis with the citizens of Turkmenistan in accordance with the legislation and international treaties of Turkmenistan (Article 6).

Law of Turkmenistan "On the Ombudsman" (23.11.2016): Consideration of complaints by the Ombudsman: The Ombudsman considers complaints against decisions or actions (inaction) of state authorities, local authorities and their officials that violate the rights, freedoms and legitimate interests of citizens of Turkmenistan and foreign citizens and stateless persons located in the territory of Turkmenistan and has the right to conduct on them check. When applying to the Ombudsman, privileges or restrictions on the grounds of nationality, skin color, gender, origin, property and official status, place of residence, language, attitude to religion, political opinions, party affiliation or lack of affiliation to any party are not allowed (Article 21).

In June 2014, UNDP adopted mandatory Social and Environmental Standards for all UNDP projects and programs effective January 1, 2015. The objectives of the Standards are, among other things, to:

- Enhance the social and environmental outcomes of UNDP projects;
- Ensure the full and effective involvement of stakeholders, including through a mechanism for responding to complaints from people affected by the project.

The standards are underpinned by the Accountability Mechanism, which has two key components:

- Compliance Check
- Stakeholder Response Mechanism (SRM)

The UNDP Stakeholder Response Mechanism ensures that project-affected individuals and communities have access to appropriate grievance resolution procedures to resolve project-related disputes. The Social and Environmental Compliance Unit (SECU) investigates alleged non-compliance with UNDP's Social and Environmental Standards and the Affected Stakeholder Review Procedures and recommends corrective action for identified violations. Stakeholders have a choice: they can ask for a UNDP social and environmental compliance review, they can try to resolve complaints and disputes through the Stakeholder Response Mechanism, or they can ask for both a compliance review and efforts to resolve their concerns.

For specific requests

Department of Social and Environmental Compliance:
secuhotline@undp.org

Stakeholder Response Mechanism:
stakeholder.response@undp.org

43. According to the results of a preliminary assessment of the systems for filing and considering complaints in Turkmenistan, it was revealed that the country has effective mechanisms available to any person for and appealing against any actions and inactions of officials, authorities, local administrative and public organizations. All grievances and appeals received from citizens are delivered to the corporate system for further processing and follow-up.

Grievance Redress Mechanism (GRM) is based on the existing institutional mechanisms of MOHMI of Turkmenistan, with a view to ensuring the continued permanence and sustainability of institutional mechanisms and systems for filing and redressing complaints (GRM). The project monitors

communication channels for compliance with the required standards, assesses the quality of work, collects data on complaints and appeals received, tracks the actions taken on appeals, prepares an overview within the framework of quarterly reports, and proposes measures to further improve the work of the GRM. The population and stakeholders can send their grievances, complaints and appeals on issues related to the implementation of the Project to the system of the MOHMI, UNDP, World Bank, Prosecutors office, Supreme Control Chamber of Turkmenistan, Presidents' Administration, or to the relevant government agencies and ministries, by using various communication channels (hotline, the ability to file a complaint online, in writing and by telephone).

Such a system and the necessary (including staffing) chain of action to resolve complaints, from registration, sorting and processing, acknowledgment of receipt and follow-up, to verification and action and final feedback, is contained in this GRM. In emergency situations, in order to stimulate the proactive participation of beneficiaries, information messages will be disseminated through the media, social networks, focus groups and other channels of face-to-face and remote communication, which will bring relevant information to the public. As part of the outreach campaigns, the MOHMI of Turkmenistan and its affiliated Medical Information Center will ensure that staff are adequately trained and have the necessary information and experience to conduct phone consultations and receive feedback on issues related to COVID-19. In emergency situations, to encourage proactive beneficiary engagement, the outreach messages and information will be communicated through mass media, social media and city/district information boards to reach people at large. As a part of the outreach campaigns, MoHMI and its affiliated Health Information Center will make sure that the relevant staff are fully trained and has relevant information and expertise to provide phone consultations and receive feedback at the COVID-19 related issues.

46. Grievance redress chain of actions includes – grievance receiving, registration, sorting, processing, acknowledgement, follow- up, verification, action or readdress, and feedback – are described in this GRM.

For receiving the grievances, the project utilizes systems and channels indicated below (hotline, online, written, mailbox, and phone complain channels) to ensure all project- related information is disseminated and complaints and responses are adequately tracked, followed-up, resolved and reported.

All grievances received by a staff at MOHMI, UNDP and other grievance entry and collection channels are registered in a logbook, where the type of the grievance, details of the issue, contact details of the people, deadline and agreed actions, and the deadlines are indicated.

Received grievances are being forwarded to the relevant MOHMI staff responsible for grievance, for sorting and making decision on further processing and follow-up actions. Grievance If the grievance falls under the responsibility of another organization or ministry (for example, relate to migration, travel, compensation, etc. just few to mention) then the complaint is readdressed respectively. The taken actions or the finalization of response is registered in the logbook. The citizen, if not satisfied, can further apply to the Prosecutors' office, Supreme Control Chamber of Turkmenistan, or to the President's Administration. All grievances received by the state bodies are duly registered and addressed. The response to the citizen on their complaint is mandatory.

The Project supports the national GRM systems, within the strict frames for UNDP operations in Turkmenistan.

The Project collects the data from the GRM, to include it in the quarterly project progress report to the World Bank.

Channels for accessing COVID-19 information and submitting grievances with the MoHMI

1. Central hotline: 73-95-35;
2. Web-site address: <http://www.saglykhw.gov.tm>
3. Verbal or written grievance received during working meetings/personal appointments;
4. Incoming correspondence via courier to MoHMI general department;
5. Incoming correspondence by mail: 2040 Archabil Str., Ashgabat, 744036
6. Contact telephone # of MoHMI public reception: (993 12) 40-04-46, 40-04-16, 40-04-07
7. MoHMI website feedback link: <http://www.saglykhw.gov.tm/app/contactus>

Channels for submitting grievances with the UNDP/PIU

1. Contact number: +(99312) 48 83 25 • Fax: +(99312) 48 83 11/16 ;
2. Verbal or written grievance received during working meetings/personal appointments;
3. Incoming correspondence via courier to UNDP/Project Implementation Unit;
4. Incoming correspondence by e-mail: registry.tm@undp.org – Country office, project.concerns@undp.org – undp global corporate
5. UNDP/PIU address: Address UNDP Turkmenistan, UN building,
21, st. Archabil, Ashgabat, Turkmenistan, 744 036
6. Personal inquiries at the address: UNDP Turkmenistan, UN building,
21, st. Archabil, Ashgabat, Turkmenistan, 744 036
7. Website: www.tm.undp.org

The World Bank Grievance redress system contact channels

1. By email: grievances@worldbank.org
2. By fax: +1.202.614.7313
3. By mail: The World Bank, Grievance Redress Service, MSN MC10-1018, 1818 H Street Northwest, Washington, DC 20433, USA
4. Through the World Bank Country Office in Ashgabat: UN Building, 21 Archabil Avenue, 744036, Ashgabat, Turkmenistan,
5. Tel. +993 12 487450,
6. E-mail : ashgabat@worldbank.org

Anonymous complaints are also entertained by any of the above channels

Receiving Grievances

When receiving a project related grievance, the following points are determined:

- Type of grievance;
- Category of the grievance;
- Persons responsible for review and execution of the grievance;
- Deadline for grievance resolving;
- Agreed actions.

After the type of action is determined, the responsible specialist registers details regarding the actions in the incoming correspondence journal. The complainant receives a notification by phone on the following:

- Full name of the responsible to whom the grievance was forwarded;
- Deadline for processing (maximum 45 days from the registration date, in case of emergency situation, the redress will take up to 5 working days);
- The deadline and actions are determined in accordance with the MoHMI instructions for handling the grievances.

Notification

Notification is registered in the outgoing correspondence logbook. The MoHMI Grievance Focal Point (GFP) specialist assists the applicant at all stages of grievance procedure and ensure that her/his grievance is properly handled.

In case the person raised the grievance is not satisfied with the decision resulting from the consideration of grievance, he/she has the right to appeal. Appeal claim is considered by the MoHMI Chief Specialists/ Head of Department and are followed up by Deputy Minister/Minister. After review of the appeal, if the citizen / beneficiary is unsatisfied with the solution, he/she has the right to appeal the decision in a judicial procedure or use the World Bank Grievance Redress System. These apart, Grievance Unit will have a special window for addressing issues related to SEA/SH. To ensure effective functioning, PIU will assist the MOHMI in: (i) creating an awareness among the workers and communities; (ii) sensitizing the relevant stakeholders on Do's and Don'ts; and (iii) how to report cases of SEA/SH; and (iv) develop protocols on addressing the issues taking into account sensitivity and privacy of the affected persons.

Preventing and responding to sexual harassment

At UNDP and within the project, all forms of sexual harassment, exploitation and abuse, whether committed against a beneficiary or colleague, are unacceptable and prohibited.

Policy Framework

UNDP adheres to the Secretary-General's Bulletin on Sexual Exploitation and Abuse (ST/SGB/2003/13) applicable to all UN staff, including staff of UNDP and other separately administered United Nations entities and programs. Information on sexual exploitation and abuse is also included in the UNDP Code of Ethics.

How to report

All allegations of sexual exploitation and abuse and sexual harassment should be reported to the Office of Audit and Investigation:

- Phone: +1-844-595-5206 in the USA
- Email. Email: reportmisconduct@undp.org
- Correspondence and Letters: Deputy Director (Investigations), Office of Audit and Investigations, United Nations Development, One UN Plaza, DC1, 4th Floor, New York, NY 10017 USA

Monitoring and Reporting on Grievances

The MoHMI and UNDP/PIU Grievance Focal Points are responsible for:

- Collecting and analyzing the qualitative data from GFPs 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 GRM mechanisms to be shared with the WB.

Quarterly reports to be submitted to the WB shall include Section related to GRM which provides updated information on the following:

- Status of GRM implementation (procedures, training, public awareness campaigns, budgeting etc.);
- Qualitative data on number of received grievances (applications, suggestions, complaints, requests, positive feedback), highlighting those grievances related to the involuntary resettlement and number of resolved 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;
- Any correction measures taken.

World Bank Grievance Redress System

Communities and individuals who believe that they are adversely affected by a project supported by the World Bank may also forward complaints directly to the Bank through the Bank's Grievance Redress Service (GRS) (<http://projects-beta.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>). A complaint may be submitted in English, Turkmen, 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 channels:

- By email: grievances@worldbank.org

- By fax: +1.202.614.7313
- By mail: The World Bank, Grievance Redress Service, MSN MC10-1018, 1818 H Street Northwest, Washington, DC 20433, USA
- Through the World Bank Country Office in Ashgabat: UN Building, 21 Archabil Avenue, 744036, Ashgabat, Turkmenistan, Tel. +993 12 487450, ashgabat@worldbank.org

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.

In addition, project-affected communities and individuals may submit complaints to the World Bank's independent Inspection Panel, which will then determine whether harm occurred, or could occur, as a result of the World Bank's non-compliance with its policies and procedures. Complaints may be submitted to the Inspection Panel at any time after concerns have been brought directly to the World Bank's attention, and after Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

ANNEX I - RISK ASSESSMENT WITHIN THE FRAMEWORK OF ESS

Table 1. Environmental and social standards of the World Bank and their significance for the Project

<i>Environmental and Social Standards</i>	<i>Related to Project (Yes or No)</i>	<i>The main requirements and the measures taken to implement them</i>	<i>Provisions of the Framework Document on Environmental and Social Protection from the point of compliance with ESS requirements</i>
ESS1-Assessment and management of environmental and social risks and impacts	Yes	<p>ESS1 Establishes the Client's responsibilities for the assessment, management and monitoring of ESR and impacts associated with each stage of the project supported by the Bank through the financing of the investment project, in order to achieve environmental and social results corresponding to the SSE.</p> <p>In accordance with the requirements of this standard, the ESIA should be carried out on the basis of current information, including a description and definition of the project and any related aspects, as well as baseline data on the environment and social level at an appropriate level of detail sufficient to inform the characterization and identification of risks and impacts and mitigation measures. The assessment measures the potential ESRs and impacts of the project, paying particular attention to those that may disproportionately fall on disadvantaged and/or vulnerable social groups; explore alternatives to the project; identify ways to improve</p>	<p>In order to properly assess and manage the risks and impacts of Environmental and Social <u>Standard 1</u> (ESS 1), the project will take the following steps and procedures:</p> <ul style="list-style-type: none"> • Verification - all activities within the project are checked to exclude certain risky actions, identify potential environmental and social problems and classify environmental and social risks. Copies of each of these verification forms will be stored in the Project Implementation Unit. The quarterly report of the Project Implementation Unit to the World Bank will include copies of each audit conducted during the quarter under review. • Environmental and Social tools - the Project Implementation Unit and a separate medical facility will prepare and implement the necessary environmental and social tools for each of the activities funded under the project: • Environmental and Social management structure - the project will prepare an environmental and social management structure with a checklist for environmental and social management plans (ESMP) and a template for infection control and waste management plans (ICWMP), as well as other tools for environmental and social risk management. • Environmental and Social Management Plan - after verification, environmental and social management plans

	<p>project selection, placement, planning, design and implementation in order to apply a hierarchy of mitigation of adverse environmental and social impacts and search for opportunities to enhance the positive impact of the project.</p>	<p>will be prepared for medical facilities, including the installation of equipment such as biosafety boxes, oxygen stations, medical incinerators, and so on. After the approval of the Environmental and Social Management Plan, it will be included as an integral part in any contract for the performance of works or supervision of activities.</p> <ul style="list-style-type: none"> • Infection Management and Waste Control Plan - each medical facility will prepare and implement an Infection Management and Waste Control Plan so that medical facilities, laboratories and quarantine facilities supported by the Project will apply international best practices in COVID-19 diagnostic testing, etc. The protocols of the Infection Management and Waste Control Plan for Individual medical facilities will be implemented provided that the COVID-19 pathogen is present and that all medical workers and patients are potential carriers. • Emergency response plans for the installation and maintenance of oxygen stations. All measures for the installation, commissioning and maintenance of oxygen stations will be provided for those healthcare facilities where oxygen stations will be installed. • Stakeholder Engagement Plan - a Stakeholder Engagement Plan has been prepared for the project, which is applicable to all activities funded by the project. UNDP organizes stakeholder engagement activities in accordance with the Stakeholder Engagement Plan so that patients and their families, local authorities and the general public are aware of the situation and have access to community hotlines, Grievance Response Mechanisms and other important information channels. • Grievance Response Mechanisms – the Project Implementation Unit will use the existing publicly
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		<p>available complaint mechanism (and improve it) so that interested parties can voice their concerns/comments/suggestions, if any. Complaints will be considered at the district, regional and national levels, including through a special hotline that will be created. Project stakeholders and citizens can also file complaints about violations of project policies, guidelines or procedures, including those related to procurement, labor procedures, child labor, health and safety of local/contract workers and gender-based violence.</p> <ul style="list-style-type: none">• Consultation and disclosure - given the need for social distancing during the COVID-19 pandemic, consultations with stakeholders on environmental and social tools will be conducted almost everywhere wherever it is possible. The Project Implementation Unit and a separate medical facility will identify the key stakeholders for each of the above tools and organize consultations by phone, e-mail and, for the staff of the medical facility, small meetings. For an Infection Management and Waste Control Plan, the key stakeholders should be patients and their families, which means that consultations should be continuous as new patients are identified. As for the Stakeholder Engagement Plan some kind of public call for participation will be made through print and/or broadcast media. All the tools will be published on the websites of the Project Implementation Unit and MoHMI, and hard copy version of them will also be available upon request in both resources. Copies of the prepared and disclosed instruments will be included in the Quarterly Report of the Project Implementation Unit, as specified in the Environmental and Social Commitment Plan for the World Bank and published on the World Bank website.• Review and approval - individual tools will be prepared
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		<p>for medical facilities (for example, where incinerators, oxygen stations will be installed), and then reviewed and approved by the Project Implementation Unit before implementation and submitted to the World Bank for review and approval before implementation. After that, the World Bank will conduct a follow-up analysis of each instrument through the quarterly report of the Project Implementation Unit and, if necessary, provide comments. If, during a subsequent audit, it becomes apparent that the instruments do not comply with the World Bank standards, the Bank may change the procedures and require a preliminary analysis of new instruments.</p> <ul style="list-style-type: none">• Implementation - a specific medical facility will be responsible for the implementation of the tools. For the Environmental and Social Commitment Plan, this responsibility will be shared with contractors and supervisory consultants, where applicable. The Project Implementation Unit will provide implementation support and supervision.• Monitoring and reporting - there will be two types of reports: monthly from medical facilities to the Project Implementation Unit and quarterly from the Project Implementation Unit to the bank;• Monthly reports - a separate medical facility will prepare monthly reports for the Project Implementation Unit for each activity undertaken. These reports will include progress on any ongoing minor work, statistics related to the implementation of the Infection Management and Waste Control Plan, statistics related to local hotlines, any complaints received through the GRM and information on their resolution, as well as any other relevant information.• Quarterly reports – the Project Implementation Unit will
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			submit a general report on the implementation of the project every quarter, during which the project is active, to the Bank. These reports will include statistics on the implementation of national projects; a summary of complaints received and their solutions, a summary of activities for each individual medical facility, as well as copies of inspections and individual documents of the medical facility prepared during the quarter under review.
ESS2- Labor and working conditions	Yes	<p>ESS2 recognizes the importance of job creation and income generation for poverty reduction and inclusive economic growth. Borrowers can help establish a strong relationship between employees and management and increase the benefits of project development by treating employees fairly in the project and ensuring safe and healthy working conditions. ESS2 applies to project workers, including full-time, part-time, temporary, seasonal workers and migrants.</p> <p>Taking into account these requirements, the Borrower must develop and implement written human resource management procedures applicable to the project. These procedures should determine the procedure for managing project workers in accordance with the requirements of national legislation and this ESS. The procedures should take into account how this ESS will be applied to various categories of project</p>	<p>In accordance with the ESS2, the Infection Control and Waste Management Plans of each medical facility will also provide occupational health and safety recommendations and favorable working conditions for these workers, as well as how they can register workplace complaints if they arise.</p> <p>Health care workers are particularly vulnerable to the risk of COVID-19, as well as to stress associated with increased workload. The project will be carried out in compliance with appropriate security measures: procedures for entering medical facilities (including minimizing the number of visitors and passing strict checks before entering); procedures for protecting workers with regard to infection control measures; ensuring immediate and continuous training in procedures for all categories of workers and the placement of signs in all public places requiring hand hygiene and the use of personal protective equipment; and ensuring sufficient supplies of personal protective equipment (especially masks, medical gowns, gloves, hand soaps and disinfectants). As it develops, the project will regularly integrate the latest WHO recommendations on COVID-19 and best practices.</p> <p>Employees hired by UNDP/PIU will not work in infected areas and will be protected by appropriate protective measures. UNDP protects its employees from discrimination (for its' gender, race, nationality, ethnicity, etc.), harassment,</p>

		<p>workers, including direct workers, and how the Borrower will require third parties to manage their employees in accordance with the ESS2.</p>	<p>sexual exploitation and violence, mobbing, abuse of power, revenge, exclusion/isolation, etc. UNDP/PIU staff have access to stress counseling, legal support, etc.</p> <p>Full information about the support available and how to file complaints is provided in Whom to Contact, When - The Reference Guide for UNDP Staff (June 2020). Allegations of workplace harassment, sexual harassment, and abuse of power can be filed at harassment.support@undp.org; reports of fraud and improper use of UNDP funds can be filed through reportmisconduct@undp.org.</p> <p>In accordance with the ESS 2 and the legislation of Turkmenistan, the use of forced labor or conscription labor is prohibited in the project. The project will not involve child labor. All labor relations between the Employer and the Employee will be based on the Labor of Code Turkmenistan, which includes the Labor management procedures, which are mandatory for implementation by categories of entities in Turkmenistan in their Employer-Employee relations.</p>
ESS3-Resource efficiency, pollution prevention and management	Yes	<p>ESS3 recognizes that economic activity and urbanization often consume already limited resources and cause air, water and soil pollution, and can threaten people, ecosystems and the environment at the local, regional and global levels. The current and projected atmospheric concentration of greenhouse gases threatens the well-being of present and future generations. At the same time, more efficient and effective use of resources, pollution prevention and greenhouse gas emissions prevention, as well as mitigation technologies and practices have become more accessible and</p>	<ul style="list-style-type: none"> • Waste that may form in medical facilities and laboratories may include liquid contaminated waste, chemicals and other hazardous materials, as well as other waste from laboratories, quarantine and isolation centers, including sharp objects, syringes and infected PPE used in diagnosis and treatment. Each beneficiary medical facility/laboratory, in accordance with the requirements of the ESMF prepared for the Project, the WHO guidelines on COVID-19 and other best international practices, will prepare and comply with the ICWM plan to prevent or minimize such adverse impacts. UNDP and the Ministry of Health are responsible for the proper management of medical waste at all stages of the project. • Ensuring occupational health and safety standards for employees. The Environmental and Social Commitment Plan and the Infection Control and Waste Management

	<p>achievable. This ESS sets out the requirements for resource efficiency, pollution prevention and management throughout the life cycle of the project in accordance with the best international industry practices.</p>	<p>Plan will address the applicable important elements of occupational health and safety management, as described in the World Bank Group Guidelines on ESF for minor works and work in a medical facility, respectively. Each tool will identify specific potential occupational risks, including those associated with the causative agent COVID-19. The Infection Management and Waste Control Plan (IMWCP), in particular, will deal with ensuring appropriate conditions for hand washing, cleaning and disinfection procedures, the use of personal protective equipment (PPE) and the disposal of medical waste.</p> <ul style="list-style-type: none"> • Detailed procedures for regular testing of medical workers and patients. The infection control and waste management plan will include procedures for regular testing of medical workers exposed to COVID-19, as well as patients with symptoms. These testing procedures may vary in different medical facilities depending on the availability of testing kits and laboratories in different parts of the country and at different times. • Requirements for handling corpses. Medical workers, mortuary personnel and other persons working with bodies will take standard precautions, including hand hygiene before and after interaction with the body and the environment; and use appropriate personal protective equipment depending on the level of interaction with the body, including a medical gown and gloves. To avoid the risk of splashing liquids or bodily secretions, personnel will use face protection, including the use of a protective mask or goggles and medical masks. The latest WHO guidelines will be applied. • Safe handling of medical waste and disposal of sharp objects. The infection management and waste control plan will contain detailed instructions on how to handle
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			<p>medical waste in given medical facility, taking into account the available options. Medical waste, including any waste suspected to contain pathogenic microorganisms, will be separated and labeled as “infectious” with the international symbol of infection in a strong sealed plastic bag or container that can be autoclaved. Before disposal, medical waste will be sterilized with chemical disinfection, wet heat treatment (e.g. autoclaving), microwave irradiation or incineration. Sharp objects, including needles, scalpels, blades, knives, infusion sets, saws, broken glass, nails, etc. will be placed in a rigid, impervious, puncture-proof (for example, steel or hard plastic) container for sterilization and disposal according to requirements. In addition, before processing, needles and syringes will be subjected to mechanical processing (for example, grinding or crushing), in particular chemical, wet heat treatment and microwave irradiation.</p> <ul style="list-style-type: none"> • Personal protective equipment (PPE). The infection management and waste control plan will take into account WHO recommendations on the rational use of personal protective equipment during the COVID-19 pandemic, which highlights the challenges faced by the global shortage of personal protective equipment. The project will ensure that medical workers providing intensive care to patients with COVID-19 have the necessary protection and that patients, especially those who do not require hospitalization, understand their responsibilities to purchase and wear personal protective equipment when they are near others. • Guidance related to the transportation and handling of samples and expired medical products or chemicals, as well as minor rehabilitation activities.
ESS4-	Yes	ESS4 recognizes that project activities,	The risks described in ESS3 have a high potential for the

Community health and Safety	<p>equipment and infrastructure can increase the community's exposure to risks and impacts. In addition, communities that are already affected by climate change may also experience accelerated or amplified impacts as a result of project activities.</p> <p>The ESS4 addresses the health, safety and security risks and consequences for the communities affected by the project and the respective responsibilities of Borrowers to prevent or minimize such risks and impacts, with particular attention to people who, due to their special circumstances, may be vulnerable.</p>	<p>spread of infectious materials among the general population if they are not properly controlled or due to accidents/emergencies (e.g. fire or natural disasters e.g. seismic). The work of quarantine and isolation centers should be carried out in such a way that staff, patients and the general public follow and are treated in accordance with international best practices set out in the WHO guidelines for responding to COVID-19, as indicated above in ESS 1 and ESS 2.</p> <p>It is likely that in order to ensure effective social distancing and contain the spread of the virus, quarantine and isolation centers may have to be designed and guarded to ensure an atmosphere safe and friendly for all. In addition, due attention will be paid to ensuring the safety of temporary housing for workers from all points of view.</p> <p>The Stakeholder Engagement Plan will also ensure broad engagement with communities to disseminate information related to community health and safety about social distancing, high-risk demographics, self-quarantine and mandatory quarantine.</p> <p>In terms of addressing gender related issues the project will reduce the risk of sexual exploitation, abuse and sexual harassment (SEA/SH) through the application of the WHO Code of Ethics and Professional Conduct for all workers in quarantine buildings, as well as the creation of gender-sensitive infrastructure, such as segregated toilets and sufficient light in isolation buildings.</p> <p>With the help of the above-mentioned provisions, including interaction with stakeholders, the project will also ensure the effective functioning of quarantine and isolation centers and inspection points throughout the country, including in remote and border areas, without exacerbating potential conflicts between different groups.</p>
ESS5- Land	No	ESS5 recognizes that project-related There will be no new construction, and there will be no

acquisition, restrictions on land use and forced relocation		land acquisition and restrictions on land use may have an adverse impact on communities and people. Project-related land acquisition or restrictions on land use may result in physical displacement (relocation, loss of residential land or loss of housing), economic displacement (loss of land, assets or access to assets, resulting in loss of sources of income or other means of livelihood), or both. The term “forced relocation” refers to these impacts.	repair work. Activities under the Project are carried out within the existing health facilities, which are state-owned, and no activities will be funded under the project and additional land acquisition will not be carried out.
ESS6- Conservation of biodiversity and sustainable management of living natural resources	No	ESS6 recognizes that the protection and conservation of biodiversity and the sustainable management of living natural resources are fundamental to sustainable development. Therefore, impacts on biodiversity can often negatively affect the provision of ecosystem services. ESS6 recognizes the importance of maintaining the basic ecological functions of habitats, including forests, and the biological diversity they support. This standard is aimed at protecting natural habitats and their biodiversity; avoid significant transformation or degradation of critical natural habitats and ensure the sustainability of the services and products that natural habitats provide to human society.	All the proposed activities will be carried out within the borders of health facility, and this will not affect biodiversity and living organisms.
ESS7- Indigenous peoples of sub-	No	This ESS contributes to poverty reduction and sustainable development	There are no such social-ethnic groups in the area of project implementation.

Saharan Africa, historically underserved traditional local communities		by ensuring that projects supported by the Bank enhance opportunities for indigenous peoples/peoples of sub-Saharan Africa who have historically been underserved to participate in and benefit from the development process in a way that does not threaten their unique cultural identity and well-being.	
ESS8- Cultural heritage	No	ESS8 recognizes that cultural heritage provides continuity in tangible and intangible forms between the past, present and future. The borrower will apply internationally recognized methods of field study, documentation and protection of cultural heritage in connection with the project, including contractors and other third parties. The accidental finds procedure is a project-specific procedure that will be applied if a previously unknown cultural heritage is discovered during the project activity.	This ESS does not apply, since no activity that may create risks and impacts for cultural heritage sites will be supported and carried out; Turkmenistan has ratified the Convention for the Protection of the World Cultural and Natural Heritage, the Convention for the Protection of the Intangible Cultural Heritage of the United Nations Educational, Scientific and Cultural Organization.
ESS9- Financial intermediaries	No	Financial organizations are required to monitor and manage environmental and social risks and impacts of their portfolio and subprojects of financial intermediaries, as well as monitor portfolio risks in accordance with the nature of interim financing, as well as develop and maintain the Environmental and Social Management Systems, effective environmental and social systems, procedures and capabilities for assessing, managing	The project will not use financial intermediary bodies.

		and monitoring risks and impacts of subprojects, as well as responsible management of overall portfolio risk.	
ESS10-Stakeholder engagement and disclosure	Yes	<p>This ESS recognizes the importance of open and transparent interaction between the Borrower and project stakeholders as an important element of international best practices. Effective interaction with stakeholders can increase the environmental and social sustainability of projects, improve project acceptance and make a significant contribution to the successful development and implementation of projects. The client will interact with stakeholders throughout the project lifecycle, starting such involvement as early as possible in the project development process and within a time frame that allows meaningful consultations with stakeholders on project development. The nature, scope and frequency of stakeholder engagement will be proportional to the nature and scale of the project and its potential risks and impacts. In consultation with the Bank, the Borrower will develop and implement the Stakeholder Engagement Plan in relation to the nature and scale of the project and its potential risks and impacts.</p>	<p>The Stakeholder Engagement Plan was prepared and disclosed during the preparation of the project. It describes the ways in which the project team communicates with stakeholders and includes a mechanism by which people can express concerns, provide feedback, or file complaints about the project and any actions related to the project. The activities of the Stakeholder Engagement Plan are funded under Component 1 of the project. The Stakeholder Engagement Plan will be periodically reviewed and updated as necessary during the implementation of the project to ensure that the information provided in it is consistent and up-to-date, and that the identified methods of interaction remain relevant and effective in relation to the context of the project. and specific phases of development. Any significant changes in the activities related to the project and in its schedule will be duly reflected in the Stakeholder Engagement Plan.</p> <p>The Stakeholder consultation Methods proposed in the Stakeholder Engagement Plan are applied, and the consultations are documented in quarterly progress reports for the World Bank.</p> <p>The stakeholder engagement plan will be periodically reviewed and updated as necessary during the implementation of the project to ensure consistency and relevance of the information provided in it, as well as to ensure that the identified methods of interaction remain relevant and effective in relation to the context of the project. and specific phases of development. Any significant changes in the activities related to the project and in its schedule will be duly reflected in the Stakeholder Engagement Plan. Quarterly summaries and internal reports on public</p>

		<p>complaints, inquiries and related incidents, together with the status of the implementation of appropriate corrective/preventive actions are prepared by responsible personnel and transferred to the top management of the project. Quarterly summaries provide a mechanism for assessing both the number and nature of complaints and requests for information, as well as the ability of the Project to address them in a timely and effective manner.</p> <p>All implementing parties are firmly committed to transparency and exchange of information on the progress of the project. A communications specialist is to be hired to implement communication activities and a Stakeholder Engagement Plan (SEP). The UNDP provides information briefs about the Project and posts information materials on its website https://www.tm.undp.org/content/turkmenistan/en/home.html in English, Turkmen and Russian. The UNDP will distribute the events /news of the project through popular news agencies in the country, including "Turkmenportal", "Orient TM", "Arzuv News", "Turkmenistan Altyn Asyr", "Ashgabat In", "Central Asia News" and others. The activities of the project are covered through the channels of the UNDP in Turkmenistan in social networks: Facebook, Instagram, Twitter, IMO.</p> <p>The Ministry of Agriculture and Environmental Protection may involve the Journal "Ecological Culture and Environmental Protection" as a source of information dissemination.</p> <p>UNICEF publishes news about the implementation of sub-component 1.2 on the website of the country office in Turkmenistan http://www.unicef.org/turkmenistan and on Facebook Instagram, Twitter, IMO and other social networks.</p> <p>The WHO Office will post information on the</p>
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		<p>implementation of component 2.1 - Technical assistance and capacity building for health workers - on its web page and on the WHO corporate regional website https://www.euro.who.int/en/countries/turkmenistan. Facebook Instagram, IMO, and other social networks are also used to distribute communication messages.</p> <p>In addition, the UN office contributes to the above-mentioned outreach activities and will post the events/news of the project on the UN website https://turkmenistan.un.org and on social media platforms: Facebook, Instagram, Twitter, IMO.</p> <p>The Ministry of Health may involve its Health Information Center to manage activities related to risk awareness, information exchange, awareness raising and feedback with communities and users of medical services (sub-component 1.2). The center is located in Ashgabat and has branches in all five regions. It also has a close connection with national TV and radio channels. MoHMI has its own health magazine “Saglyk” for the population and a regular TV program about health, which can be used to exchange information within the sub-component 1.2 of the project. These traditional forms of media will be important mechanisms of coverage and communication, given the relatively low Internet coverage in the country, and can be used to inform citizens about the channels through which they can provide feedback.</p> <p>The Project establishes adequate Grievance redress mechanism (GRM), which will be accessible to a broad range of project stakeholders who are likely to be affected directly or indirectly by the project. These will include beneficiaries, community members, project implementers/contractors, civil society, media—all of who will be encouraged to refer their grievances and feedback to the GRM.</p> <p>The GRM can be used to submit complaints, feedback,</p>
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		<p>queries, suggestions or compliments related to the overall management and implementation of the project activities, including:</p> <ul style="list-style-type: none">• Violation of project policies, guidelines, or procedures, including those related to procurement, labor procedures, child labor, health and safety of 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;• Any issues with land donations, asset acquisition or resettlement specifically for project supported activities.• The project specific GRM will be based on the Laws of the Turkmenistan “Appeals of Individuals and Legal Entities” (2016) and “On Civil Service”, as well as the Instructions of the Government of Turkmenistan “On the Procedures of Records Management on the Appeals of Citizens”. <p>According to the results of a preliminary assessment of the systems for filing and considering complaints in Turkmenistan, it was revealed that the country has effective mechanisms available to any person for and appealing against any actions and inactions of officials, authorities, local administrative and public organizations. All grievances and appeals received from citizens are delivered to the corporate system for further processing and follow-up.</p> <p>The grievance redress mechanism for the project is guided by the existing norms and procedures of the legislation of</p>
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		<p>Turkmenistan governing the issues of grievance, in particular: Constitution of Turkmenistan (14.09.2016), Law of Turkmenistan "On Administrative Procedures" (03.06.2017), Law of Turkmenistan "On Appealing to Court the Actions of State Bodies, Public Associations, Local Self-Government Bodies and Officials Violating the Constitutional Rights and Freedoms of Citizens" (02/06/1998), Law of Turkmenistan "On Court" (08.11.2014), Law of Turkmenistan "On the Ombudsman" (23.11.2016), UNDP Social and Environmental Standards for all UNDP projects and programs effective January 1, 2015, Grievance redress mechanism of the project which is a part of Stakeholder engagement plan (SEP).</p> <p>Grievance Redress Mechanism (GRM) is based on the existing institutional mechanisms of MOHMI of Turkmenistan, with a view of ensuring the continued permanence and sustainability of institutional mechanisms and systems for filing and redressing complaints (GRM). The project monitors communication channels for compliance with the required standards, assesses the quality of work, collects data on complaints and appeals received, tracks the actions taken on appeals, prepares an overview within the framework of quarterly reports, and proposes measures to further improve the work of the GRM. The population and stakeholders can send their grievances, complaints and appeals on issues related to the implementation of the Project to the system of the MOHMI, UNDP, World Bank, or to the relevant government agencies, by using various communication channels (hotline, the ability to file a complaint online , in writing and by telephone). Such a system and the necessary (including staffing) chain of action to resolve complaints, from registration, sorting and processing, acknowledgment of</p>
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		receipt and follow-up, to verification and action and final feedback, is contained in this GRM.
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ANNEX II - ENVIRONMENT AND SOCIAL MANAGEMENT PLAN (ESMP) CHECK-LIST

PART A: GENERAL INFORMATION ABOUT THE PROJECT AND THE FACILITY

INSTITUTIONAL AND ADMINISTRATIVE DATA		
Country		
Project name		
Coverage and activities of the project		
Scope of activity of the site / object		
Institutional Arrangements (WB)	Project manager:	Environmental Protection

Implementation mechanisms	Implementing institution(agency):	Inspector / work supervisor:	Contractor:
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AREA / OBJECT DESCRIPTION

Address and location of the institution, whose premises are subject to renovation	
Who owns the land?	
Who uses the land (formal / informal)?	
Description of the physical and natural environment, as well as the socio-economic context around the facility	

LEGISLATION

National and Local Laws and Permits Applicable to Project Activities	<i>List of national laws and regulations</i>	
	Title of the legal document	Line ministry / agency responsible for implementation and enforcement

TABLE 1

	<p>WB environmental and social standards:</p> <p><i>ESS 1 - Assessment and prevention of environmental and social risks and consequences;</i></p> <p><i>ESS 2 - Labor and working conditions;</i></p> <p><i>ESS 3 - Resources and Efficiency, Pollution Prevention and Management; and</i></p> <p><i>ESS 4 - Community Health and Safety.</i></p> <p>ESS 10 – Stakeholder Engagement Plan</p>
PUBLIC CONSULTATIONS	
When / where will the public consultation process take place	
ANNEXES	<p>Plan / photograph of the facility – if applicable</p> <p>Annex No. 1: Guidelines for contractors on conducting construction work in the COVID-19 conditions. – if applicable</p> <p>Annex No. 2: Healthcare Facility Fire safety and Emergency Response Plan – if applicable</p> <p>Other permissions / approvals - as required – if applicable</p>

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PART B: INFORMATION ON ENVIRONMENTAL AND SOCIAL ASPECTS

ENVIRONMENTAL / SOCIAL SCREENING		
Activity / question	Status	Initiated Action
Construction of new small objects(facilities)	Yes	
Individual wastewater disposal system from the facility	No	
Historical buildings and areas	No	
Allocation of land plots	No	
Hazardous or toxic materials	Yes	
Traffic and pedestrian safety	Yes	
Social and labor risk management	Yes	
Does the sub-component have a significant risk of unequal opportunities, discrimination and gender-based violence?	No	

PART C: RISK MITIGATION MEASURES

ACTIVITY	PARAMETER	RISK MITIGATION CHECKLIST	FOCAL POINTS
A. General construction works	Air quality		
	Noise		
	Water quality		
	Waste management		
B. Separate wastewater treatment system	Water quality		
C. Toxic / hazardous materials	Oxygen handling Requirements for contractors engaged in installation and commissioning Preliminary work on the installation of oxygen stations Main requirements for premises and placement of equipment for oxygen stations. General guidelines for placement of supply systems. Installation Recommendations. Commissioning of oxygen stations Quality control of work performed Training		

	<p>General requirements to HF operating oxygen stations</p> <p>Requirements to the staff operating and maintaining oxygen stations</p> <p>Training of HF staff</p> <p>Dangers while working with oxygen</p> <p>Recommendations for emergency procedures</p> <p>Preventive maintenance</p> <p>Maintenance service</p> <p>Hotline for remote consultations</p>		
	Handling toxic / hazardous waste		
D. Traffic and pedestrian safety	Direct or indirect hazards for public transport and pedestrians during construction activities		
E. Social and Labor Risk Management	Public Relations Department		
	Public safety		
	Labor management		

PART D: MONITORING PLAN

Type of activity	What is the parameter to be monitored?	Where will the parameter be monitored?	How will the parameter be monitored?	When (Identify frequency / or continuity?)	Why (is this parameter being monitored?)	Who is responsible for monitoring?

CONSTRUCTION PHASE						
Installation, assembly, commissioning, maintenance of oxygen stations						
Supply of construction materials						
Transportation of construction materials and waste						
Construction equipment movement						
Construction equipment movement						
(technical) Maintenance of construction equipment						
Construction waste generation						

Household waste production						
Reconstruction and improvement of the construction site						
Health and safety of Workers						
EXPLOITATION PHASE						
Commissioning, maintenance and repair of oxygen stations						
Household waste treatment						
Emergency preparedness						

ANNEX III - INFECTION CONTROL AND WASTE MANAGEMENT PLAN (ICWMP) TEMPLATE

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;

- Special type of HCF in response to COVID-19: E.g. existing assets may be acquired to hold yet-to-confirm cases for medical observation or isolation;
- 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 requirements of the HCF, which may include specifications for general design and safety, separation of wards, heating, ventilation and air conditioning (HVAC), autoclave, and waste management 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 (infectious waste, pathological waste, sharps, liquid and non-hazardous) following WGB EHS Guidelines for Healthcare Facilities and pertaining GIIP.
- 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

- 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. Good design, operational practices and internationally adopted emission standards for healthcare waste incinerator can be found in pertaining EHS Guidelines and GIIP.
- 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.
- 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 WWTP in terms of its capacity and performance should be conducted.

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 chief of an HCF takes overall responsibility for infection control and waste management;
- Involve all relevant departments in an HCF, 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. Specific topics to be included in the training plan, as agreed in the ESCP, include, but are not limited to:

- Recommendations;
- Laboratory biosafety guidance related to the COVID-19;
- Specimen collection and shipment, both within Turkmenistan and abroad;
- Standard precautions for COVID-19 patients;
- Risk communication and community engagement; and
- WHO guidelines on quarantine and Turkmenistan Sanitary Regulations and Norms.

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 chief 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.

Key Activities	Potential environment and social Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
General HCF operation – Environment					
General HCF operation – OHS issues					

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 infection material				
Emergency events				
Operation of acquired assets for holding potential				

COVID-19 patients					
To be expanded					

Annex IV – INFECTION PREVENTION AND CONTROL

HEALTH CARE SETTINGS

1. *Minimize Chance of Exposure (to staff, other patients and visitors)*

- Upon arrival, make sure patients with symptoms of any respiratory infection to a separate, isolated and well-ventilated section of the HCF to wait, and issue a facemask;
- During the visit, make sure all patients adhere to respiratory hygiene, cough etiquette, hand hygiene and isolation procedures. Provide oral instructions on registration and ongoing reminders with the use of simple signs with images in local languages;
- Provide alcohol-based hand sanitizer (60-95% alcohol), tissues and facemasks in waiting rooms and patient rooms;
- Isolate patients as much as possible. If separate rooms are not available, separate all patients by curtains. Only place together in the same room patients who are all definitively infected with COVID-19. No other patients can be placed in the same room.

2. *Adhere to Standard Precautions*

- Train all staff and volunteers to undertake standard precautions - assume everyone is potentially infected and behave accordingly;
- Minimize contact between patients and other persons in the HCF: health care professionals should be the only persons having contact with patients and this should be restricted to essential personnel only;
- A decision to stop isolation precautions should be made on a case-by-case basis, in conjunction with local health authorities.

3. *Training of Personnel*

- Train all staff and volunteers in the symptoms of COVID-19, how it is spread and how to protect themselves. Train on correct use and disposal of personal protective equipment (PPE), including gloves, gowns, facemasks, eye protection and respirators (if available) and check that they understand;
- Train cleaning staff on most effective process for cleaning the HCF: use a high alcohol based cleaner to wipe down all surfaces; wash instruments with soap and water and then wipe down with high-alcohol based cleaner; dispose of rubbish by burning etc.

4. Manage Visitor Access and Movement

- Establish procedures for managing, monitoring, and training visitors;
- All visitors must follow respiratory hygiene precautions while in the common areas of the HCF, otherwise they should be removed;
- Restrict visitors from entering rooms of known or suspected cases of COVID-19 patients Alternative communications should be encouraged, for example by use of mobile phones. Exceptions only for end-of-life situation and children requiring emotional care. At these times, PPE should be used by visitors;
- All visitors should be scheduled and controlled, and once inside the HCF, instructed to limit their movement;
- Visitors should be asked to watch out for symptoms and report signs of acute illness for at least 14 days.

CONSTRUCTION SETTINGS IN AREAS OF CONFIRMED CASES OF COVID19

1. Minimize Chance of Exposure

- Any worker showing symptoms of respiratory illness (fever + cold or cough) and has potentially been exposed to COVID-19 should be immediately removed from the site and tested for the virus at the nearest local hospital
- Close co-workers and those sharing accommodations with such a worker should also be removed from the site and tested
- Project management must identify the closest hospital that has testing facilities in place, refer workers, and pay for the test if it is not free
- Persons under investigation for COVID-19 should not return to work at the project site until cleared by test results. During this time, they should continue to be paid daily wages
- If a worker is found to have COVID-19, wages should continue to be paid during the worker's convalescence (whether at home or in a hospital)
- If project workers live at home, any worker with a family member who has a confirmed or suspected case of COVID-19 should be quarantined from the project site for 14 days, and continued to be paid daily wages, even if they have no symptoms.

2. Training of Staff and Precautions

- Train all staff in the signs and symptoms of COVID-19, how it is spread, how to protect themselves and the need to be tested if they have symptoms. Allow Q&A and dispel any myths.

- Use existing grievance procedures to encourage reporting of co-workers if they show outward symptoms, such as ongoing and severe coughing with fever, and do not voluntarily submit to testing
- Supply face masks and other relevant PPE to all project workers at the entrance to the project site. Any persons with signs of respiratory illness that is not accompanied by fever should be mandated to wear a face mask
- Provide handwash facilities, hand soap, alcohol-based hand sanitizer and mandate their use on entry and exit of the project site and during breaks, via the use of simple signs with images in local languages
- Train all workers in respiratory hygiene, cough etiquette and hand hygiene using demonstrations and participatory methods
- Train cleaning staff in effective cleaning procedures and disposal of rubbish

3. Managing Access and Spread

- Should a case of COVID-19 be confirmed in a worker on the project site, visitors should be restricted from the site and worker groups should be isolated from each other as much as possible;
- Extensive cleaning procedures with high-alcohol content cleaners should be undertaken in the area of the site where the worker was present, prior to any further work being undertaken in that area

Annex V - HEALTHCARE FACILITY FIRE SAFETY AND EMERGENCY RESPONSE PLAN

- **(Healthcare Facility Fire Safety and emergency Response plan will be elaborated further in accordance with effective legislation in this field in Turkmenistan in case if MOHMI approves procurement of oxygen plants.)**

1. GENERAL PROVISIONS

Action plans for the prevention and elimination of emergencies are adjusted in the face of threat arises and directly in the process of emergency response.

SECTION 1

Brief geographic characteristics of the area and description of the HF.

SECTION 2

The content of measures in the event of a threat and emergencies (emergency mode).

HF Tasks:

ORGANIZATION OF SUPPLY OF HF AND DEPARTMENTS WITH MEDICAL AND OTHER PROPERTY IN AN EMERGENCY.

ORGANIZATION OF MANAGEMENT AND COMMUNICATION

2.1. IN THREATS OF AN EMERGENCY.

General activities.

Notification of the hospital management and emergency headquarters about the threat of accidents, catastrophes and natural disasters is made by the responsible doctor on duty at the HCF.

Upon receipt of a notification about the threat of accidents, catastrophes and natural disasters.

The doctor on duty must:

1. IMMEDIATELY inform the Chief Physician or his deputy, the operative duty officer at the Ministry of Health and Social Protection of Population by phone 221-18-35 about the threat of emergencies H + 10min.
2. Inform the leadership of the Committee for Emergency Situations of the HF, hospital staff about the occurrence of an accident or catastrophe, indicating the place of their occurrence and the time of collection H + 30 min.
3. PROVIDE the calculation and replenishment of the necessary supplies of blood products, oxygen, dressings, and antidotes (in case of a chemical accident).
4. CHECK the state of readiness of the HCF for fire and anti-terrorist safety.
5. TO PROVIDE verification, replenishment, refreshment of all irreducible stocks available in HCF.
6. PREPARE vehicles.
7. TO ENSURE the re-profiling of the admission department into admission and sorting rooms, and medical departments into specialized ones in accordance with the type of emergency situations.
8. Conduct training sessions and trainings with medical staff for knowledge of their functional responsibilities.

9. PREPARE means of communication and notification.

10. Conduct a forecast of the developing situation on the territory of the hospital, district, determine the nature and extent of damage by H + 1 hour

- carry out work to localize and eliminate the causes that have created a threat or elimination of fires, infections and other dangerous centers by H + 2h.
- to establish operational communication with the hospital departments that fell into the affected area by H + 30 min
- establish communication with the department for civil defense and the Ministry of Emergencies of the region, the Ministry of Health and Social Protection of Population at H + 30m.

2.2. IN CASE OF FIRE AT EXPLOSIVE FACILITIES:

There is an oxygen production station on the territory of the HCF, so the occurrence of fires and explosions on the territory of the HCF is likely.

- Immediately organizes interaction with the regional office of the Ministry of Emergency Situations on the situation in the HCF;
- Facility fire-fighting formations and fire-extinguishing means are immediately alerted;
- Stocks of fire extinguishing means and water are being created.

FIRE PROCEDURE

Each HF employee upon detecting a fire or signs of burning (smoke, burning smell, temperature rise, etc.) MUST:

- Immediately notify the fire brigade by phone 101 (in this case, it is necessary to name the address of the object, the place of the fire, and also to provide the name), notify the security service of the HCF;
- Take measures, if possible, to evacuate people and property in accordance with the evacuation plan;
- If possible, turn off the electricity and start extinguishing the fire with primary fire extinguishing means.
- The head of the HCF (or other official) who arrives at the place of the fire MUST:
- Duplicate the message about the outbreak of fire to the fire brigade (and notify the superior management);
- In the event of a threat to people's lives, immediately organize their rescue using the available forces and means;
- Check the activation of automatic fire protection systems (warning people about fire, fire extinguishing, smoke protection);

- If necessary, turn off the electricity (with the exception of fire protection systems, stop the ventilation systems in the emergency and adjacent rooms, take other measures to prevent the development of fire and smoke in the premises of the building;
- Stop all work in the building, except for work related to fire suppression measures;
- Remove from the danger zone all workers who are not involved in extinguishing the fire;
- To carry out general guidance on extinguishing a fire (taking into account the specific features of the object) before the arrival of fire departments;
- Ensure compliance with safety requirements by workers involved in extinguishing the fire;
- Simultaneously with extinguishing the fire, organize the evacuation and protection of material assets;
- Organize a meeting of fire departments and provide assistance in choosing the shortest way to approach the fire;
- Inform the fire brigade units involved in extinguishing the fire and related top-priority rescue operations, the necessary information to ensure the safety of personnel;
- Upon arrival of the fire department, inform the head of extinguishing the fire about the design and technological features of the facility, adjacent buildings and structures, the number and fire hazardous properties of materials, products and other information required for successful fire suppression;
- Organize the attraction of the facility's forces and resources to the implementation of the necessary measures related to the elimination of the fire and the prevention of its development.

2.3. IN THE THREAT OF NATURAL DISASTERS:

- Within 30 minutes. Notify the management bodies of the Committee for Emergency Situations of the HF, the population and the possibility of a natural disaster;
- Within 1 hour, the management team is on duty at the HCF;
- Within 1 hour, interaction with the functional departments of the Ministry of Emergency Situations is organized;
- After 2 hours, organize constant and enhanced monitoring of the state of the environment, the situation at potentially dangerous facilities and the adjacent territory;
- Additional sources of heat, water and power supply are determined and made ready;
- Preventive and fire-prevention measures, preparatory measures are taken to increase the stability of the functioning and accident-free environment of the hospital;

- The Committee for Emergency Situations determines the stocks of food and material and technical means, clarifies the possibilities in case of resettlement of personnel and patients from unfavorable territories.
- Organizing educational work.

2.4. IF THERE IS A THREAT OF ACCIDENTS WITH THE RELEASE OF ECHS (chemical contamination):

ECHS infection can occur on the territory of the HF and in the region.

In case of ECHS infection of the hospital:

- Organize notification of employees and patients;
- Immediately, issue personal protective equipment at workplaces;
- In case of chlorine contamination, cover the staff and patients on the upper floors of the HF buildings with subsequent evacuation by vehicle _____
- In the absence of a threat of contamination of the territory of the hospital, notify the management of the hospital;

When infected with hazardous substances in the district:

- To bring the hospital in readiness for mass admission and provision of medical care to _____ victims of ECHS in accordance with the decision of the Chief Physician.
- The Committee for Emergency Situations organizes and controls the implementation of measures to prevent and mitigate the consequences of a possible accident.

2.5. IN CASE OF ACCIDENTS INVOLVING THE RELEASE OF RADIOACTIVE SUBSTANCES:

- Organize notification of employees and patients;
- Issue personal and medical protection equipment;
- Deploy a post and shelter patients and personnel in protective structures; organize the evacuation of employees and patients to a safe area;
- To establish the modes of radiation protection;
- Issue iodine preparations;

- According to information from the management body of the Ministry of Emergency Situations of the city (region), establish the modes of radiation protection of personnel and patients;
- To organize the dosimetry control of employees and patients by the group method;
- If necessary, organize special treatment of people;
- Organize control over the degree of pollution of the hospital territory.

2.6. IN ACCIDENT OF POWER SUPPLY MAINS:

- Repair and restoration teams of public utilities are called, before their arrival, the HF is involved in the elimination of accidents;
- Within 1 hour, first aid to the affected is organized;
- Life support for personnel and patients (water, energy and heat supply) is organized according to temporarily collected schemes and the use of additional sources.

2.7. IN ACCIDENTS WITH AN ENVIRONMENTAL RELEASE OF BACTERIOLOGICAL SUBSTANCES:

Having received a message about the hospital entering the zone of bacteriological infection, it is necessary:

- Put into effect a plan for the conduct of sanitary epidemiological measures;
- Immediately, report to the Ministry of Health and Social Protection of Population and the State Center for Sanitary and Epidemiological Surveillance on entering the area of possible bacteriological contamination;
- Organize the withdrawal of personnel and patients from the danger zone.

2.8. WHEN DELIVERING TO A HOSPITAL OR TO THE ADJACENT TERRITORY OF HIGHLY DANGEROUS INFECTIONS (HDI):

- Work is underway to ensure the practical readiness of the hospital departments and its personnel in the event of the importation or detection of a patient suspicious of HDI;
- The readiness to provide medical care, emergency prophylaxis to patients and personnel in the admission department, clinical departments and the pathological department is checked in the event of the delivery or autopsy of a corpse that died from HDI;
- An emergency cycle of lectures and information messages on the HDI is organized;

- The presence of telephones in the hospital departments for emergency notification of the identification of a patient (suspicious) at the HDI is checked:

Chief physician of the hospital, tel. _____

Deputy. Chief physician of HCF., tel. _____

Deputy. Chief doctor for sanitary-epidemiological work and infectious diseases, tel. _____

Deputy. Chief doctor on mob. preparation and the Ministry of Emergency Situations, tel. _____

Ministry of Emergency Situations, tel. _____

Chief physician of the Central State Sanitary and Epidemiological Surveillance, tel. _____

The duty officer of the HDI CSSES, tel. _____

Duty in the MOHMI tel. _____

- The availability and quality of personal prophylaxis is checked - disinfectants, saline dehydration solutions, sets of protective clothing, pads for the selection of material from a patient (deceased) for research on cholera, containers for dilution of disinfectants, collection of natural secretions, disinfection of protective clothing in the reception, infectious wards , intensive care, cardio-intensive care and pathological departments.

IN CASE OF DETECTION HDI PATIENT IN THE HOSPITAL:

- isolate the patient at the place of his detection (close the wards, office, windows, doors, ventilation openings as indicated);
- set up posts at the entrance to the department, prohibit entry and exit from it, establish traffic routes;
- clarify the clinical and epidemiological data from the patient;
- inform the leaders about the identified patient (the head of the department, the chief physician, his deputy for sanitary-epidemiological issues and higher health authorities);
- to close the hospital for further admission of patients, to set up posts at the exits to the territory of the hospital, to prohibit the discharge of patients;
- deliver to the doctor who identified the patient:

- a) medicines for the provision of medical care to the patient
 - b) a set of protective clothing
 - c) laying personal prophylaxis
 - d) laying the disinfectant
 - e) laying to take the patient's own secretions in case of suspected cholera for research
 - f) a container for the preparation of disinfection solutions, for collecting the patient's natural secretions, for disinfecting protective clothing;
- to provide the patient with the necessary medical care;
 - to disinfect the premises where the patient is identified;
 - to ensure the hospitalization of the patient (delivery of the corpse) through the department of hospitalization of patients (tel. _____);
 - to identify persons who have been in contact with the patient in the department among patients and medical workers for a time equal to the period of the incubation period;
 - draw up lists in the prescribed form indicating the full name, age, place of residence, place of work (study), contact (where, when), vaccinations against plague, cholera, smallpox (date);
 - isolate the contacts in the ward with the allocation of premises for this purpose (if cholera is suspected, only persons who had direct contact with the patient should be included in the contact list);
 - to monitor the hospitalization of the patient and the final disinfection;
 - delivery of the material taken from the patient for research to the State Center for Sanitary and Epidemiological Surveillance (tel. _____);
 - draw up and send a report to the Health Department and the State Center for Sanitary and Epidemiological Surveillance of the region;
 - organize observational monitoring of hospital contacts for the duration of the incubation period of this infection.

2.9. WHEN RECEIVING INFORMATION ABOUT EXPLOSION THREATS in one of the hospital buildings:

Upon receipt of information about the threat of an explosion in one of the buildings of the hospital, the responsible doctor for the hospital together with the dispatcher of the admission department of the hospital:

1) Immediately notify:

- the chief physician of the hospital, tel. _____;
- deputy chief physician for the medical part, tel. _____;
- deputy. Chief physician on mobilization preparation and emergency, tel. _____;
- other deputies of the chief physician according to the notification scheme;
- _____ police station, tel. _____;
- Territorial Department of Internal Affairs, tel. _____;
- the operational duty body of the Ministry of Emergency Situations _____, tel. _____;
- Department of Health _____, tel. _____;
- The National Security Committee duty officer.

2) Prior to the arrival at the hospital of the services providing the detection and disposal of the explosive device, the chief physician takes the following measures:

- a) The hospital stops accepting patients. At the entrance to the building, exposed to the threat of an explosion, around the building (at a distance of 1520 meters), a guard from among the hospital's security personnel is posted (in charge - the deputy chief physician for technology);
- b) The Ministry of Emergency Situations, the Emergency Situations Committee of the hospital, and the heads of departments are notified of the threat of an explosion. The notification is made by intercom, telephone and messengers (the responsible person is the deputy chief physician for civil defense and emergency situations).

In order to prevent panic among the medical staff and patients, a representative of the administration is sent to each floor of the building, who is obliged to explain the situation and, together with the heads of departments, organize evacuation measures (responsible - deputy chief physician for civil defense and emergency situations);

c) Electricity is cut off in the case exposed to the threat of explosion. If it is impossible to turn off the electricity (in the evening, at night), all the rooms are de-energized electrical appliances and equipment connected to the power grid (responsible - deputy chief physician for technology, head of department);

d) Nursing teams are alerted (responsible - deputy chief physician for medical part (therapy);

e) The forces and means of fire extinguishing are brought in readiness (responsible - the deputy chief physician for technology);

f) Evacuation measures are carried out and strict control over the safety of valuable property and material values, as well as personal valuable property of employees and patients. Patients and employees are evacuated from the building, which was exposed to the threat of an explosion, according to the evacuation plan in case of fire:

- at the elevator openings, at the entrance to the basement, attendants are posted, control over the removal of valuable property and valuable personal belongings is carried out (responsible - heads of departments)

- the doors of emergency exit from the building of the corps are opened, the attendants are posted at the doors (the person in charge is the deputy chief physician for technology).

3) Employees of the corps exposed to the threat of an explosion, and patients are evacuated from the building to the indicated hospital buildings, where they receive medical assistance, if necessary (the responsible person is the deputy chief physician for medical part (therapy)).

4) At the end of the evacuation, a task force is created that checks all the premises of the building, and a basement. If employees or patients are found in the premises, they are evacuated (the responsible person is the deputy chief physician for civil defense and emergency situations).

5) Management and communication for the entire period of the evacuation measures is carried out from the office of the chief physician, in the administrative building. Upon completion of the evacuation, the commission of the Ministry of Emergency Situations move their activities to the premises of the _____ administrative building.

6) Upon arrival of the services involved in emergency response measures, interaction is established with them.

All premises of buildings exposed to the threat of an explosion, during examination, inspection by the police canine brigades, must be open and accessible for inspection (responsible - heads of departments and senior nurses of departments).

After conducting an examination of the hospital buildings for the detection of an explosive device, an inspection report is drawn up (the responsible person is the deputy chief physician for civil defense and emergency situations). The results of the examination and the measures taken by the chief physician of the hospital (or a person replacing him) are reported to the Department of Health _____.

Hospital staff begin to perform their duties as usual at their workplaces in the hospital buildings only with the permission of higher authorities.