



Additional Financing Appraisal Environmental and
Social Review Summary
Appraisal Stage
(AF ESRS Appraisal Stage)

Date Prepared/Updated: 10/28/2020 | Report No: ESRSAFA047



BASIC INFORMATION

A. Basic Project Data

| | | | |
|--------------------------------|--|--------------------------|--|
| Country | Region | Borrower(s) | Implementing Agency(ies) |
| Tajikistan | EUROPE AND CENTRAL ASIA | Ministry of Finance | Ministry of Health and Social Protection, State Agency for Social Protection |
| Project ID | Project Name | | |
| P175168 | Additional Financing for the Tajikistan Emergency COVID-19 Project | | |
| Parent Project ID (if any) | Parent Project Name | | |
| P173765 | Tajikistan Emergency COVID-19 Project | | |
| Practice Area (Lead) | Financing Instrument | Estimated Appraisal Date | Estimated Board Date |
| Health, Nutrition & Population | Investment Project Financing | 11/3/2020 | 11/30/2020 |

Proposed Development Objective

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

| Financing (in USD Million) | Amount |
|---------------------------------|--------------|
| Current Financing | 11.30 |
| Proposed Additional Financing | 16.20 |
| Total Proposed Financing | 27.50 |

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

Yes

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



The parent Project, with a total funding envelope of SDR 8.3 million (US\$11.3 million equivalent) was prepared as part of the emergency response under the COVID-19 Strategic Preparedness and Response Program using the Multiphase Programmatic Approach. It was approved on April 2, 2020, signed on April 3, 2020 and declared effective on April 24, 2020. Its closing date is December 1, 2021. The Project seeks to support the response of the Government of the Republic of Tajikistan to the COVID-19 pandemic, and the implementation of their Emergency Response Plan, adopted in March 2020. The Project Development Objective (PDO) is to prepare and respond to the COVID-19 pandemic in the Republic of Tajikistan. It includes four components: (i) Strengthening Intensive Care Capacity; (ii) Multi-sectoral Response Planning and Community Preparedness; (iii) Temporary Social Assistance for Vulnerable Households, and (iv) Project Implementation and Monitoring. Based on the most recent ISR, the progress towards achieving the PDO and the overall implementation progress are rated Satisfactory. Cumulative disbursements currently stand at 62% (US\$7.2 million), and there are no overdue audit reports. Activities under all Project components are progressing satisfactorily and on schedule.

The government request for the parent Project was for US\$27.5 million, of which US\$7.5 million was the Republic of Tajikistan's allocation under the Fast Track COVID-19 Facility (FTCF) and US\$20 million would need to come from the country's IDA-19 envelope. Since advanced commitments from IDA-19 in FY20 were capped at 50% of the FTCF allocation (US\$3.8 million), the parent project was approved for the amount of US\$11.3 million and the US\$16.2 million gap would need to be covered by an AF. The AF, proposed here, presents an opportunity to increase the development effectiveness of IDA resources by addressing gaps in both the scale and scope of the parent Project. More specifically, the AF will fund the strengthening and expansion of oxygen supply to allow for the effective clinical management of COVID-19 patients, especially for cases that do not require advanced intensive care, provide financing for the initial rollout of COVID-19 vaccines and therapeutics. It will also provide emergency financial support for the procurement of routine vaccines, whose supply has been disrupted by the COVID-19 pandemic. The AF will also further strengthen the Government's risk communication efforts. Finally, it will also expand the emergency cash assistance for vulnerable households.

D. Environmental and Social Overview

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

Tajikistan is a small mountainous land-locked country in the heart of Central Asia, bordering Afghanistan, China, the Kyrgyz Republic, and Uzbekistan, with an area of 143,100 square kilometers and an estimated population of 8.7 million. The country has 4 administrative divisions, which in turn houses 68 districts. Tajikistan has mountains covering more than 90% of the country rendering livelihoods and accessibility extremely difficult. Natural hazards such as floods, earthquakes, landslides, mud-flows, avalanches, and heavy snowfalls are quite common resulting in significant economic losses and human casualties. Population growth, urbanization, and climate change continue to exacerbate the impact of disasters, which are expected to occur more frequently and intensively and to affect more people in the future.

The country's progress in reducing multidimensional poverty and malnutrition has still a long way to go. Recent progress on poverty reduction has varied for urban and rural areas and across the regions with the Dushanbe (23.5%), Sughd (17.5%), GBAO (27.7%), Khatlon (32.7%) and DRS (33.2%). Limited or no access to secondary and tertiary education, heating, and water and sanitation are the main contributors to non-monetary poverty in the country. Inadequate water and sanitation conditions also represent a key problem in micro-nutrients absorption and better



nutrition. This socio-economic and livelihood conditions, though external to the project, are likely to have a bearing on the successful delivery of the project.

The socio-economic impacts of the pandemic have exceeded the expectations from March 2020, when the parent Project was developed. Data from the Listening to Tajikistan (L2T) monthly household survey show substantially reduced food consumption: for example, reports of reduced food consumption spiked in May to 41 percent of the population and remained 10 percentage points above 2019 levels as of August 2020. Overall food security deteriorated during the peak of the crisis across a range of indicators, with rising shares reporting going hungry, reducing dietary diversity, and worries over obtaining enough food, before recovering somewhat from June to August. Similar increases were seen in reduced ability to pay for utilities, and in coping mechanisms such as selling assets and reduced spending on medical care. L2T data show overall deterioration in a range of food security indicators, with rising shares reporting going hungry, reducing dietary diversity, and worries over obtaining enough food. Increasing food insecurity is part of a much deeper decline in living standards, with over 40% of households reporting that no member had worked in the preceding 7 days and the average value of remittances, the key source of income for poorer households, declining by 37% from January to May 2020. Consequently, there is a dire need to increase the social assistance program for the most vulnerable populations in Tajikistan.

The COVID-19 pandemic has created a significant risk of disruptions in the essential health services due to both supply side (e.g., declining government revenues and health budgets, disruptions in global markets for essential medications and supplies, health work force challenges due to large numbers of providers becoming sick) and demand side (e.g., unwillingness to seek care out of fear of becoming infected with COVID-19; lack of resource to pay for health care due to declining revenues; mobility restrictions). Such disruptions may have disastrous consequences. Evidence-based increased numbers of COVID-19 cases has shown that the success rate of treatment of the most severe cases was quite low, with mortality rates of intubated patients on ventilators at between 60 and 85%. Oxygen therapy for severely, but not critically ill COVID-19 patients has been advocated as an effective and efficient treatment option. However, in Tajikistan, access to medical gases, including medical oxygen, remains a challenge. According to the MOSHP, only 5% of the demand can be met by the existing oxygen production capacity; therefore, Component 1 of the AF will address this through the procurement of pressure swing adsorption (PSA) oxygen refilling stations for selected hospitals.

D. 2. Borrower's Institutional Capacity

Given the satisfactory pace and quality of implementation of the parent Project to date, institutional and implementation arrangements will remain unchanged. Ministry of Health and Social Protection of the Republic of Tajikistan (MOHSP) will continue to serve as the implementing agency for the AF as well. The activities financed by the AF will be implemented by the MOHSP Project Implementation Unit (PIU). The PIU consists of MOHSP technical, fiduciary, administrative, environmental and social staff, and local consultants at the central level who manage implementation of Project activities, including M&E. The PIU has hired dedicated environmental and social specialists that follows E&S aspects closely. Implementation of the citizen engagement activities will continue to be carried out by the MOHSP public relations team in collaboration with PIU consultants.

Activities to be supported by the AF do not entail any significant risks beyond those already outlined in the parent Project. Given that the nature of the proposed activities is consistent with the parent Project, social and environmental risks will remain unchanged.



II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The Environmental Risk Rating is "Substantial". The major areas of risks for the project are: (i) risks related to rehabilitation of existing healthcare facilities; (ii) risks related to medical waste management and disposal; (iii) risks related to spread of the virus among health care workers; (iv) risks related to the spread of COVID-19 among the population at large; and (v) the additional risks related to establishment of PSA oxygen refilling stations at selected hospitals. These risks are covered by ESS 1, ESS 2, ESS 3, ESS 4, and ESS 10.

The project will finance small scale infrastructure works for the rehabilitation and equipping of ten health centers to establish 10-bed ICUs and possible rehabilitation of on-site incinerators for medical waste disposal. Financing from the AF will include the procurement and establishment of PSA oxygen refilling stations at those facilities. These interventions are expected to take place on the property of existing facilities; therefore, environmental issues (and impacts thereof) are expected to be temporary, predictable, and easily mitigable.

Improper handling of health care waste can cause serious health problems for workers, the community and the environment. Medical wastes have a high potential of carrying micro-organisms that can infect people who are exposed to it, as well as the community at large if it is not properly disposed of. Wastes that may be generated from labs, ICUs, quarantine facilities, and screening posts to be supported by the COVID-19 readiness and response could include a liquid contaminated waste (e.g. blood, other body fluids, and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed-sheets, majority of waste from labs and quarantine and isolation centers, etc.) which requires special handling and awareness, as it may pose an infectious risk to healthcare workers in contact or handle the waste. It is also important to ensure the proper disposal of sharps.

Ensuring contagion vectors are controlled through strict adherence to standard procedures and personal protective equipment (PPE) for all health care workers is critical.

Additionally, working with local governments and communities to ensure that social distancing measures and quarantine regimes are strictly adhered is also vital for lowering the speed and incidence of infection among project workers and affected persons.

Social Risk Rating

Moderate

The Social Risk Rating is "Moderate". Like in the parent Project, the major areas of social risks/issues are as follows: (i) risks related to healthcare workforce and operations, as limited human resources and poor management practices can influence the occupational health and safety of health workers in targeted healthcare organizations; (ii) risks related to access to hand hygiene, PPEs, equipment and vaccines, as the demand may exceed the supply; (iii) risks of laborers involved in the rehabilitation of existing healthcare facilities, as social unrest associated with COVID-19 may affect the business continuity and the health and safety of labourers; and (iv) challenges associated with providing (financial) assistance for vulnerable people and the risk of 'exclusion' thereof.

Public Disclosure



The key social issues and mitigation measures taken by the parent Project and to be followed by the AF focus on: (i) ensuring a favorable and safe environment complimented by the WHO training opportunities at the targeted healthcare facilities to avoid burning syndromes and the spread of virus among health workers; (ii) assuring proper and quick access to appropriate and timely medical services, adequate hand hygiene and PPEs based on the current needs of the target HCFs; (iii) anticipating and addressing issues resulting from the civil works labourers; and (iv) inclusive targeting, effective service delivery and expanding the range of the emergency cash transfer recipients to minimize the risk of 'exclusion'. Most of these impacts and the risks thereof can be contained by an effective and inclusive outreach program encompassing stakeholder engagement throughout the project cycle.

With regard to rehabilitation of existing healthcare facilities, the civil works envisaged in the AF refer to the establishment of oxygen supply equipment within the buildings and the pressure swing adsorption (PSA) oxygen refilling stations within the boundaries of existing hospitals only, no land acquisition or involuntary resettlement impacts are expected.

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

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The AF is expected to have positive environmental and social impacts as it should maximize the financial sustainability of investments under the parent Project with focus on preventive maintenance the ICU equipment installed and supporting more durable and sustainable investment in oxygen supply and vaccine procurement. This will not only allow support a larger group of COVID-19 patients, but also fill a critical and general gap in the availability of medical oxygen in the country and improve clinical treatment of non-COVID-19 patients once the epidemic is over for years to come. Similarly, investments in vaccines will prevent new infections and produce economic benefits through saving lives, averting morbidity, and avoiding treatment costs. The AF will also serve to expand the emergency cash transfer program to new beneficiary groups, such as households with children under the age of 7 and households with older children up to the age of 18 with disabilities.

However, the project still includes environmental, health and safety risks due to the minor rehabilitation at hospitals, accumulation of medical waste, and safety hazards of the oxygen supply equipment and refill stations.

To manage these risks, the MOHSP has prepared two major instruments for the project:

1. Environmental and Social Management Framework (ESMF), which will be updated to include a template for site specific Environmental and Social Management Plans (ESMP) for Oxygen Supply Systems and PSA Refill Stations so that the ICUs, and the hospitals to be supported by the Project will apply international best practices in planning, installation, and operations of oxygen systems and refill stations. These ESMPs include specific guidance around where to site these facilities and OHS requirements, including the need to develop and implement an Emergency Response Plan specific to this component of the project. The ESMF will be updated to a standard acceptable to the Association, consulted on, and disclosed both in country on the MOHSP website and on the World Bank website before construction on any oxygen systems begins. The updated ESMF is to describe measures to comprehensively manage and reduce the environmental and social aspects of the parent Project, as well as the Additional Financing.



2. Stakeholder Engagement Plan (SEP) for effective outreach and citizen participation A SEP has been prepared and disclosed.

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

Oxygen Supply Systems and Refill Stations Installations. The ESMF will provide ESMP template for oxygen supply systems and refill station installations at the targeted hospitals. The physical works envisaged are of small to medium scale and the associated environmental impacts are expected to be temporary, predictable, and easily mitigable with risks including disposal of construction waste, dust, noise, and worker health and safety.

Minor Civil Works. The parent Project has prepared a short list of the existing buildings for repair and rehabilitation. The ESMF provides ESMP templates for both rehabilitation of facilities for establishing 10-bed ICUs and the rehabilitation of on-site incinerators. The small to medium scale physical works envisaged within the same hospitals under the AF will follow the same model as the parent project; the associated environmental impacts are expected to be temporary, predictable, and easily mitigable with risks including disposal of construction waste, dust, noise, and worker health and safety. The ESMF also excludes rehabilitation work that might disturb asbestos insulation of pipe lagging

Medical Waste Management and Disposal. The ESMF adequately covers environmental and social infections control measures and procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories and medical facilities. It also clearly outlines the implementation arrangement put in place by MOHSP for environmental and social risk management; compliance monitoring and reporting requirements, including on waste management based on the existing ICWMP prepared as part of the ESMF. Each targeted healthcare facility will continue to apply infection control and waste management planning following the requirements of the updated ESMF and relevant EHS Guidelines, GIIP, WHO etc. satisfactory to the Association.

Worker Health and Safety. Workers in healthcare facilities are particularly vulnerable to contagions like COVID-19. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and civil works as well as the wider spreading of the disease within communities. The ICWMP contains detailed procedures, based on WHO guidance, for protocols necessary for handling medical waste and environmental health and safety guidelines for staff and laborers, including the necessary PPE and working conditions.

Community Health and Safety. The SEP will continue to serve as 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.

Cash Transfers to Vulnerable Groups. The AF will expand the emergency cash transfer program up to approximately 100,000 households, including new beneficiary groups, such as households with children under the age of 7 as well as households with older children with disabilities. The additional transfers will use the same delivery mechanism (the



Targeted Social Assistance program administered by the MOHSP), and procedures described in the Project Operations Manual (POM) of the parent Project. The Cash Transfer Operational Manual will be updated to cover the new beneficiary groups. The SEP will be instrumental in disseminating information and ensuring feedback mechanisms during the additional cash transfer program implementation.

ESS10 Stakeholder Engagement and Information Disclosure

The project recognizes the need for an effective and inclusive engagement with all of the relevant stakeholders and the population at large. Considering the serious challenges associated with COVID-19, dissemination of clear messages around social distancing, high risk demographics, self-quarantine, and, when necessary, mandatory quarantine is critical. Meaningful consultation, particularly when public meetings are counter to the aims of the SEP, and disclosure of appropriate information assume huge significance for ensuring public health and safety from all perspectives – social, environmental, economic, and medical/ health. In this backdrop, the project has prepared a SEP which serves the following purposes: (i) stakeholder identification and analysis; (ii) planning engagement modalities viz., effective communication tool for consultations and disclosure; and (iii) enabling platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the Plan; and (iv) a grievance redress mechanism (GRM).

Project preparation included a detailed mapping of the stakeholders. Individuals and groups likely to be affected (direct beneficiaries) have been identified. Risk-hot spots on the international borders as well as in-country have been delineated. Mapping of other interested parties such as government agencies/authorities, NGOs and CSOs, and other international agencies have also been completed. Drawing upon their expectations and concerns, a SEP has been prepared by the client and disclosed publicly (put in website where it has been disclosed). SEP will be updated, as necessary, during implementation. The client has also developed and put in place a GRM to enable stakeholders to air their concerns/ comments/ suggestions, if any. Based on the success of the national COVID-19 hotline, the project, with financing from the AF, will establish up to 5 regional COVID-19 hotlines to provide more in-depth information about COVID-19 (i.e., symptoms, testing options, referrals, and so forth) and information about how to access other essential health services during the pandemic. The hotlines will also be used as an additional grievance filing mechanism, though they will not contribute to reporting on resolution of complaints, as it will be the responsibility of the PIU.

Under the SEP, the project established a structured approach to engagement with stakeholders that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with COVID-19. Engagements will focus around the following three project interventions:

- 1) Strengthening Intensive Care Capacity (including the oxygen supply systems);
- 2) Multi-sectoral Response Planning and Community Preparedness; and
- 3) Temporary Social Assistance for Vulnerable Households.

The SEP implementation will contribute to the National Communications and Outreach Strategy and Implementation Plan being supported by UNICEF. Under Component 2, the AF project will recruit a communication firm to develop and disseminate COVID-19 risk communication messages to build synergies with the communication activities being implemented by other donors.



B.2. Specific Risks and Impacts

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

ESS2 Labor and Working Conditions

Like the parent Project, the AF will be implemented in accordance with the applicable requirements of ESS 2, in a manner acceptable to the Association, including through, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), setting out grievance arrangements for project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. The Project Operational Manual for the parent Project includes the labor management provisions, which will be followed by the AF.

Under the ongoing project, the MOHSP has been implementing the Environmental and Social Management Framework (ESMF), which includes specific instruments on Environment Health and Safety (EHS) to be prepared either by the client and/ or the contractor prior to commencement of works (EHS checklists, codes of conduct; safety training etc.). The PIU has hired a dedicated Social Specialist that follows EHS aspects closely, and will make sure that the civil works contracts incorporate social and environmental mitigation measures based on the WBG EHS Guidelines and the updated ESMF and the SEP. All civil works contracts will include industry standard Codes of Conduct that include measures to prevent Gender Based Violence/Sexual Exploitation and Abuse (GBN/SEA). A locally based GRM specifically for direct and contracted workers will be updated as necessary.

In line with ESS 2 and the Tajik law, the use of forced labor or conscripted labor is prohibited in the parent project and the AF, including for rehabilitation and operation of healthcare facilities.

ESS3 Resource Efficiency and Pollution Prevention and Management

Medical wastes (including water, reagents, infected materials, etc.) from the healthcare facilities can have significant impact on environment and human health. Wastes that may be generated from medical facilities/ labs could include liquid contaminated waste, chemicals and other hazardous materials, and other wastes used in diagnosis and treatment. Each target healthcare facility, following the requirements of the ESMF to be updated for the AF Project, WHO COVID-19 guidance documents, and other best international practices, will finalize and follow an Infection Control and Medical Waste Management Plan (ICMWP) to prevent or minimize such adverse impacts. The updated ESMF will include the site-specific instruments (ESMPs) for civil works and oxygen stations to guide on management of rehabilitation works, planned emergency prevention and other mitigation measures.

ESS4 Community Health and Safety

As noted above, medical wastes and general waste from the healthcare facilities have a high potential of carrying micro-organisms that can infect the community at large if they are not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., seismic). The site-specific Infection Control and Waste Management Plans to be finalized will describe:



1. how project activities will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (WHO guideline);
2. measures in place to prevent or minimize the spread of infectious diseases; and
3. emergency preparedness measures.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

ESS 5 was not relevant for the parent Project, as all eventual construction were expected to be undertaken within the existing healthcare facilities. The activities supported by the AF are similar to those supported under the parent project, thus at this point ESS 5 in reference to permanent resettlement or land acquisition is not considered relevant. Temporary closures, reduced access, or disruption will follow principles of voluntary negotiations. In case permanent land acquisition would be necessary, plans would be developed to the satisfaction of the Association prior to commencement of any land acquisition under the AF.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

All works will be conducted within the existing footprint of healthcare facilities; hence, this standard is not relevant to the proposed AF interventions.

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

This standard is not relevant as there are no indigenous peoples in Tajikistan.

ESS8 Cultural Heritage

All works will be conducted within the existing footprint of facilities; hence, this standard is not relevant to the proposed AF interventions.

ESS9 Financial Intermediaries

This standard is not relevant to the proposed project interventions.

C. Legal Operational Policies that Apply

| | |
|--|----|
| OP 7.50 Projects on International Waterways | No |
| OP 7.60 Projects in Disputed Areas | No |

Public Disclosure



B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework?

No

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

The Borrower Framework is not being considered.

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Ministry of Finance

Implementing Agency(ies)

Implementing Agency: Ministry of Health and Social Protection

Implementing Agency: State Agency for Social Protection

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

| | |
|-------------------------------|---|
| Task Team Leader(s): | Baktybek Zhumadil, Jakub Jan Kakietek |
| Practice Manager (ENR/Social) | Anne Olufunke Asaolu Cleared on 28-Oct-2020 at 10:08:41 GMT-04:00 |
| Safeguards Advisor ESSA | Agnes I. Kiss (SAESSA) Concurred on 28-Oct-2020 at 11:55:35 GMT-04:00 |

Public Disclosure