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Report No: PAD4188

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED LOAN IN THE AMOUNT OF US\$ 20 MILLION

TO

TURKMENISTAN

FOR THE

COVID-19 RESPONSE PROJECT

UNDER THE

COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP)

USING THE MULTIPHASE PROGRAMMATIC APPROACH (MPA)

WITH A FINANCING ENVELOPE OF

UP TO US\$6 BILLION

APPROVED BY THE BOARD ON APRIL 2, 2020

Health, Nutrition & Population Global Practice
Europe And Central Asia Region

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CURRENCY EQUIVALENTS

(Exchange Rate Effective June 2021)

Currency Unit = Manat

3.51 Manat = US\$1

FISCAL YEAR

January 1 - December 31

Regional Vice President: Anna M. Bjerde

Country Director: Lilia Burunciuc

Regional Director: Fadia M. Saadah

Practice Manager: Tania Dmytraczenko

Task Team Leader(s): Susanna Hayrapetyan

**ABBREVIATIONS AND ACRONYMS**

CACCR	EU's Central Asia COVID-19 Crisis Response Program
COVID-19	Coronavirus Disease 2019
CPF	Country Partnership Framework
CPRP	Country Preparedness and Response Plan
DFIL	Disbursement and Financial Information Letter
EAEC	Emergency Anti-Epidemic Commission
ESF	Environment and Social Framework
ESRS	Environmental and Social Review Summary
ESS	Environment and Social Standards
EU	European Union
FM	Financial Management
FTCF	Fast Track COVID-19 Facility
GDP	Gross Domestic Product
GRS	Grievance Redress Service
IAASB	International Auditing and Assurance Standards Board
IBRD	International Bank for Reconstruction and Development
ICU	Intensive Care Unit
IDA	International Development Association
IFC	International Finance Corporation
IFRs	Interim Financial Reports
IHR	International Health Regulations
IMF	International Monetary Fund
IPC	Infection Prevention and Control
IPSAS	International Public Sector Accounting Standards
MoFE	Ministry of Finance and Economy
MoHMI	Ministry of Health and Medical Industry
MPA	Multiphase Programmatic Approach
NTZ	Avaza National Tourist Zone
OECD	Organization for Economic Co-operation and Development
OP/BP	Operational Manual / Bank Policy
PAD	Project Appraisal Document
PCR	Polymerase Chain Reaction
PDO	Project Development Objective
PIE	Project Implementing Entity
POM	Project Operations Manual
PPE	Personal Protective Equipment
PPSD	Project Procurement Strategy for Development
SARI	Severe Acute Respiratory Infection
SARS	Severe Acute Respiratory Syndrome
SDG	Sustainable Development Goals
SESC	Sanitary and Epidemiological Safety and Control



SOE	Statement of Expenditures
SPRP	Strategic Preparedness and Response Program
STEP	Systematic Tracking of Exchanges in Procurement
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	The United States Agency for International Development
UV	Ultraviolet
WBG	World Bank Group
WHO	World Health Organization



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DATASHEET

BASIC INFORMATION

Country(ies)	Project Name	
Turkmenistan	COVID-19 Response Project	
Project ID	Financing Instrument	Environmental and Social Risk Classification
P175131	Investment Project Financing	Substantial

Financing & Implementation Modalities

<input checked="" type="checkbox"/> Multiphase Programmatic Approach (MPA)	<input type="checkbox"/> Contingent Emergency Response Component (CERC)
<input type="checkbox"/> Series of Projects (SOP)	<input type="checkbox"/> Fragile State(s)
<input type="checkbox"/> Performance-Based Conditions (PBCs)	<input type="checkbox"/> Small State(s)
<input type="checkbox"/> Financial Intermediaries (FI)	<input type="checkbox"/> Fragile within a non-fragile Country
<input type="checkbox"/> Project-Based Guarantee	<input type="checkbox"/> Conflict
<input type="checkbox"/> Deferred Drawdown	<input checked="" type="checkbox"/> Responding to Natural or Man-made Disaster
<input type="checkbox"/> Alternate Procurement Arrangements (APA)	<input checked="" type="checkbox"/> Hands-on Enhanced Implementation Support (HEIS)

Expected Project Approval Date	Expected Project Closing Date	Expected Program Closing Date
30-Jun-2021	30-Jun-2023	31-Mar-2025

Bank/IFC Collaboration

No

MPA Program Development Objective

The Program Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

MPA Financing Data (US\$, Millions)



MPA Program Financing Envelope	18,000.00
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Proposed Project Development Objective(s)

The Program Development Objective is to prevent, detect, and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Turkmenistan.

Components

Component Name	Cost (US\$, millions)
Improving COVID-19 Prevention, Detection and Emergency Response	5.90
Improving Health System Preparedness for COVID-19	12.10
Project Management and Monitoring and Evaluation	2.00

Organizations

Borrower:	Ministry of Finance and Economy of Turkmenistan
Implementing Agency:	Ministry of Health and Medical Industry of Turkmenistan

MPA FINANCING DETAILS (US\$, Millions)

Board Approved MPA Financing Envelope:	18,000.00
MPA Program Financing Envelope:	18,000.00
of which Bank Financing (IBRD):	9,900.00
of which Bank Financing (IDA):	8,100.00
of which other financing sources:	0.00

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

Total Project Cost	20.00
Total Financing	20.00
of which IBRD/IDA	20.00



Financing Gap	0.00
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DETAILS**World Bank Group Financing**

International Bank for Reconstruction and Development (IBRD)	20.00
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INSTITUTIONAL DATA**Practice Area (Lead)**

Health, Nutrition & Population

Contributing Practice Areas**Climate Change and Disaster Screening**

This operation has been screened for short and long-term climate change and disaster risks

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Rating
1. Political and Governance	● Moderate
2. Macroeconomic	● Substantial
3. Sector Strategies and Policies	● Moderate
4. Technical Design of Project or Program	● Substantial
5. Institutional Capacity for Implementation and Sustainability	● Substantial
6. Fiduciary	● Moderate
7. Environment and Social	● Substantial
8. Stakeholders	● Moderate
9. Other	
10. Overall	● Substantial
Overall MPA Program Risk	● High



COMPLIANCE

Policy

Does the project depart from the CPF in content or in other significant respects?

☐ Yes ☒ No

Does the project require any waivers of Bank policies?

☐ Yes ☒ No

Environmental and Social Standards Relevance Given its Context at the Time of Appraisal

E & S Standards	Relevance
Assessment and Management of Environmental and Social Risks and Impacts	Relevant
Stakeholder Engagement and Information Disclosure	Relevant
Labor and Working Conditions	Relevant
Resource Efficiency and Pollution Prevention and Management	Relevant
Community Health and Safety	Relevant
Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
Cultural Heritage	Not Currently Relevant
Financial Intermediaries	Not Currently Relevant

NOTE: For further information regarding the World Bank's due diligence assessment of the Project's potential environmental and social risks and impacts, please refer to the Project's Appraisal Environmental and Social Review Summary (ESRS).

Legal Covenants

Sections and Description

Schedule 2.I.C (a) The Recipient, through MoHMI, shall by no later than one (1) month after the Effective Date,



prepare and adopt a Project Operations Manual.

Conditions

Type	Financing source	Description
Effectiveness		Article IV. The Additional Condition of Effectiveness consists of the following, namely the Standard Form Agreement between the Borrower and Project Implementing Entity has been executed.



I. PROGRAM CONTEXT

A. MPA Program Context

1. **This Project Appraisal Document (PAD) describes the emergency response to Turkmenistan under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the World Bank's Board of Executive Directors on April 2, 2020 (PCBASIC0219761), with an overall program financing envelope of up to US\$6 billion.¹**

2. **An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019,** when the initial cases were diagnosed in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic. As of June 23, 2021, the outbreak has resulted in over 179 million cases and more than 3.8 million deaths while over 2.7 billion of vaccines doses have been administered in more than 188 countries.²

3. **COVID-19 is one of several infectious diseases that have emerged from animals that are in contact with humans, resulting in major outbreaks with significant public health, social, and economic impacts.** The last influenza pandemics were in 1957 and 1968, and each killed more than a million people across the globe. Although countries are now more prepared to fight pandemics, the world is also more interconnected. In addition, more people have associated risk factors, such as tobacco use, and preexisting chronic health problems that make viral respiratory infections particularly dangerous. Given that the prevalence of the COVID-19 virus remains unknown in most countries, it poses challenges for containment and mitigation. These issues emphasize the need to strengthen the response to COVID-19 across all IDA/IBRD countries to minimize the global risk and impact of this disease.

B. Updated MPA Program Framework

4. **This project is prepared under the global framework of the World Bank's COVID-19 response and is financed from the Turkmenistan's IBRD allocation.** Table 1 provides an updated overall MPA Program framework, including the proposed project for Turkmenistan. All projects under the SPRP are assessed for an Environmental and Social Framework (ESF) risk classification following the Bank's procedures and using the flexibility provided for COVID-19 operations.

¹ Project Appraisal Document Guidance under Global MPA dated April 4, 2020.

² Johns Hopkins University Coronavirus Resource Center, <https://coronavirus.jhu.edu/map.html>, accessed August 25, 2020.



Table 1. MPA Program Framework

Phase #	Project ID	Sequential or Simultaneous	IPF, DPF or PforR	Estimated IBRD Amount (\$ million)	Estimated IDA Amount (\$ million)	Estimated Other Amount (\$ million)	Estimated Approval Date	Estimated Environmental & Social Risk Rating
1	P175131	Simultaneous	IPF	20.0	0.0	0.0	June 30, 2021	Substantial

C. Learning Agenda

5. **Under the MPA Program, this project will support adaptive learning throughout implementation and will draw on lessons from international organizations**, including WHO, the United States Centers for Disease Control, United Nations Children’s Fund (UNICEF), and others. The areas for learning during project implementation are described in the technical, social, and economic appraisal sections of the PAD, as applicable. In Turkmenistan, the following topics will be targeted for learning:

- **Forecasting:** Modeling the progression of the pandemic, both in terms of new cases and deaths, as well as the economic impact of disease outbreaks under different scenarios;
- **Supply chain approaches:** Assessing options for timely distribution of medicines and other medical supplies;
- **Linkages to future programs in Turkmenistan:** Making efforts to both include lessons learned from COVID-19 operations and inform future analyses and operations about the effective combination of emergency response, health systems strengthening, and physical distancing; and
- **Comparative analysis:** Contributing to the evidence and experience-sharing on programmatic comparisons for other Central Asian countries attempting approaches similar to Turkmenistan’s.

II. CONTEXT AND RELEVANCE

A. Country Context

6. **Turkmenistan is a resource-rich, upper-middle-income country located at the center of the Eurasian continent.** It has an estimated population of 5.8 million (2018),³ and shares land borders with Kazakhstan, Uzbekistan, Iran, and Afghanistan. On the west, it borders the Caspian Sea, which offers abundant gas and oil deposits. Turkmenistan’s gas reserves are the fourth largest in the world and represent about 10 percent of global reserves. Oil and gas processing industries have grown in recent years and, in 2019, the world’s first and only natural gas-to-gasoline plant became operational. It is also rich in a number of critical inputs to chemical and construction industries (petroleum, sulfur, iodine, salt, bentonite clays, limestone, gypsum, cement). Over the last two decades, Turkmenistan exhibited high performance of economic growth⁴. The GDP growth was largely driven by expanding hydrocarbon production and export.

7. **The Government of Turkmenistan’s development agenda is focused on sustaining growth, continuing to**

³ World Development Indicators, available from <https://www.worldbank.org/en/country/turkmenistan/overview>.

⁴ <https://data.worldbank.org/country/turkmenistan>



improve living standards, increasing the role of the private sector, and diversifying the economy. The broad National Program for Socio-Economic Development of Turkmenistan for 2011-2030 seeks to: (i) increase the private sector's role in the economy by expanding its share of the non-hydrocarbon economy to at least 75 percent; (ii) achieve high-income status by 2025; (iii) provide universal access to drinking water by 2030; and (iv) close the development gap between rural and urban areas and ensure inclusive development throughout the country. It envisages diversification of the economy and increased competition and recognizes the importance of further market and institutional reforms. Complementing the broad 2011-2030 Program, the Government has developed a Program for Socio-Economic Development for 2019-2025, that identifies the scope and more specific activities for the indicated period. The 2019-2025 Program is also focused on achieving Sustainable Development Goals (SDG) and introducing the concept of digitalization of the economy.

8. Private sector development is critical to delivering on Turkmenistan's development goals. While the size and the share of the private sector is slowly growing, public sector and state-owned monopolies continue to govern the economy and the formal labor market. Tight administrative controls and dominance of the public sector in economic activity has hindered private sector development. Apart from the hydrocarbon sector, foreign direct investment remains limited. Opening the economy, improving the business regulatory environment, accelerating the corporatization and privatization of state-owned enterprises, and investing heavily in human capital are vital to boosting private sector development and achieving medium- and long-term national development goals.

9. Despite recent economic successes, Turkmenistan lags behind most comparator countries in terms of key indicators of human development. Turkmenistan is considered an upper-middle income country. The 2020 Human Development Index (HDI)⁵, however, ranks Turkmenistan as 111 out of 189 countries. Several basic indicators lag behind comparable countries. For example, expected years of schooling (11.2 years) is lower compared to Tajikistan (11.7), Uzbekistan (12.1), Kyrgyzstan (13), and Kazakhstan (15.6). Life expectancy at birth is also low (at 68 years) compared to Tajikistan (71.1), Uzbekistan (71), Kazakhstan (73), or Iran (76)⁶. The latter is driven by a complex burden of health care needs at population level, comprising both chronic diseases such as heart disease and diabetes, alongside pneumonia and neonatal deaths (which remain the 4th and 5th most common causes of death in Turkmenistan⁷). While the average years of schooling is high for its income level (9.8 years), there is a lack of data on the quality of education and its alignment to the present and future needs of the economy, which may present future challenges. Despite recent increases in income per capita, Turkmenistan still faces significant challenges in improving health and education outcomes.⁸ The COVID-19 pandemic, with its significant public health, social, and economic impacts will inevitably intensify these challenges still further. Challenges in accessing statistical information and a lack of collaboration on data standards and quality also complicate the assessment of economic developments and verification of officially reported growth performance outcomes and other socio-economic indicators.⁹

10. While no cases of COVID-19 have been officially reported, the economic impact of containment measures is yet to be seen. In response to COVID-19, the Government was quick to close its borders and restrict passenger/cargo

⁵ The Human Development Index is the geometric mean of normalized indices for i) life expectancy at birth; ii) mean years of schooling for adults aged over 25 and expected years of schooling for children entering school; and, iii) gross national income per capita. See <http://hdr.undp.org/en/2020-report>

⁶ World Bank. "Life Expectancy at Birth, Total Years". Web. Accessed September 27, 2020. <https://data.worldbank.org/indicator/SP.DYN.LE00.IN>

⁷ Institute of Health Metrics and Evaluation. See <http://www.healthdata.org/turkmenistan>

⁸ World Bank. "Diversifying the Turkmen Economy". Report No.12651ACS 12651

⁹ In 2020, the World Bank's corporate economic reports, such as the ECA Economic Update and Macro-Poverty Projections, excluded Turkmenistan from the analysis.



routes since March 2020. International travel was (and remains) suspended, with the exception of few chartered flights to repatriate Turkmen citizens stranded abroad or return foreign nationals to their home countries. Limited cargo transport was maintained mainly with Azerbaijan and Iran, and all incoming cargo were subject to relevant quarantine and disinfection procedures. In addition to international restrictions, the Government also adopted limited operations and temporary closures for most businesses except grocery stores in July 2020. These restrictions were extended on a month-to-month basis, with the latest restrictions valid through November 15, 2020.

11. International flights were suspended in March 2020 and continue today, while other control measures, like mask wearing, limited operation of shopping centers, entertainment and sports facilities, and intercity train and bus services, were introduced in July 2020 continued through April-May 2021. In June 2021, intercity train and bus services were restored, and entertainment facilities resumed operations with precautions measures in place, such as maintaining distancing and sanitary and hygiene measures in place. International flights remain suspended with the exception of a few chartered flights organized for the purposes of repatriation as described in the previous paragraph. Cargo transport has been restored with precautions measures in place, which include sanitization of cargo in the special facilities and unloading the cargo from foreign to national vehicles at the border check points through an established contactless protocol. Mask requirement also remains mandatory. The school year for children from September 2020 through end-May 2021 was not disrupted, but classes were held with single seating arrangement to maintain distancing and with sanitary and hygiene measures also in place, which are expected to continue for the next school year. The summer vacation has also been allowed for citizens at the Avaza National Tourist Zone (NTZ) on the Caspian coast starting from June 2021 in accordance with special protocols and procedures established for this purpose. These include mandatory vaccination of vacationers prior to obtaining a special tourist voucher to enter the NTZ and mandatory COVID-19 test before entry and prior to departure from the NTZ. The authorities have established emergency medical services at the NTZ, stocked with medicines and medical supplies to provide emergency medical care. Express COVID-19 testing facilities have been established at various locations in and near the NTZ.

12. The global COVID-19 pandemic represents a twin supply-/demand-side shock to the world economy, affecting hydrocarbon-exporting countries to a significant extent. The IMF had projected real GDP growth to significantly slow down to 1.8 percent in 2020 due to the pandemic, its forecast for 2021 is now projected to 4.6 percent. This projection puts Turkmenistan on the list of best performers. Still, the economy is likely to have been affected by several factors, including: (i) reduced price and demand for natural gas; (ii) disruption of the global supply chains and the suspension of production of infrastructure materials, spare parts, raw materials in the supplier countries; (iii) suspended operations of local airline and limited load of the railway transportation and freight services; (iv) falling exports of local producers; and (v) the interruption in the inflow of workers' remittances from, mainly, Turkey and Russia.

13. Turkmen authorities have announced support to sectors that were hit the hardest by the global pandemic – transport and communications sectors. Support was also announced for the tourism industry. The Government announced that businesses will receive benefits related to purchase of raw materials and access to loans. Assistance was announced in relation to payment of taxes, settlements, and export operations. However, no specific details have been made available, except that such support will be provided from the state budget.



B. Sectoral and Institutional Context

14. **Since the mid-1990s, the Government of Turkmenistan has been implementing its health reform agenda to strengthen the healthcare system and improve the health of its population.** The State Healthcare Program, Saglyk, was initially developed in 1995 and subsequently updated in 2015 and informs the national health reform agenda. Early reform efforts prioritized prevention through the introduction of family medicine-oriented primary care and the optimization of use of hospital beds. Other major reform initiatives include: the introduction of voluntary health insurance, changes to health financing, and the roll out of health worker and pharmaceutical product licensing frameworks. Since 2010, the reforms have expanded to cover specialized (tertiary) care services. As part of the expanded focus on tertiary services, many new specialized hospitals equipped with high-end equipment have been put into operation, including centers in cardiology, oncology, endocrinology, ophthalmology, and communicable diseases.

15. **Since 2006, the Government of Turkmenistan has invested over US\$ 65 million on its immunization program in support of the Government's aspiration to achieve universal immunization coverage.** Since 2001, the national vaccination program and the procurement of vaccines have been fully financed by the state budget, with a continuously increasing vaccination budget envelope. The country has also achieved universal salt iodization and a decline in stunting rates from 19 percent in 2006 to 11 percent in 2015.

16. **Despite the reform successes, many challenges remain in improving access and quality of care.** Public-sector expenditures on health are estimated at 1.3 percent as a share of the national GDP and is at the lower end of the continuum among the WHO European Region countries.¹⁰ Out of pocket expenses were 72 percent of the total health expenditure in 2017 and continue to constitute a major barrier to universal access to health services.¹¹ There are relatively low outpatient contacts per person per year (3.2 in 2018) compared to other countries in the WHO European Region.¹² Hospital bed capacity is 403 beds per 100,000 population (2014), close to the Central Asian average.¹³ While there is anecdotal evidence on shortages of health care inputs, limited information is available on the levels of unmet need, and there is only a (or very) limited opportunity for health care users to provide feedback on their needs and on health facility/provider performance. On the quality of care, only about half of the health facilities are reported to use clinical practice guidelines in the management of non-communicable diseases (NCDs). About half of the patients diagnosed with hypertension receive treatment; and only 12 percent of the patients diagnosed with hypertension are reported to control their blood pressure.¹⁴ Challenges in health data collection and use are also widely reported. In particular, the quality of routinely collected data is often of concern. For example, the prevalence of hypertension in routinely reported data is at 1.1 percent, while the findings from the 2018 WHO STEPS¹⁵ survey suggest the prevalence of 26 percent.¹⁶ Risk factors are prevalent, for example, some 52 percent of

¹⁰ WHO Regional Office for Europe. "Public-sector expenditure on health as a proportion of GDP" European Health for All explorer. Web. Accessed September 27, 2020. <https://gateway.euro.who.int/en/hfa-explorer/>

¹¹ Global Health Observatory data repository. Out-of-pocket expenditure as percentage of current health expenditure. In: World Health Organization [website]. Geneva: World Health Organization; 2017 (<http://apps.who.int/gho/data/node.main.GHEDOOPSCHESHA2011?lang=en>, accessed 24 February 2020).

¹² WHO Regional Office for Europe. "Outpatient contacts per person per year" European Health for All explorer. Web. Accessed September 27, 2020. <https://gateway.euro.who.int/en/hfa-explorer/>

¹³ WHO Regional Office for Europe. "Hospital beds per 100,000 population" European Health for All explorer. Web. Accessed September 27, 2020. <https://gateway.euro.who.int/en/hfa-explorer/>

¹⁴ Farrington, Jill, et al. "Better noncommunicable disease outcomes: challenges and opportunities for health systems: Turkmenistan country assessment." (2019).

¹⁵ WHO STEPwise Approach to Surveillance (STEPS); <https://www.who.int/ncds/surveillance/steps/en/>

¹⁶ Farrington, Jill, et al. "Better noncommunicable disease outcomes: challenges and opportunities for health systems: Turkmenistan country



the adult population are overweight.¹⁷ Turkmenistan has one of the highest rates of premature mortality due to NCDs in the WHO European Region. The probability of dying prematurely (aged 30–70 years) from one of the four major NCDs is 26.9 percent.⁹

17. The Government of Turkmenistan has adopted the COVID-19 preparedness and response strategy to prevent the importation and spread of COVID-19 in the country. Strengthening pandemic preparedness is a critical and necessary step to ensure health system readiness in preparation for in-country COVID-19 transmission. The COVID-19 pandemic is rapidly evolving around the world and no country is immune from its impact. While no COVID-19 cases have been formally reported in the country, many preparedness measures have already been put in place within the Government pandemic response strategy. For example, the Emergency Anti-Epidemic Commission (EAEC) Operational Headquarters has been established to coordinate the national pandemic preparedness and response effort. The Commission is led by the Deputy Prime Minister responsible for health and operates under the Council of Ministers with operational headquarters at the MoHMI. Furthermore, several plans associated with this strategy have been developed and approved, including “the Decree of the President of Turkmenistan on the Comprehensive Plan of Measures to Prevent the Importation of COVID -19 into Turkmenistan”, “the Preparedness and Response Plan for Acute Infectious Disease/Country Preparedness and Response Plan (CPRP),” and the national socio-economic impact plan. The country pandemic preparedness activities aim to prepare the country to a range of possible transmission scenarios.

18. WHO conducted a mission in July 2020 to review the national COVID-19 preparedness and response. The mission report identified key strengths and areas for improvement in the national pandemic response. The strengths include: (i) high-level commitment, as demonstrated by early adoption of a strategy to prevent the importation and spread of COVID-19 in Turkmenistan; (ii) availability of approved national plans; (iii) robust multisectoral approach; (iv) availability of critical supplies; and (v) baseline public health capacities. The Government put in place a set of measures at points of entry (PoEs), including airports/seaports and ground crossings, to minimize the risk of COVID-19 transmission into the country. The mechanisms and procedures for screening international travelers exist should Turkmenistan decide to reopen international travel. While acknowledging that the focus to date has been on preventing the importation of COVID-19, the WHO report highlighted a clear need to refocus and align the strategy of the country to a changing epidemiological picture both at the national and sub-national levels. **The central recommendation to Turkmenistan is to continue and accelerate Turkmenistan’s efforts towards preventing transmission in the community and activating a scaled-up health sector response.** The areas identified for further strengthening involve: (i) country level coordination, planning and monitoring; (ii) risk communication and community engagement; (iii) surveillance, rapid response team and investigation; (iv) infection, prevention and control; and (v) case management.

19. 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 centers and health facilities represented at the regional and district levels. The public health centers are comprised of virology laboratories, rapid response teams, epidemiological staff, and units responsible for infection prevention and control (IPC). The network of health

assessment.” (2019).

¹⁷ World Bank. “Prevalence of overweight (% of adults)” Health Nutrition and Population Statistics. Web. Accessed September 27, 2020. <https://databank.worldbank.org/reports.aspx?source=311&series=SH.STA.OWAD.ZS>



facilities includes primary care facilities, district and regional general and pediatric hospitals, infectious diseases hospitals, and specialized tertiary inpatient care centers. 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 favorably 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).

20. 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 may rebound, 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.

21. Turkmenistan's approach in reporting zero cases of COVID-19 departs from most other countries, which provide information on the situation by disease outbreak. Regardless of the source or origin, reporting any unusual or unexpected occurrence of disease or death under the International Health Regulation (IHR 2005) is critically needed to help inform decisions on outbreak control and minimize the economic and social impact, particularly on vulnerable groups. Once Turkmenistan identifies COVID-19 cases in its territory, increased international collaboration will be facilitated, access to additional resources from international stakeholders can be more effectively targeted, and engagement in international research efforts into COVID-19 will be possible.

22. Turkmenistan's current zero incidence of COVID-19 might be a reflection of the country's prompt and effective imposition of public health measures. However, it may also reflect differences in how infection by SARS-CoV-2 (the virus which causes COVID-19 symptoms) is tested for and reported on. To ensure that the Turkmen authorities have a complete picture of the evolution of the pandemic, and of the effectiveness of national and local public health actions, timely and accurate monitoring of COVID-19 incidence, and SARI cases more broadly, will be vital. Specifically, weekly reporting and analysis of COVID-19 cases, and SARI more broadly, should be undertaken to inform the Government of the impact various response strategies and their effect on socio-economic conditions. As the restrictions on the movement and economic activities increase, the toll on the vulnerable populations will also worsen. As evidenced from global experience, the strict social distancing measures undertaken have helped to flatten the epidemic curve and reduce the immediate excess demand for health services; however, they are unlikely to eliminate the virus. As a result, social distancing measures continue to be followed. In this regard, the modeling outputs will help to guide important decisions and balance the costs arising from the disrupted economic activity and continuity of care for other conditions against the benefits accrued from the instituted distancing measures.



23. **The Government and major development partners are actively engaged in donor coordination of activities for COVID-19 response.** The country-level coordination, planning, and monitoring activities are led by the Ministry of Health and Medical Industry (MoHMI) and supported by the UN Resident Coordinator's Office and WHO. Several task teams operate under the donor coordination framework of which the procurement task team is the most active at this stage. Major development partners, such as WHO, UNICEF, United Nations Development Program (UNDP), United Nations Population Fund (UNFPA) and other UN agencies, World Bank, Asian Development Bank, the European Bank for Reconstruction and Development, and other partners, meet regularly to align COVID-19 related donor efforts with national priorities.

24. **Turkmenistan has been actively stocking up on vaccines and was the first country in Central Asia to register the Russia-produced "Sputnik V" vaccine as early as January 2021.** Shortly after, Russia's second COVID-19 vaccine, "EpiVacCorona" also received registration in Turkmenistan. Large consignments of "CoronoVac" vaccines from China have also arrived in Turkmenistan. COVID-19 Vaccination has been ongoing for several months with risk group workers and senior age population having been vaccinated at the early stages of the Government's campaign with gradual coverage of population of younger age following a phased approach. Vacationers traveling to the Caspian resort are also vaccinated from age 18 and up. Also, as the choice and availability of safe and effective COVID-19 vaccines grow, the country has prepared for vaccine deployment with the assistance of WHO.

C. Relevance to Higher Level Objectives

25. **The project is aligned with the World Bank Group (WBG) strategic priorities, particularly the WBG's mission to end extreme poverty and boost shared prosperity.** The project is focused on public health preparedness and health system capacity strengthening, which is critical to achieve universal health coverage.¹⁸ It is also aligned with the World Bank's commitment to support national plans to strengthen pandemic response through three key actions: (i) improving national preparedness plans, including through the governments' organizational networks; (ii) promoting adherence to International Health Regulations (IHR); and (iii) using international frameworks for monitoring and evaluating IHR. The economic rationale for investing in the MPA interventions is strong, given that success can reduce the economic burden on both individuals and countries. The project complements both WBG and development partner investments in health systems strengthening, disease control and surveillance, attention to changing individual and institutional behavior, and citizen engagement. It also contributes to the implementation of IHR (2005), Integrated Disease Surveillance and Response, the Global Health Security Agenda, and the SDGs.

26. **The WBG remains committed to providing a fast and flexible response to the COVID-19 epidemic,** making use of all WBG operational and policy instruments, and working in close partnership with governments and other agencies. Grounded in One-Health, which provides for an integrated approach across sectors and disciplines, the proposed WBG response to COVID-19 will include emergency financing, policy advice, and technical assistance, building on existing instruments to support IDA-/IBRD-eligible countries in addressing the health sector and broader development impacts of COVID-19. The WBG COVID-19 response is anchored in WHO's COVID-19 global SPRP, which outlines the public health measures through which all countries can prepare for and respond to COVID-19 and sustain their efforts to prevent future outbreaks of emerging infectious diseases.

27. **In addition to being aligned with the WBG's strategic priorities, the project also supports the priorities of the Government of Turkmenistan,** as outlined in both the National Program for Socio-Economic Development of

¹⁸ https://www.who.int/healthinfo/universal_health_coverage/en/.



Turkmenistan for 2011-2030 and Saglyk. Specifically, this project is aligned with Saglyk's focus on supporting efforts to strengthen service provision and improve access to basic services. It contributes to the country's long-term agenda with respect to core public health function and aims to provide critical services to all citizens, including those in poorer regions of the country. The proposed investments are expected to generate benefits during both the pandemic and normal times.

28. **The WBG's recent engagement with the country focused on analytical and knowledge-based programs in the framework of the Interim Strategy Note (FY14-15) and the Country Engagement Note (FY16-17)** that were delivered through two Reimbursable Advisory Services (RAS) agreements and complemented with the Bank's own analytical reports. Currently, the WBG does not have an active strategic partnership framework in the country and the current operation is being prepared under the exceptional circumstances to respond to the pandemic. However, there are ongoing discussions to develop a strategic engagement document and expand partnership through a third RAS program in the banking sector focusing on cybersecurity, potential analytical and investment operation in the agriculture sector, and analytical economic work and activities aimed at improving the business climate through country's participation in the Doing Business program.

III. PROJECT DESCRIPTION

A. Development Objectives

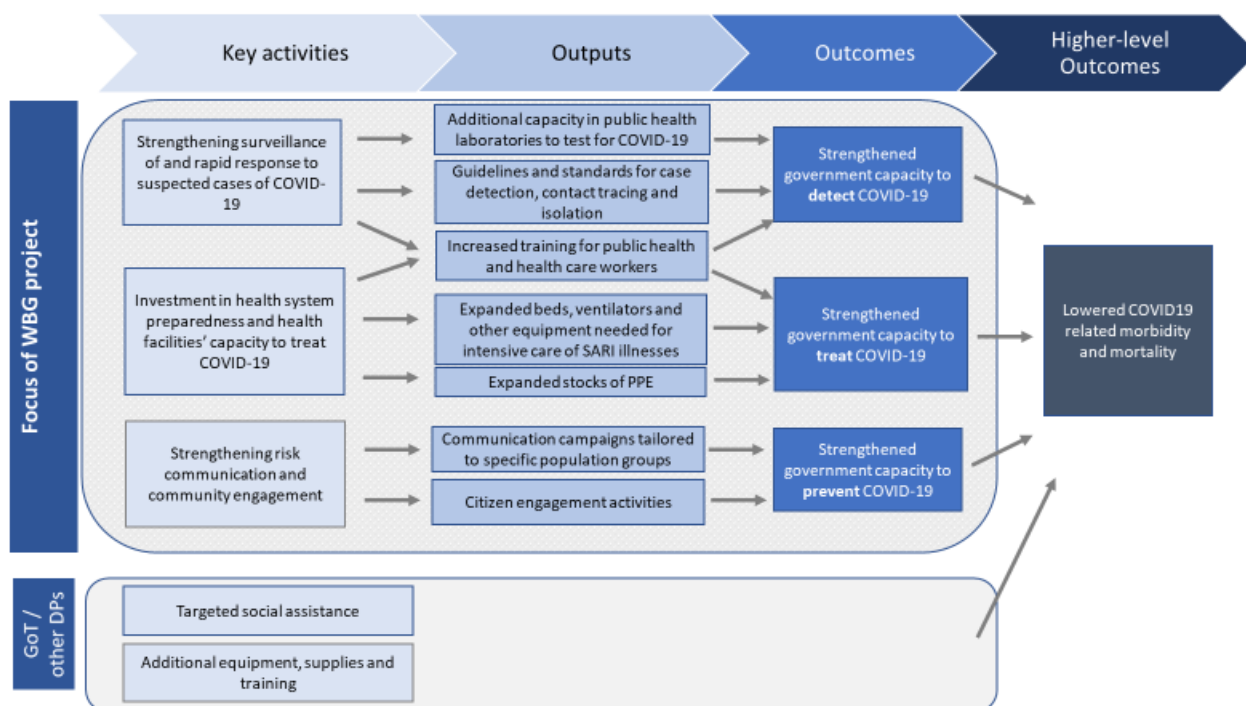
29. **The Project Development Objectives (PDO) are to prevent, detect, and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Turkmenistan.** The Project objectives are aligned to the results chain of the COVID-19 SPRP. Figure 1 presents the Theory of Change for the Project.

30. **The PDO will be monitored through the following PDO-level outcome indicators:**

- Development and periodic update of a comprehensive national COVID-19 risk communication plan, including standardized, evidence-based information targeted to different population groups;
- Number of COVID-19 designated laboratories with verified diagnostic equipment and test kits;
- Number of designated beds for COVID-19 patients with access to continuous oxygen supply; and
- A National Pandemic Preparedness and Response Plan is regularly updated and tailored for each region.



Figure 1. The Theory of Change



B. Project Components

31. **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. Activities are limited to those requested by the Government for urgent assistance and have been identified through a series of meetings with the Ministry of Finance and Economy (MoFE) and the MoHMI and informed by parallel meetings with UNDP, WHO, UNICEF, and other partners. As a result, project activities complement the Government's pandemic response and support from other development partners (Annex 3), while remaining consistent with the list of eligible activities outlined in the World Bank MPA. The first two components cover seven critical pillars of an effective pandemic response plan, as outlined by WHO.¹⁹

- Component 1 will aim to strengthen country-level coordination, risk communication and community outreach, early case detection, isolation and contact tracing, testing, and response capacities (activities which mostly fall within the responsibility of the MoHMI Division for Sanitary and Epidemiological Safety and Control).
- Component 2 will focus on strengthening infection prevention and control and case management practices in health facilities (activities which mostly fall within the responsibility of the MoHMI Division for Patient Care).
- Component 3 will focus on project management and evaluation and monitoring of activities.

¹⁹ World Health Organization. (2020). Operational Planning Guidelines to Support Country Preparedness and Response.



Component 1: Improving COVID-19 Prevention, Detection and Emergency Response (US\$5.9 million)

32. **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.

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

33. **An effective national surveillance system is critical to understanding the epidemiology of COVID-19 in Turkmenistan and informing the national and local response plans and activities.** 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 personal protective equipment (PPE) 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. These will include climate-smart considerations in lab and medical supply procurement to reduce the carbon footprint of the procurement process thereby mitigating climate change, in alignment with the EU Directive and Turkmenistan's commitment to the Paris Agreement. Investments to strengthen laboratory operations may also include developing/updating guidelines and standard operating procedures for essential surveillance activities, such as case detection and contact tracing; reviewing the national testing strategy; developing a structured plan for laboratory scaling up, including training of additional laboratory groups that could work in 8-hour shifts (at least 4 groups per laboratory) and monitoring laboratory performance, strengthening national surveillance systems that will also increase resilience to climate-induced diseases from flooding; for infectious diseases, including by enhancing the performance of sentinel and event-based surveillance systems; and financing software²⁰ for data management of case investigation and contact tracing. A range of training activities will also be carried out to address critical gaps in knowledge and skills in pandemic response among public health specialists thereby enhancing the ability of the health system to detect future outbreaks including of climate-related diseases. As the accuracy and availability of antibody testing kits improve, this sub-component may also finance procurement and training of staff in antibody testing to estimate the share of the population with past infection. This sub-component will also support the assessment of COVID-19 vaccine deployment readiness and capacity building activities to identify gaps in that regard from the technical support provided by WHO (and possibly UNICEF) as part of their ongoing program.

Sub-component 1.2. Strengthening risk communication and community engagement

34. **Risk communication and community engagement activities are critical measures to prevent the spread of COVID-19.** Activities will include the development of information relevant to the containment of the pandemic, regularly communicated using consistent and evidence-based messaging. Support will be provided for the development and distribution of information targeted at citizens, including: (i) basic communication materials (such as question and answer sheets and fact sheets in appropriate languages) on COVID-19 and general preventive measures such as “dos” and “don’ts” for the general public; (ii) informative materials and guidelines for health care providers, particularly for primary health care nurses, to increase risk awareness of COVID-19; (iii) training modules

²⁰ Introduction to Go.Data – field data collection, chains of transmission and contact follow-up. In: World Health Organization [website] (<https://openwho.org/courses/godata-en>, accessed 24 July 2020).



(web-based, printed, and video); and (iv) presentations, slide sets, videos. This sub-component will also finance virtual symposia on surveillance, treatment and prophylaxis and include the importance of genuinely engaging communities as a strategic part of the pandemic response. There would be a major focus on communication activities to ensure greater awareness among the key population groups about building resilience against infectious diseases including climate-related infectious diseases. Specific messages will be developed to target vulnerable population groups, such as elderly or disabled individuals who are also susceptible to increasing temperatures and heatwaves from climate change, as well as community and health care workers. This sub-component will also establish the activities and vehicles (focus groups, focal points) to ensure that all community members community leaders, patients and their families, are able to voice their needs and priorities, to enable government action that responds to localized concerns. As such, this sub-component will support the establishment of a monitoring process to report on beneficiaries' perceptions of whether their needs are being met and will assist the MoHMI Health Information Centre and the EAEC in developing platforms to disseminate information from the national to state and local levels, across public and private sectors, and within communities, while simultaneously establishing channels for feedback from all parts of society.

Component 2. Improving health system preparedness for COVID-19 (US\$12.1 million)

35. This component will strengthen health system preparedness by expanding capacity for treating COVID-19 and SARI cases, 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, utilizing climate-smart, low carbon, sustainable procurement and energy efficient devices to mitigate climate change in support of Turkmenistan's membership to the UNFCCC and Paris Agreement climate commitment. A preliminary list of items to be procured is provided in Annex 4. The current state of evidence was considered in defining the types of procurable items included in the procurement plan. For example, given the emerging evidence on the importance of oxygen therapy among non-ICU patients, the procurement plan has been updated to include oxygen generation plants. Similarly, current evidence on the effectiveness of medications in the management of SARI and COVID-19 cases will inform the final list of procurable medicines (e.g., dexamethasone has shown positive results in preventing complications and even deaths due to COVID-19). Component 2 will also support staff training in COVID-19 and SARI management and the use of selected medical equipment, including the preparation and regular updating of clinical guidelines to ensure that COVID-19 and SARI management remains in line with international best practice. Additional support will be provided to strengthen health information systems through the rapid development and deployment of a web-based information system to monitor quality of COVID-19 and SARI care in hospitals (e.g., registry), again, regularly updated to reflect international best practice regarding management of the disease.

36. This component will further strengthen an overall IPC programme for the health system, including capacity to continuously implement and supervise IPC activities at the facility-level. This will comprise activities in the areas of screening and triage, isolation, administrative controls, environmental controls, and healthcare worker surveillance, among others. Support for strengthening medical waste management and disposal will include financing of incinerators and training on their use and may also include financing of autoclaves, microwaves, and volume- and weight-reduction equipment that are energy efficient. Biomedical waste management equipment will be financed to support centralized biomedical waste management in all regional hospitals designated to treat COVID-19 and SARI patients. The specific equipment and target hospitals for waste management activities will be identified by the MoHMI Division for Sanitary and Epidemiological Safety and Control jointly with the MoHMI Division for Patient Care. In addition, this component will support the periodic update of the National Pandemic Preparedness and Response



plan to ensure the continuity of essential health services. This will be done through: (i) the identification and prioritization of essential services that should be available at all times; (ii) the identification of non-essential and elective health services that could be delivered using telemedicine technologies (including phone or video consultations) where the introduction of teleconsultation services for the elderly and for those with long-term underlying health conditions will reduce the vulnerability of these groups to the impacts of climate change in particular from extreme heat and poor nutrition; and (iii) the reprofiling of specialized hospitals or wards for COVID-19 patients, and alternative facilities for non-COVID-19 patients.

Component 3: Project Management, Monitoring and Evaluation (US\$2.0 million)

37. **This component will support overall project administration, including project management, fiduciary functions, environmental and social safeguards, and regular monitoring of and reporting on implementation.** UNDP will be responsible for project management and implementation under indirect financing arrangements, pursuant to a Standard Form of Agreement, Delivery of Outputs being signed between the Government of Turkmenistan and UNDP as a condition for effectiveness. This component will also support overall project monitoring and evaluation, including staff training in participatory monitoring and evaluation (and other citizen engagement activities) at all administrative levels of the MoHMI and the development of an action plan for 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, 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. Annual expenditure reviews will also be conducted to assess the strengthening of public health functions, as measured by budgetary allocations.

C. Project Beneficiaries

38. **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.

IV. IMPLEMENTATION ARRANGEMENTS

A. Institutional and Implementation Arrangements

39. **As the lead agency accountable for the health of the population, oversight of the health system and of the quality of health services in the country, the MoHMI will be responsible for the overall coordination and oversight of the project during implementation.** However, other agencies and partners will be involved in project implementation; their main functions are described in Box 1.

40. **While the loan agreement will be signed between the World Bank and the Government of Turkmenistan, project implementation will be supported by UNDP in accordance with the Standard Form of Agreement²¹ between the Government of Turkmenistan and UNDP.** This approach draws from lessons learned from other Bank-financed projects implemented under similar arrangements with UN agencies (i.e., Yemen COVID-19 Response Project (P173862), Iran COVID-19 Emergency Response Project (P173994), and Lebanon Emergency National Poverty

²¹ Standard Form of Agreement for Use by the World Bank Borrowers: Delivery of Outputs by UNDP (April 12, 2019).



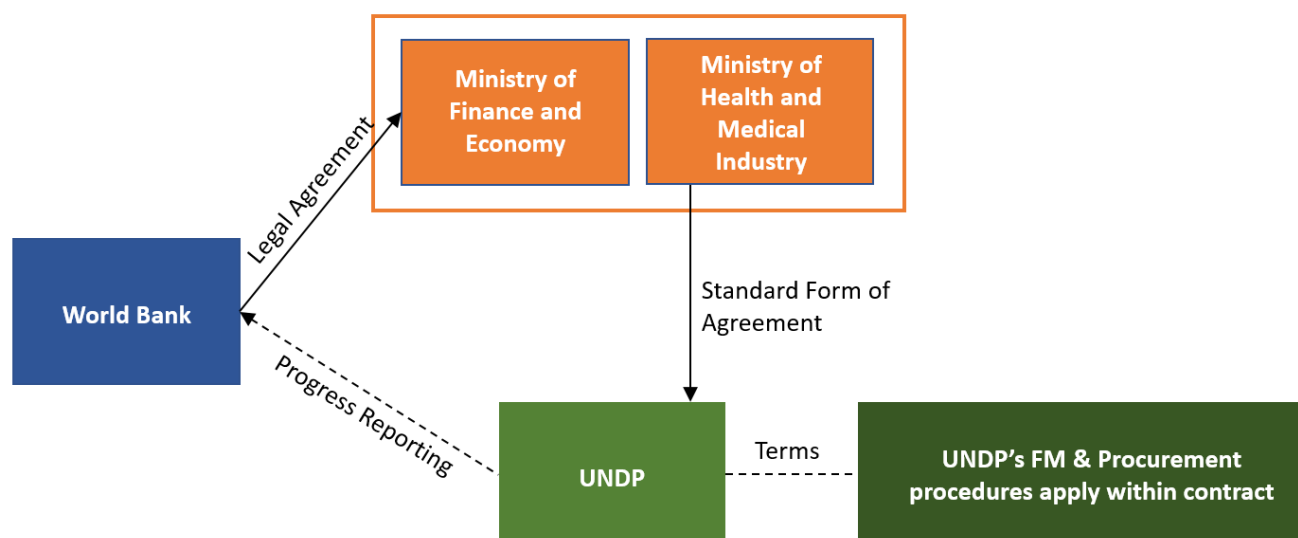
Targeting Program (P149242). Specifically, early lessons learned from the implementation of the Yemen project indicates that (a) implementation capacity of UN implementing agency is key for successful project implementation; and (b) strong partnership and collaboration between the Bank and UN partners are critical, including regular meetings between teams (UN, Bank, MoHMI), to timely identify and resolve potential problems. Experience with the implementation of the Iran project shows the importance of explicitly detailing in the Standard Form of Agreement with the UN agency the lines of responsibilities and reporting arrangements to reinforce strong relationships that pay off and contribute to effective oversight of project implementation. The above lessons were taken into account while defining the project's implementation arrangements and are reflected in the clear definition of roles and responsibilities of different parties involved including (a) organizing regular meetings with UNDP during the project preparation stage and planning monthly meetings during project implementation; (b) articulating reporting requirements in the Loan Agreement; and (c) highlighting approvals of safeguard related matters by the Bank on contracts to be signed by the Project Implementing Entity (UNDP). Overall, such Agreement is justified due to the lack of government's experience with World Bank-financed projects and the weak implementation capacity at the MoHMI. As part of the Agreement, UNDP will be responsible for the procurement and distribution of the agreed list of equipment, medicine, supplies as well as for supporting the implementation of risk communication campaigns and the provision of technical assistance on behalf of the Turkmenistan government. The signing of the Agreement between the Government of Turkmenistan and UNDP will be a condition of effectiveness. Overall, UNDP will be responsible for the fiduciary management and monitoring and evaluation (M&E) of the project, including ensuring compliance with the Environmental and Social Framework-related actions. The MoHMI will provide oversight to ensure that UNDP meets its obligations in accordance with the terms of the Agreement.

41. In summary, the key responsibilities of UNDP are as follows:

- Provision of technical assistance to: (i) determine quantities and specifications for the procurement of medical equipment; and (ii) in collaboration with MoHMI, identification of eligible health facilities to receive the procured equipment as per agreed criteria;
- Procurement and distribution of medical equipment, medicine, and supplies;
- Procurement of technical assistance;
- Monitoring and evaluation, verification, and reporting; and
- Compliance with environmental and social commitment plan (ESCP).



Figure 2. Institutional and Implementation Arrangements



42. To ensure continuity in the overall COVID-19 response in Turkmenistan, the Head of the Department of Sanitary and Epidemiological Service and Control has been appointed as the National Project Coordinator and is responsible for working with the World Bank and UNDP teams (and other relevant UN agencies) and liaise with other key departments/divisions on all technical matters throughout project implementation. A summary of roles and responsibilities and relationships between parties involved is presented in Annex 5.

Box 1. Key agencies involved in project implementation

MoFE – Guarantor and lead state agency. Provides routine oversight of the spending processes of all ministries to ensure compliance with pre-defined plan; leads the annual budget preparation process. MoFE will coordinate funds in- and outflow for the project and will receive regular financial reports.

MoHMI –Lead agency responsible for overall coordination, implementation, and oversight of project’s activities. The MoHMI Division for Sanitary and Epidemiological Safety and Control, MoHMI Division for Patient Care, and the MoHMI Health Information Centre will take the lead roles in the technical aspects of project implementation. These units will receive technical support from key UN agencies under contractual arrangements finance under the project.

Regional and local administrations (municipalities) will be involved in risk communication and information sharing activities led by the MoHMI Health Information Centre.

UNDP –Project Implementing Entity on behalf of the Government of Turkmenistan in accordance with the Standard Form of Agreement for Use by the World Bank Borrowers: Delivery of Outputs by UNDP (April 12, 2019). UNDP will also be responsible for monitoring compliance with the project’s environmental and social standards.

WHO, UNICEF, UNFPA (other UN agencies) – UN agencies will provide additional support to the units of the MoHMI responsible for the technical implementation of the project according to their areas of expertise.

43. On the technical front, the project will use existing institutions and capacities of the Government, to assure



the smooth technical implementation and oversight of the project, and sustainability of the interventions. A Special Working Committee, chaired by the Deputy Minister of MoHMI and comprising heads of all key departments of the MoHMI, has been established to support the project. Technical implementation arrangements for Components 1 and 2 will involve key divisions of the MoHMI, including but not limited to, the Division for Sanitary and Epidemiological Safety and Control, the Health Information Centre, and the Division of Patient Care. Activities conducted by the MoHMI will be coordinated, when relevant, with other relevant line ministries, UNDP, and other key implementing agencies.

44. **Overall, the Division for Sanitary and Epidemiological Safety and Control is responsible for providing the sanitary and epidemiological well-being of the population by taking measures on preventing epidemics or addressing their consequences (components 1 and 2).** At the sub-national level, the Division for Sanitary and Epidemiological Safety and Control of the MoHMI has branches in the capital city Ashgabat and one in each five regions (Veyalats) of the country. Two main laboratories are also located in Ashgabat city: 1) laboratory at the Centre for Extremely Dangerous Infections; and 2) laboratory at the Public Health and Nutrition Centre. These laboratories serve the population of Ashgabat city for testing and are reference labs for all regional laboratories for quality assurance and test confirmation. Consequently, the heads of the branches will ensure quality control of the laboratories in the regions and in Ashgabat, as well as in the testing process at that level, including on the data prior to their submission to the central level of the Division at the MoHMI.

45. **MoHMI's Division for Patient Care (also known as Department for Disease Prevention and Treatment) will be responsible for project component 2** on strengthening infection prevention and control and cases management practices in health facilities. Specifically, the project will focus on intensive care units, but also work with primary health care (PHC) facilities and the inpatient facilities (hospitals).

46. **The MoHMI may engage its Health Information Centre to manage activities pertaining to risk communication, information sharing, awareness raising and feedback from communities and users of health services (sub-component 1.2).** The Centre, located in Ashgabat, has branches in all five regions. It also has close connection with the national TV and radio broadcasting channels. MoHMI has its own health magazine for the general population and a regular TV program on health that can be used for information sharing under subcomponent 1.2 of the project. These traditional forms of media will be important outreach and communication mechanisms given the relatively low internet coverage in the country and can be used to inform citizens of the channels through which they can provide feedback.

47. **Fiduciary functions and monitoring of compliance with the project's environmental and social standards.** The overall FM and procurement responsibilities under the project will lie with the MoHMI, with UNDP being engaged in a capacity strengthening role as the Project Implementing Entity. Within this context, UNDP will carry out the day-to-day fiduciary functions for the project and ensure compliance with the Environmental and Social Commitment Plan (ESCP) during implementation.²² UNDP's engagement as Project Implementing Entity will be concluded using UNDP Standard Form of Agreement for Use by the World Bank Borrowers: Delivery of Outputs, whose signature will be a condition for effectiveness. UNDP will work in close coordination with the MoHMI and the MoFE. Given the overwhelming scope of the response to COVID-19 and the urgency of actions, UNDP will provide hands-on expertise and capacity strengthening in quality assurance for procurement and FM, compliance with social and environmental performance standards, as well as for the overall coordination, monitoring, and evaluation of project activities. Specifically, for FM and procurement functions, UNDP will ensure support in accounting, reporting, budgeting and

²² The ESCP was publicly disclosed on the World Bank website on June 10, 2021 and will be disclosed in country following project approval.



funds flow, internal controls, as well as procurement planning and implementation. With respect to potential environmental and social risks and impacts, UNDP will ensure compliance with the actions outlined in the ESCP. In this regard, UNDP will deploy separate and dedicated staff - one environmental and other social development/communication specialists. As application of the requirements of the World Bank Environmental and Social Standards are new to both the Government and UNDP, capacity support will be required from the World Bank task team.

48. The Standard Form of Agreement governs the relationship between UNDP and the MoHMI based on the standard contractual provisions and scope of work it will lay out. UNDP will deliver outputs which will contribute to achieving the PDO. Given the unique role UNDP will assume as Project Implementing Entity (PIE), the outputs, scope of work and work plans will be agreed upon by the MoHMI, the PIE, and the World Bank. In line with the Agreement, the PIE will submit to the MoHMI and the World Bank the Inception Report, regular Progress Reports, at agreed time intervals as well as interim financial reports on the receipts and uses of funds following the PIE's Statement of Project Expenditures by Output. Progress reports will include a narrative and financial summary of the status of activities to demonstrate the progress towards the agreed outputs and the linkage between the payments made under the Agreement and the deliverables, as set out in the Annex of the said Agreement that details the Outputs and the Work Plan.

B. Results Monitoring and Evaluation Arrangements

49. Monitoring and evaluation activities will also be the responsibility of the PIE in coordination with the MoHMI Division of Sanitary and Epidemiological Safety and Control. The PIE will: (i) ensure smooth project implementation; (ii) collect data and information related to the PDO and intermediate indicators; and (iii) prepare progress reports by coordinating with relevant departments at the MoHMI, MoFE, and other implementing agencies. The PIE will hire a monitoring and evaluation specialist to take the responsibility of collecting and processing relevant data, working closely with respective divisions of the MoHMI. Progress reports will cover compliance with the planned project activities, the updated procurement plan, the achievement of indicators (as defined in the Results Framework), and the ESF. The PIE will also submit to the MoHMI: (a) quarterly Interim Financial Reports (IFRs), financial statements, and annual audited financial statements as soon as they are available based on the PIE's audit cycle; and (b) upon Bank's request, accounting records with respect to the Project's related transactions as well as all supporting documents, and any PIE's internal audit reports. The PIE, in consultation and collaboration with MoHMI, will submit these reports to the World Bank on a quarterly basis and no later than 45 days after the end of each quarter. Roles, responsibilities, and the methodology will be described in the Project Operations Manual (POM) to be adopted by the MoHMI and the PIE within 30 days of effectiveness.

50. Large volumes of personal data, personally identifiable information, and sensitive data are likely to be collected and used in the event of a COVID-19 outbreak. Measures to ensure the legitimate, appropriate, and proportionate use and processing of those data may not feature in national law or data governance regulations, and such data may not be routinely collected and managed in health information systems. To guard against the abuse of the data, the project will incorporate best international practices for dealing with such data under such circumstances, these include, but are not limited to, data minimization (collecting only data that are necessary for the purpose), data accuracy (correct or erase data that are not necessary or are inaccurate), use limitations (data are only used for legitimate and related purposes), data retention (retain data only for as long as they are necessary), informing data subjects of use and processing of data, and allowing data subjects the opportunity to correct information about them.



C. Sustainability

51. **The project includes the necessary implementation arrangements, technical assistance, and institutional capacity-building activities to attain and sustain the project objectives.** The project will strengthen the MoHMI's capacity to effectively respond to future pandemics and to address current challenges in outbreaks of other infectious and vaccine-preventable diseases. By investing in strengthening laboratory capacity and enhancing monitoring and surveillance systems, the project will contribute to strengthening Turkmenistan's overall health system and disease preparedness and response.

V. PROJECT APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis

52. **The interventions and investments supported by this project reflect the outcome of a rapid technical assessment.** The assessment was carried out by the MoHMI, WHO, and World Bank teams in July 2020, and takes into account existing knowledge of the disease's epidemiology and its potential evolution, as well as the capacities of Turkmenistan's health care system. In particular, the proposed interventions are informed by previous assessments and surveys of the health resource capacity and delivery system undertaken by the MoHMI, WHO, and the World Bank, by limited modeling, and by careful review of the Government's request and its detailed equipment list. It was agreed that World Bank support would focus on case management and the provision of equipment and consumables, as well as medium-term needs to mitigate the impact of future waves of COVID-19 outbreaks and to strengthen the health system's ability to respond to future pandemics. These interventions have been informed by WHO recommendations of good practice in containing the epidemic, as well as more generalized evidence on what has been effective in similar situations.

53. **The design of the project is purposely flexible to accommodate needs that are likely to change as knowledge about COVID-19 epidemiology evolves.** Given the lack of predictability related to the current and future prevalence of COVID-19, scarce research on the impact of the disease itself, uncertainty over the volume of goods to be procured, and challenges in the global supply chain, it is difficult to design a technically optimal project. An emerging priority task for countries, in light of the introduction of COVID-19 vaccines, is to focus on gaps in vaccine distribution, cold chain, and uptake.²³ Therefore, the project design is purposely flexible, and the health system response has been assigned to a single component, with a single expense category, so that activities can be easily adjusted as knowledge evolves, without the need for project restructuring. The World Bank will closely monitor and consult with relevant development partners and the MoHMI on the volume of equipment and consumables needed and will make necessary adjustments in line with the situation in Turkmenistan and the availability of supplies.

54. **There is a strong economic rationale for the project's investment to strengthen the Government's public health response to the COVID-19 pandemic.** Although there continues to be gaps in knowledge about the scope and features of the COVID-19 pandemic, it is apparent that one main set of economic effects will derive from increased sickness and death among humans and the impact this will have on the potential output of the domestic and global economy. The most direct impact would be on the size and productivity of the world labor force. The loss of productivity due to illness which, even in normal influenza episodes, is estimated to be 10 times as large as all other costs combined, will be quite significant. Another significant set of economic impacts will result from the

²³ <http://pvmarquez.com/vaccinationsystems>. (July 2020)



uncoordinated efforts of private individuals to avoid becoming infected or to survive the results of infection. The SARS outbreak of 2003 provides a good example. The number of deaths due to SARS was estimated at “only” 800 deaths, and it resulted in economic losses of about 0.5 percent of annual GDP for the entire East Asia region, concentrated in the second quarter. The measures that people took resulted in a severe demand shock for the service sectors—tourism, mass transportation, retail sales—and increased business costs due to workplace absenteeism, disruption of production processes, and shifts to more costly procedures. A policy of providing prompt and transparent public information and hearing back from communities on their needs and local priorities can reduce these economic losses. The economic impact of this project will be mainly through the first pathway: with investments in prevention through case detection and the provision of care to patients, the project can reduce the levels of morbidity and mortality from what they might otherwise have been.

55. Predicting the epidemic intensity and resource requirements for the COVID-19 outbreak control and case management is a challenging task. Turkmenistan currently reports no cases of COVID-19. A model developed by the WBG’s COVID-19 Emergency Operations Centre²⁴ estimates that, if 5 percent of the population were to become infected, some 11,000 patients would need to be hospitalized and just over 400 intensive care beds would need to be available at the peak of the epidemic curve (Table 2). These estimates have been used to inform target values for the PDO indicators in the project’s results framework. Nevertheless, given an unpredictable trajectory of the epidemic, the value of modelling estimates is somewhat limited beyond immediate- and short-term investment plans in resource-limited settings. The epidemic curve can be influenced by many factors, including changes in compliance rates with and/or the duration of the instituted measures and increase in vaccinations. An unknown seasonality of the virus also contributes to the unpredictability of the epidemic curve as colder seasons approach. As such, different epidemic curves will have different surge needs spanning over different periods and thus, varying resource requirements.

Table 2: Estimated number of severe and critical cases of COVID-19 infection and peak ICU beds, under different assumptions of the percentage of the population infected

% of population infected with COVID-19	Peak ICU beds	Number of critical cases
5% prevalence	427	2,368
10% prevalence	855	4,735
20% prevalence	1,709	9,471

Source: WBG’s COVID-19 Emergency Operations Centre tool

B. Fiduciary

Financial Management (FM)

56. Financial management implementation arrangements. The overall FM responsibilities under the project that include, inter alia, review and approval of budgets, authorization of payments of UNDP advances based on the financial reports UNDP submit, as well as assurance of eligibility of expenditures will be with the MoHMI. Under the indirect financing arrangement between the Borrower and UNDP, the MoHMI will be supported by UNDP office in Turkmenistan, which will perform all routine FM functions under the Project on a day-to-day basis. An assessment of UNDP Turkmenistan FM arrangements, including budgeting and planning, accounting and financial reporting, internal controls, staffing of FM function as well as audit arrangements was conducted by the Bank. The assessment confirmed that overall FM arrangements established by UNDP Turkmenistan are adequate to implement the project

²⁴ The model is based upon Turkmenistan’s population structure and global experience as summarized in Ferguson et al. 2020. *Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand*; Imperial College London.



and meet the minimum requirements of the World Bank Policy and Directive: Investment Project Financing. Further, UNDP employs professional finance specialists who have acquired some knowledge and experience in the Bank's FM and disbursement procedures during the implementation of the Avian Influenza Project (P105662, 2008-2010). Lastly, project budgets will be prepared based on the approved procurement plan.

57. Internal control and internal audits. There are overall adequate internal controls in place at UNDP Turkmenistan. The internal controls are documented in the Financial Regulations and Rules of the United Nations which are acceptable to the Bank. The Internal Audit reports disclosed on UNDP website will be reviewed during the regular FM implementation support and supervision missions. Therefore, the internal controls procedures in place will be relied on to a great extent. However, some Project specific internal control procedures will be developed and documented in the FM section of the POM. There are no ongoing Bank operations in the country, therefore there are no overdue audits or outstanding FM issues.

58. Disbursements and fund flow. Project disbursements will be made following the World Bank Disbursement Guidelines for Investment Project Financing (dated February 2017), including the applicable disbursement mechanism when engaging UN agencies under indirect financing. Funds will not be channeled through the MoHMI, and, as such, a designated account will not be opened. Instead, payments from the loan account will be made directly to UNDP HQ accounts per the Output Agreement between UNDP and the Turkmenistan authorities and upon authorization by the MoHMI, through the UN advances disbursement mechanism. All withdrawal applications will be prepared by UNDP and signed and submitted by the MoHMI. The Bank will disburse the advances into the bank account of UNDP and in line with the payment schedule specified in the Output Agreement. Documentation of expenditure should be made through the submission of unaudited Interim Financing Report per Section II.1(ii) of Schedule 2 to the Loan Agreement. The DFIL provides further details on the disbursement mechanism and procedures.

59. Accounting and financial reporting. UNDP Turkmenistan will use their internal FM procedures and arrangements for project's accounting, reporting and payments. UNDP Turkmenistan will maintain adequate records and accounts to reflect transactions related to the project. Pursuant to the Output/Standard Form Agreement to be signed between UNDP and the Government of Turkmenistan, UNDP will maintain a separate identifiable fund code (ledger account or "Account") to which all UNDP's receipts and disbursements for the purposes of said Agreement will be recorded. In addition, UNDP will prepare and submit to the World Bank quarterly interim un-audited financial reports (IFRs), not later than 45 days after the end of each quarter, which, at a minimum, will contain the following information: (i) Statement of cash contributions/receipts and expenditures for the quarter ending and cumulatively from inception date up to the quarter ending; and (ii) Explanatory notes including schedules such as a breakdown of funds received from the World Bank, a breakdown of expenditures, and a list of goods procured by type, quantity, and cost.

60. Project audit. Under the Financial Management Framework Agreement (FMFA) between the World Bank and the United Nations dated March 10, 2006, the World Bank will rely on UNDP's external auditor, who is appointed under UNDP rules and regulations, based on the "Single Audit Principle" (i.e., the World Bank will obtain equivalent assurance that the proceeds of the project have been appropriately used through the framework of the UN Financial Regulations). The permanent waiver to standard Bank's audit requirements will be used for the project.

61. The overall FM risk rating is assessed as Substantial before mitigation given the low capacity and lack of recent experience in implementing a World Bank-financed project. To mitigate this risk, UNDP will be contracted under



indirect financing as a Project Implementation Entity to manage all fiduciary aspects of the Project. All project-specific FM procedures will also be outlined in the POM. With these mitigation measures the residual risk for FM is assessed as Moderate.

Procurement

62. **Procurement under the project will be carried out in accordance with the World Bank's Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services**, dated July 1, 2016 (revised in November 2017 and August 2018). The project will be subject to the World Bank's Anticorruption Guidelines, dated October 15, 2006, and revised in January 2011 and July 1, 2016.

63. **Procurement implementation arrangements.** The overall procurement responsibilities under the project will be with the MoHMI. The Ministry will sign the Delivery of Outputs Agreement with UNDP using the standard template, as approved by respective signatures of the World Bank Vice-President for Operations Policy and Country Services and UNDP Administrator on April 12, 2019. The provisions in the General Conditions section of this Agreement related to procurement, financial management, audit, and fraud and corruption prevention, derive from the Financial Management Framework Agreement and the Fiduciary Principles Accord between the UN agencies (including UNDP) and the Bank. Within this indirect financing arrangement between the MoHMI and UNDP, UNDP will carry out the day-to-day fiduciary functions for the project. The Agreement between the MoHMI and UNDP will include a detailed annex - description of main activities and tasks to be carried out by UNDP (i.e., content and duration, procurement plan, phasing and interrelations, milestones, and location of services). The draft Agreement is subject to the Bank's prior review and no objection before signature, which is a condition for effectiveness. Amendments (if needed) to the Agreement are also subject to the Bank's prior review. Based on the list of procurable items to be provided by the MoHMI in agreement with the World Bank, UNDP will prepare the simplified procurement plan (brief description of the activities/contracts; cost estimates; time schedules). This procurement plan is subject to prior approval from the MoHMI (in agreement with the World Bank) before its implementation. The technical specifications for medical equipment are also subject to the prior approval by the MoHMI in agreement with the World Bank. These measures will eliminate potential conflict of interest situations. UNDP shall remain fully responsible for the Delivery of Outputs. The hiring and contracting of any staff, consultants or contractors by UNDP shall be done in accordance with UNDP's established regulations, rules, policies, and procedures, and in due consideration and requirements of the Bank's Prohibition of Conflicting Activities. Staff, consultants, or contractors shall not engage, either directly or indirectly, in any business or professional activities which could conflict with the activities performed under their respective contract with UNDP.

64. **UNDP will use its own procurement system and medical goods shall be procured pursuant to the UN Partner's standard contracting and quality assurance policies and procedures.** UNDP will be responsible for the importation, including customs clearance, of any inputs required for the Delivery of Outputs under this Agreement. In accordance with the relevant provisions of the General Convention and the Basic Agreement, such imports shall be, inter alia, exempt from any customs duties and subject to prompt release from customs. UNDP office in Ashgabat has the relevant experience in dealing with procurement aspects gained during the implementation of the Avian Influenza Project. UNDP office will assign seasoned procurement staff to this project as part of the Agreement between the MoHMI and UNDP.

65. **Procurement planned.** Procurement will include essential medical equipment, medicines, PPE, and supplies for designated hospitals for COVID-19 care, including mechanical ventilators, blood gas analyzers, mobile X-ray machines, and oxygen generators. A range of training activities will also be carried out to address critical gaps in



knowledge and skills in pandemic response among public health specialists. Contractual arrangements with relevant UN agencies (i.e., WHO, UNICEF) are also anticipated to provide technical assistance to the MoHMI for technical implementation of the Project. UNDP may contract other UN agencies on behalf of the MoHMI in accordance with the UN-to-UN agreement. It is expected that UNICEF will be contracted to support implementation of risk communication activities and that WHO will provide support to the technical aspects of the project, such as training of health professionals, revision of COVID-19 related treatment protocols, etc.

66. Project Procurement Strategy for Development (PPSD). As per paragraph 12, Section III of the World Bank Policy on IPF for Procurement in Situations of Urgent Need of Assistance or Capacity Constraints, the simplified PPSD has been deferred to the project implementation phase. All the selection methods defined in the Procurement Regulations can be used; however, priority will be given to streamlined and simple procedures and to those that ensure expedited delivery, such as Procurement from UN Agencies following Direct Selection using existing standard agreements and Engagement of UN Agencies to provide technical assistance or outputs (combination of technical assistance and inputs). The PPSD will include a separate section on procurement process reporting requirements including the Bank's oversight approach. The procurement plan will be updated during project implementation, as needed.

67. The procurement risk is Substantial before mitigation. The major risks to procurement are: (i) border closures and restrictions on cargo movements, which may affect the timely delivery of essential goods and services; and (ii) lack of familiarity in dealing with such a novel epidemic, which may result in slow decision-making by MoHMI. These risks are elevated by the global nature of the COVID-19 outbreak, which creates shortages of medical supplies and necessary services and may result in increased prices and cost. Moreover, various health care industries are feeling the impact of COVID-19 that subsequently affects the procurement process and implementation of contracts. The client's limited experience with the World Bank financed projects may also be a risk factor, but the experience with the Avian Influenza Project, when similar implementation setup was in place, shows that such arrangement worked well. To mitigate the identified risks, the following actions are recommended: (i) UNDP will build up its local procurement capacity using in-house experts and use its global procurement network to cope with the supply chain constraints; (ii) UNDP procurement team will carry out regular market situation analysis in coordination with MoHMI; (iii) UNDP procurement team will consult with the Bank's task team on procurement of high value, critical medical goods; and (iv) UNDP will exercise advance planning, make appropriate delegation of authority, fully use its local presence, and work closely with MoHMI to expedite the procurement process. UNDP will comply with agreed timelines and ensure prompt publication of contract awards. With these mitigation measures, the residual risk is assessed as Moderate.

68. Systematic Tracking of Exchanges in Procurement (STEP). The agreements (contracts) with UN Agencies under the project will be processed through the Bank's planning and tracking system, STEP. All procurement transactions under the project must be recorded in or processed through STEP. This ensures that comprehensive information on the procurement and implementation of all contracts for goods and non-consulting services, and consulting services awarded under the whole project are automatically available. This tool will be used to manage the exchange of information between the implementing agencies and the Bank.

C. Legal Operational Policies

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

D. Environmental and Social Standards

69. **The project will have positive environmental and social impacts as it will improve COVID-19 surveillance, monitoring and containment.** However, environmental and social risks are quite evident, and both rated as substantial and covered by ESS 1, ESS 2, ESS 3, ESS 4, and ESS 10. The risks will be mitigated through the implementation of the Stakeholder Engagement Plan (SEP) as well as the preparation and implementation of an Environmental and Social Management Framework (ESMF). Discussion and disclosure of the SEP took place locally and by the World Bank in December 2020. The ESMF will be consulted on and disclosed by the client locally and by the World Bank within 30 days of effectiveness.

70. **Environmental risk is rated Substantial.** Environmental risks relate to occupational health and safety, including disposal of medical wastes, and public contamination. These risks are mitigated, an ESMF is being prepared. The ESMF will include an Infection Control and Medical Waste Management Plan (ICWMP) so that the health care facilities, laboratories, and quarantine facilities to be supported by the project will apply international best practices in dealing with medical waste generated by COVID-19 diagnostic testing, and other COVID-19 response activities. The ICWMP being developed will contain detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary PPE. Proper disposal of sharps and other contaminated solid and liquid medical waste, disinfectant protocols, and regular testing of healthcare workers will be included. A requirement checklist for the selection of facilities for temporary housing (such as rental units, hostels, dormitories, or other existing buildings) will be developed to ensure that such facilities contain adequate water supply, sanitation, heating, electricity, dining facilities, and sleeping quarters. The ESMF will have an exclusion list for potential project activities that will prohibit any works as well as other activities that may not be undertaken at labs, healthcare facilities, or other locations unless the appropriate capacity and infrastructures are in place.

71. **Social Risk is rated Substantial.** Social risks are likely to arise due to the lack of experience of the implementing agency in developing genuine community engagement in relation of health services as well as centralized modalities of service delivery and possible challenges relating to outreach which may impede in engaging with the communities in an open and transparent manner. Towards addressing this, the project has developed a SEP which sets out the strategies for consultation and grievance redress with communities. Working with other development partners, the project will also include targeted communication, outreach and citizen engagement activities to promote the sharing of official information on the project, behavior change, as well as establishing channels for feedback from communities on COVID-related issues and concerns. This will help tailor responses to local level needs, vital to an effective pandemic response. Likewise, medical and health care workers are to be equipped and empowered through technical, financial, and institutional support. In addition, the risks of sexual exploitation, harassment, and abuse will be assessed, and mitigation measures put in place during project implementation. These issues will need careful attention by the PIE to ensure the commitments made under the SEP and ESMF as well as the requirements of the World Bank Environment and Social Framework (ESF) are fully met.



E. Corporate Requirements

Citizen Engagement

72. **The engagement of communities is critical to build community knowledge and confidence, establish trust, ensure responsiveness, and optimize the impact of the COVID-19 response.** The citizen engagement activities proposed under component 1, are consistent with the WHO guidance and lessons from previous pandemics, which emphasize the importance of transparency; open communication and information through traditional and locally-relevant media; two-way, participatory and community-based activity; and direct response, underpinned by community leadership, especially among women. In the context of Turkmenistan, a set of structured citizen engagement tools and clearly defined entry points will be required to develop community information and feedback mechanisms, enhance government knowledge of local challenges and needs, establish local monitoring, and obtain data-based evidence.

73. **Within the MoHMI implementation/response plan to COVID-19, three areas of citizen engagement activity are planned.** First, as mentioned in the SEP, working with other development partners to build government capacity for communication and information, education and awareness building in communities will be urgently stepped up to improve information flows to sensitize citizens on the risks related to COVID-19, improve understanding of preventative actions and emergency protocols (such as local emergency numbers, waste disposal), and inform communities on the government/MoHMI response. Second, localized solutions for community participation will be established through existing community-based organizations (e.g. women's groups), primary healthcare centers and district/village centers to enable communities to participate in needs assessments, identifying local concerns and priorities and ensuring all community members, including vulnerable groups (elderly and the disabled, large households) are supported. To embed their support in strategies for behavior change (such as social distancing, hygiene practices), and to help improve information regarding local challenges, women's groups and leaders will be mobilized and act as focal points. Third, through these same groups, a participatory monitoring and reporting approach will be developed to enable community focal points to help monitor the COVID-19 response at the local level. This might include identification of gaps at the point of service delivery (information availability, access to testing and care) and will help ensure local project-supported interventions are inclusive. Given the context, and particularly given the low internet coverage and social media coverage, traditional forms of media (such as national TV and radio) will be used for outreach (with approved messaging), while simple SMS outreach channels (in addition to already established SMS channels on preventative measures) will be developed for mobile phones, supplementing local information boards at local governments and rural health centers. As noted in the SEP, a grievance redress mechanism will be developed with appropriate and adequate collection, handling, and timely response. The project will monitor the effectiveness of the community engagement and outreach process in the results framework.

Gender

74. **In October 2020, UNFPA, in partnership with the Embassy of the United Kingdom in Turkmenistan, announced the establishment of a support line on reproductive rights, health, and COVID-19 matters, which will provide anonymous and professional counseling and referral services to women and girls in the context of a global pandemic.** UNFPA is partnering with the UK Embassy to support the Keyik Okara public organization in launching its second hotline service for women, girls, and families. More specifically, the support line service focuses on women and girls to receive confidential, immediate, and evidence-based information on their reproductive rights, existing reproductive health services and overall health advice in the context of a global pandemic. The support line also aims to collect data and map the demand for specific support services from the hotline callers, women, and girls, which will inform ongoing efforts to establish community-based social services in the country. The project will support the development and dissemination of materials for gender-specific campaigns and the carrying out of surveys to assess the



increase in risk awareness of COVID-19 among primary health care nurses who are predominantly female.

Climate Co-benefit

75. **The project has been screened for short- and long-term climate change and disaster risks with an overall risk rating assessed as Low.** Nevertheless, Turkmenistan is vulnerable to climate change impacts, experiencing difficulties mainly in agriculture, water resources, public health, and natural ecosystems. The mean annual temperature has increased by 1.4°C since the 1950s and is projected to rise by 2.27°C between 2040-2059. During the past 50 years, the amount of precipitation has slightly increased and is expected to rise by 3.11 mm in 2040-2059. These changes are likely to lead to extreme heat and heavy rainfall, flooding, and drought, and have significant negative impacts on population health, including heat stress, skin disease, and increased vector-borne and zoonotic diseases. Similarly, flooding can damage infrastructure that is key for health service delivery and sanitation, leading to a surge in water-borne diseases.

76. **Increased frequency of high summer temperatures poses an increased risk to human health during the summer months.** Heatwaves may lead to a short-term increase in demand for health services for certain chronic conditions (i.e., the cardiovascular and respiratory diseases). Longer summers also lead to increased exposure to ultraviolet radiation, directly affecting skin health (i.e., skin cancer). Heatwaves may also harm agriculture, affecting the population's nutritional status, especially the poor, while also impacting the elderly, an additional vulnerable population, who are susceptible to heatwaves.

77. **Turkmenistan's National Climate Change Strategy (2012) includes health as one of the priority sectors for its climate change adaptation measures.** This strategy lists key measures to adapt the public health sector to climate change, such as: (i) providing a scientific assessment of the effect of high temperature on the population health in different regions of the country; (ii) developing preventive programs to reduce the adverse effects of climate change; (iii) developing specific recommendations on various aspects of the population's adaptation to extreme changes in weather conditions; and (iv) developing a national report to assess climate change effects on public health. In 2019, Turkmenistan adopted the revised National Climate Change Strategy in line with its commitments to the Paris Agreement. The implementation action plan is currently being developed and will also serve the country's Nationally Determined Contributions.

78. **Turkmenistan joined the United Nations Framework Convention and the Paris Agreement on climate change.** Turkmenistan has also joined the Sustainable Development Agenda 2030 and adopted SDG targets and indicators in 2016. In 2019, the country submitted the Voluntary National Review²⁵ to report on the implementation of select SDGs, including those on climate change. The review also informed an ongoing update of the National Climate Change Strategy and the Action Plan for the Paris Agreement.

79. **Although the country has well-established public policies to promote public health, it is still not sufficiently prepared to deal with the range of problems stemming from climate change.** It also lacks a climate-smart approach in the health sector. Improving access to health care for vulnerable groups is an important adaptation measure to climate change. Despite the significant risk of exposure to natural events, the level of awareness, and protective measures provided in the health care system is still insufficient. This project intends to address climate change in the following ways: (a) Component 1: procurement of climate-smart lab and medical supply to reduce the carbon footprint; training activities among public health specialists to enhance their ability to detect future outbreaks including of climate-related

²⁵ Turkmenistan - Voluntary National Review. Empowering people and ensuring inclusiveness and equality https://sustainabledevelopment.un.org/content/documents/23315Turkmenistan_VNR_2019.pdf?fbclid=IwAR14hWcq16xcmPYVPOAGNmyROLuAUII8JnyzuS_m3HDyGBZjoRcT31fr1kk



diseases; communication activities to ensure greater awareness among the key population groups about building resilience against infectious diseases including climate-related infectious diseases, including those targeting vulnerable population groups, such as elderly or disabled individuals susceptible to increasing temperatures and heatwaves from climate change, as well as community and health care workers; (b) Component 2: procurement of essential medical equipment utilizing climate-smart, low carbon, sustainable procurement and energy efficient devices to mitigate climate change in support of Turkmenistan's membership to the UNFCCC and Paris Agreement climate commitment; and the identification of non-essential and elective health services that could be delivered using telemedicine technologies (including phone or video consultations) for the elderly and for those with long-term underlying health conditions to reduce the vulnerability of these groups to the impacts of climate change in particular from extreme heat and poor nutrition. The project contribution to climate change will be monitored by the following intermediate results indicator under Component 1: Number of public health specialists trained on climate-induced vector borne diseases and waterborne diseases.

Climate Adaptation Measures Supported by the Project

80. The Project will improve the health system responsiveness to a crisis by improving access to critical hospital services and strengthening Turkmenistan's risk communication capacity. Improved access to hospital services is vital in climate change-induced natural disasters or epidemics. The increased access will benefit vulnerable groups, such as the elderly and the poor. The risk communication and community engagement activities under sub-component 1.2 will help build local capacity for evidence-based mass messaging. In addition, strengthened communications and increased citizen engagement can help raise population awareness on climate issues over time.

Climate Mitigation Measures Supported by the Project

81. The project will support measures to mitigate climate change events by procuring goods centrally, through UNDP²⁶ using a climate-smart approach to reduce the carbon footprint of manufacturing processes under subcomponent 1.1 and component 2. Specifically, procurement through UNDP will ensure adherence to the EU Directive 2014/24/EU requiring the following conditions be included in the procurement processes: (i) environmental requirements to be included in technical specifications (Article 23(3)b); (ii) award decisions and specifications to be based on criteria required by eco-labels (Article 23(6)); (iii) social and environmental conditions to be included in performance of contracts (Article 26); (iv) bidders and their suppliers have to demonstrate compliance with environmental obligations (Article 27); (v) bidders have to show that they can perform a contract in accordance with environmental management measures (Articles 48(2)f and 50); and (vi) environmental characteristics can be included in award criteria (Article 53). Furthermore, consolidating procurement of these goods would significantly reduce carbon footprint by increasing efficiency of the procurement process.

VI. GRIEVANCE REDRESS SERVICES

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

²⁶ <https://savinglivesustainably.org/>



complaints to the Bank's corporate Grievance Redress Service (GRS), please visit: <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

VII. KEY RISKS

83. **The overall project risk rating is Substantial.** The key risks that may affect the achievement of the PDO and results are: Macroeconomic, Technical Design, Institutional Capacity for Implementation and Sustainability, and Environmental and Social which are all rated as Substantial. The residual risk for Fiduciary after mitigations is assessed as Moderate, given that all fiduciary functions will be contracted out to UNDP and the signing of the Standard Form of Agreement is a condition for effectiveness. UNDP has substantial capacity on the ground to implement projects of this scope and scale. Further, lessons learned from other Bank-financed projects implemented under similar arrangements with UN agencies (i.e., Yemen, Iran, Lebanon) have been taken into account in project design and implementation arrangements as follows: (a) implementation capacity of UN implementing agency is key for successful project implementation; (b) strong partnership and collaboration between the Bank and UN partners are critical, including regular meetings between teams (UN, Bank, MoHMI), to timely identify and resolve potential problems; (c) explicitly detailing in the Standard Form of Agreement lines of responsibilities and reporting arrangements; and (d) lastly reinforcing strong relationships that pay off and contribute to effective oversight of project implementation. Political and Governance, Sector Strategies and Policies, and Stakeholders risks are also Moderate.

84. **Risks to the macroeconomy are substantial.** Delays in developing and distributing a vaccine impose significant risks to the global economy and may protract the current slowdown in the Turkmen economy. Depressed global demand for hydrocarbons and low economic growth in trading partners, especially China, undermines natural gas export and performance of the state revenues. On the other hand, spending needs have escalated to support lives and livelihoods during the pandemic, putting additional strain on public finances. Inflation is expected to grow, reflecting the mounting pressure on the exchange rate and higher import prices due to disrupted value chains. A significant slowdown in economic activity also magnifies the risk of possible borrower defaults and may impair the financial system's sound functioning.

85. **Institutional capacity for implementation and sustainability risk is assessed as Substantial.** Information on institutional capacity of the health system is minimal and available anecdotal evidence suggests gaps in rapid response implementation capacity both in the areas of public health and clinical care. The gaps in capacity will have a significant bearing on project implementation and project outcomes. To mitigate these risks, the project will contract UNDP to provide implementation support under component 3. The project will also facilitate technical assistance and partnerships with other donor organizations (i.e., WHO, UNICEF, UNFPA), which will serve to strengthen local capacity. In addition, the project will help to assess institutional capacity for the provision of essential health services that should constantly be made available. The assessment, among other aspects, will look at geographical access to primary health care facilities, health staff capacity and continuity of operations in response to an increased demand for human resources while maintaining the identified essential services. Subsequently, the National Pandemic Preparedness and Response plan will be updated to include respective measures to strengthen capacity of the health system.

86. **Technical Design risk is rated as Substantial.** While the overall project design is in alignment with the Government's Emergency Response Plan and international best practices, little local analytical work, including limited data availability, was available to inform specific areas of the project design. The client has limited experience working with the World Bank, which also poses challenges in implementing complex project activities. Several measures have been built into the project design to mitigate the identified risks. For example, the project will support a range of



analytical activities during implementation to improve understanding of the local context, including the strengthening of data collection and reporting. The project will also build local capacity in implementing Bank-financed operations through training and hands-on support. Lastly, the project will finance technical assistance from key UN agencies, such as WHO and UNICEF, to support the MoHMI in carrying out technical implementation of the project. Data collection and reporting arrangements will also be clearly reflected in the Standard Form of Agreement between UNDP and the Government.

87. **Environmental and Social risks are rated Substantial.** Environmental risks relate to occupational health and safety, including disposal of medical wastes, and public contamination. These risks are mitigated, an ESMF is being prepared. The ESMF will include an Infection Control and Medical Waste Management Plan (ICWMP) so that the health care facilities, laboratories, and quarantine facilities to be supported by the project will apply international best practices in dealing with medical waste generated by COVID-19 diagnostic testing, and other COVID-19 response activities. The ICWMP being developed will contain detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary PPE. Proper disposal of sharps and other contaminated solid and liquid medical waste, disinfectant protocols, and regular testing of healthcare workers will be included. A requirement checklist for the selection of facilities for temporary housing (such as rental units, hostels, dormitories, or other existing buildings) will be developed to ensure that such facilities contain adequate water supply, sanitation, heating, electricity, dining facilities, and sleeping quarters. The ESMF will have an exclusion list for potential project activities that will prohibit any works as well as other activities that may not be undertaken at labs, healthcare facilities, or other locations unless the appropriate capacity and infrastructures are in place.

88. Social risk is assessed as substantial and are likely to arise due to the lack of experience of the implementing agency in developing genuine community engagement in relation to health services as well as centralized modalities of service delivery and possible challenges relating to outreach which may impede in engaging with the communities in an open and transparent manner. To mitigate these risks, the project should impress upon the borrower to create an enabling environment which could encompass the following: (i) alerting the citizens with the symptoms as well as Dos and Don'ts and ensuring that healthcare workers and the general population are educated on hand hygiene and PPEs; (ii) encouraging people to report symptoms/ infections freely, without being penalized; (iii) arranging for COVID testing and documentation, as well as sharing of the test results; (iv) making arrangements for health care facilities to address the results; (v) equipping and empowering health care workers on all fronts, especially technical, financial and institutional aspects; and (vi) establishing help centers to ensure that people can air their grievances freely and be assisted in dealing with the virus. Towards addressing these, the project has prepared a Stakeholder Engagement Plan (SEP) which addresses effective outreach and citizen participation. The project's Stakeholder/ Citizen Engagement measures will build on the WHO guidance for engaging civil society by including a set of structured citizen engagement 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. Further, it is quite likely that to ensure effective social distancing and contain the spread of the virus, quarantine and isolation centers would be essential. Towards guarding these centers, the project would follow WHO guidelines and ensure that appropriate measures are prepared and implemented to manage the associated risks. Lastly, as no new civil works are envisaged, there are no impacts related to land acquisition or involuntary resettlement.



VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework COUNTRY: Turkmenistan COVID-19 Response Project

Project Development Objective(s)

The Program Development Objective is to prevent, detect, and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Turkmenistan.

Project Development Objective Indicators

Indicator Name	PBC	Baseline	Intermediate Targets	End Target
			1	
Strengthened government capacity to prevent COVID-19				
PDO Indicator 1: Development and periodic update of a comprehensive national COVID-19 risk communication plan, including standardized, evidence-based information targeted to different population group (Text)		No comprehensive national COVID-19 risk communication plan exists	A comprehensive national COVID-19 risk communication plan is developed to include standardized, evidence-based information targeted to different population groups.	A comprehensive national COVID-19 risk communication plan has been developed and is periodically updated to include standardized, evidence-based information targeted to different population groups.
PDO Indicator 4: A National Pandemic Preparedness and Response Plan is regularly updated and tailored for each region. (Text)		A national Pandemic Preparedness and Response Plan has been adopted exists	A National Pandemic Preparedness and Response Plan has been tailored to each region	The National Pandemic Preparedness and Response Plan tailored to each region is regularly updated
Strengthened government capacity to detect COVID-19				
PDO Indicator 2: Number of COVID-19 designated laboratories with verified diagnostic equipment		0.00	3.00	5.00



Indicator Name	PBC	Baseline	Intermediate Targets	End Target
			1	
and test kits. (Number)				
Strengthened government capacity to treat COVID-19				
PDO Indicator 3: Number of designated beds for COVID-19 patients with access to continuous oxygen supply (Number)		0.00	300.00	600.00

Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	Intermediate Targets	End Target
			1	
Component 1: Improving COVID-19 Prevention, Detection and Emergency Response				
Number of health staff (physicians and nurses) trained in infection prevention and control in accordance with approved protocols (Number)		0.00	2,000.00	4,000.00
Clinical protocols, including a referral system, to care for COVID-19 patients are regularly reviewed or updated (Text)		Clinical protocols, including a referral system, for COVID-19 patients established	Clinical protocols, including a referral system, for COVID-19 patients are reviewed to ensure alignment with latest WHO guidance	Clinical protocols, including a referral system, for COVID-19 patients are regularly reviewed or updated as necessary
Number of COVID-19 designated laboratories with staff trained to conduct COVID-19 diagnosis (Number)		0.00	6.00	13.00
Electronic program for tracking and monitoring contacts developed and set up in Sanitary and Epidemiological Safety and Control (SESC) offices in Ashgabat and in five velayats (Text)		No electronic program for tracking and monitoring contacts exists	An electronic program for tracking and monitoring has been established and piloted in one velayat or in Ashgabat.	An electronic program for tracking and monitoring contacts is set up in SESC offices in Ashgabat and in five velayats
National testing strategy, national hospital surge capacity plan and national case management		No national testing strategy, national hospital surge capacity plan and national	At least two elements, such as a national testing strategy and national surge capacity	A national testing strategy, national hospital surge capacity plan, and national case



Indicator Name	PBC	Baseline	Intermediate Targets	End Target
			1	
strategy developed (Text)		case management strategy exist	plan, are developed	management strategy are developed.
Number of focus groups conducted to engage communities, understand their needs and receive feedback on the project (Number)		0.00	11.00	16.00
Number of risk communication messages targeted to different population groups developed (Number)		0.00	2.00	4.00
Number of gender-specific information campaigns delivered. (Number)		0.00	1.00	2.00
Percentage of participants in community meetings/events reporting that the local outreach and community engagement process is effective (disaggregated by gender) (Percentage)		0.00	50.00	75.00
Number of public health specialists trained on climate-induced vector borne diseases and waterborne diseases (Number)		0.00	50.00	100.00
Percentage increase in risk awareness of COVID-19 among PHC nurses (Percentage)		0.00	30.00	50.00
Component 2. Improving health system preparedness for COVID-19				
Number of hospital and primary care physicians trained in the management of COVID-19 and SARI patients and adherence to COVID-19 protocols (Number)		0.00	1,000.00	2,000.00
List of equipment, consumables and medications for resuscitation and management of COVID-19 and SARI patients with lung function disorders is defined and regularly updated. (Text)		No verified list of equipment, consumables and medications for resuscitation and management of COVID-19 and SARI patients with lung function disorders exists	A verified list of equipment, consumables and medications for resuscitation and management of COVID-19 and SARI patients with lung function disorders is defined	A verified list of equipment, consumables and medications for resuscitation and management of COVID-19 and SARI patients with lung function disorders is defined and regularly updated



Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
PDO Indicator 1: Development and periodic update of a comprehensive national COVID-19 risk communication plan, including standardized, evidence-based information targeted to different population group	Assesses the capacity of the health system to prevent COVID-19	Yearly	National Emergency Anti-Epidemic Commission for COVID-19	Review of government publications	MoHMI through the Technical Working Group/National Project Coordinator; UNDP
PDO Indicator 4: A National Pandemic Preparedness and Response Plan is regularly updated and tailored for each region.	Assesses national systems for public health preparedness	Quarterly in the first year and semiannually afterwards	National Emergency Anti-Epidemic Commission for COVID-19	Review of government publications	MoHMI through the Technical Working Group/National Project Coordinator; UNDP
PDO Indicator 2: Number of COVID-19 designated laboratories with verified diagnostic equipment and test kits.	Measures the capacity of the health system to detect COVID-19	Every month	MoHMI Division for Sanitary and Epidemiological Safety and Control	Site visits and survey of labs having enough equipment and consumables (as per WHO recommendations) for two months' operations, and no reported stock-outs.	MoHMI through the Technical Working Group/National Project Coordinator; WHO; UNDP
PDO Indicator 3: Number of designated beds for COVID-19 patients with access to continuous oxygen supply	Number of designated beds for COVID-19 patients with access to continuous oxygen supply that are	Quarterly in the first year and semiannual	MoHMI Division for Patient Care	Site visits and survey of designated beds for COVID-19 patients with access to continuous	MoHMI through the Technical Working Group/National Project Coordinator; WHO;



	sourced from oxygen generating plants or liquid oxygen in bulk storage tanks.	y afterwards		oxygen supply.	UNDP
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Monitoring & Evaluation Plan: Intermediate Results Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Number of health staff (physicians and nurses) trained in infection prevention and control in accordance with approved protocols	Measures outputs that will help the health system to prevent and respond to COVID-19.	Quarterly in the first year and semiannually afterwards	MoHMI Health Information Centre.	Survey	MoHMI through the Technical Working Group/National Project Coordinator; WHO; UNDP;
Clinical protocols, including a referral system, to care for COVID-19 patients are regularly reviewed or updated	Assesses capacity for surveillance and rapid response to suspected cases of COVID-19	Quarterly in the first year and semiannually afterwards	MoHMI Division for Patient Care	Site visits, interviews with MoHMI officials and review of protocols to ensure regular updating	MoHMI through the Technical Working Group/National Project Coordinator; WHO; UNDP;
Number of COVID-19 designated laboratories with staff trained to conduct COVID-19 diagnosis	Measures outputs that will help the health system to detect COVID-19	Every six months	MoHMI Division for Patient Care	Survey	MoHMI through the Technical Working Group/National Project Coordinator; WHO; UNDP;



Electronic program for tracking and monitoring contacts developed and set up in Sanitary and Epidemiological Safety and Control (SESC) offices in Ashgabat and in five velayats	Assesses capacity for surveillance of suspected cases of COVID-19, and prevention of pandemic spread	Yearly	National Emergency Anti-Epidemic Commission for COVID-19	Review of contact tracing programs in Ashgabat and in five velayats	MoHMI through the Technical Working Group/National Project Coordinator; WHO; UNDP;
National testing strategy, national hospital surge capacity plan and national case management strategy developed	Measures outputs that will help the health system to respond to COVID-19	Every six months	National Emergency Anti-Epidemic Commission for COVID-19	Site visits, interviews with MoHMI officials and review of protocols and government publications to ensure regular updating	MoHMI through the Technical Working Group/National Project Coordinator; WHO; UNDP;
Number of focus groups conducted to engage communities, understand their needs and receive feedback on the project	Supports monitoring and achievement of PDO indicator 1.	Every six months	MoHMI Division for Patient Care	Beneficiary survey, including mobile and digital platforms	MoHMI through the Technical Working Group/National Project Coordinator; UNDP; UNICEF
Number of risk communication messages targeted to different population groups developed	Measures outputs that will help the health system to prevent COVID-19	Every six months	MoHMI Health Information Centre	Review of government communication campaigns	MoHMI through the Technical Working Group/National Project Coordinator; UNDP
Number of gender-specific information campaigns delivered.	Measures outputs that will help the health system to prevent COVID-19	Every six months	MoHMI Health Information Centre	Review of government communication campaigns	MoHMI through the Technical Working Group/National Project Coordinator; UNDP
Percentage of participants in community meetings/events reporting that the local outreach and community engagement	Number of participants in community meeting/events reporting	Annual	MoHMI/UNICEF report	Review of MoHMI and UNICEF report	MoHMI through the Technical Working Group/National Project



process is effective (disaggregated by gender)	that local outreach and community engagement process is effective; denominator: total number of participants				Coordinator/UNICEF; UNDP;
Number of public health specialists trained on climate-induced vector borne diseases and waterborne diseases	Number of public health specialists trained on climate-induced vector borne diseases.	Yearly	UNDP/MoHMI Division for Sanitary and Epidemiologic al Safety and Control	Review of MoHMI and UNICEF report	MoHMI through the Technical Working Group/National Project Coordinator / UNDP
Percentage increase in risk awareness of COVID-19 among PHC nurses	Numerator: Number of PHC nurses aware of the risks linked to COVID-19 Denominator: Total number of PHC nurses	Every six months	MoHMI Division for Patient Care	Beneficiary survey, including mobile and digital platforms	MoHMI through the Technical Working Group/National Project Coordinator; UNDP; UNICEF
Number of hospital and primary care physicians trained in the management of COVID-19 and SARI patients and adherence to COVID-19 protocols	Measures outputs that will help the health system to prevent COVID-19. Number of hospital and primary care staff trained in the management of COVID-19 and SARI patients and adherence to COVID-19 protocols with a support from the project.	Every six months	MoHMI Division for Sanitary and Epidemiologic al Safety and Control and MOHMI Treatment division	Survey	MoHMI through the Technical Working Group/National Project Coordinator; WHO; UNDP;
List of equipment, consumables and medications for resuscitation and management of COVID-19 and SARI patients with lung function disorders is	Measures outputs that will help the health system to respond to COVID-19. List of equipment,	Every six months	MoHMI Division for Sanitary and Epidemiologic	Interview with MoHMI officials	MoHMI through the Technical Working Group/National Project Coordinator; WHO;



defined and regularly updated.	consumables and medications for resuscitation and management of COVID-19 and SARI patients with lung function disorders is defined and regularly updated with a support from the project.		al Safety and Control		UNDP;
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**ANNEX 1: Project Costs and Financing**

Project Cost by Component/ Sub-component	Project Cost	IBRD financing
	US\$ Million	
Component 1: Improving COVID-19 Prevention, Detection and Emergency Response	5.9	5.9
1.1. Strengthening surveillance and rapid response to suspected cases of COVID-19	4.9	4.9
1.2. Strengthening risk communication and community engagement	1.0	1.0
Component 2: Improving Health System Preparedness for COVID-19	12.1	12.1
Component 3: Project management and Monitoring and Evaluation	2.0	2.0
Total Project Costs	20.0	20.0
Total financing required	20.0	20.0



ANNEX 2: Implementation Arrangements and Support Plan

COUNTRY: Turkmenistan
COVID-19 Response Project

1. **The Bank's support will focus on strengthening the MoHMI's implementation capacity to ensure timely project implementation.** The implementation support will be strengthened by the indirect financing of UNDP to manage all fiduciary aspects of the project in accordance with the Standard Form of Agreement for Use by the World Bank Borrowers: Delivery of Outputs by UNDP (April 12, 2019). Signing of the Agreement is a condition for effectiveness. Other key UN agencies, such as WHO and UNICEF, will provide technical assistance to the MoHMI on the technical aspect of project implementation.
2. **The focus of the implementation support will be on the proper coordination of the Government of Turkmenistan in its preparedness to respond to the pandemic.** Overall, technical assistance support will be needed to strengthen the capacity of the MoHMI in managing procurement and financial management, and in monitoring compliance with environmental and social standards. Consequently, UNDP will be responsible for these tasks in accordance with the Standard Form of Agreement mentioned above. During implementation, the WB team will coordinate closely with WHO, UNICEF and other UN Agencies, and development partners in the country that are involved in the COVID-19 response, to avoid duplication and finding possible synergies.
3. **While not providing support for the implementation of the project per se, the Bank will ensure intense supervision of technical and fiduciary implementation of the project.** On-site supervision will take place upon the lifting of travel restrictions due to COVID-19; in the meantime, virtual review and communications will be conducted regularly so that issues are identified and addressed proactively.



ANNEX 3: Overview of Development Partners' Contributions

This table summarizes the contributions of development partners to the COVID-19 emergency response in Turkmenistan to the best of the World Bank's knowledge.

Organization	Supplies & equipment	Technical support (provided directly or through third party)	Approximate value
<u>Donated / disbursed or under implementation:</u>			
Asian Development Bank	Test kits	-	US\$300K
Russian Federation	Test kits, PPEs, medical supplies	-	Not available
The European Union	Oxygen generators, PPEs, test kits; lab testing capacity and surveillance strengthening	EU's Central Asia COVID-19 Crisis Response Program (CACCR); support on activities within the National Preparedness and Response Plan to acute infectious diseases for 2021	EUR 3 million
Japan	Medical equipment for health facilities	With UNOPS as implementing agency	Approximately US\$ 3 million
Turkey	Ventilators, PPEs, medical supplies	-	Not available
United Arab Emirates (UAE)	Test kits, medical supplies	-	Not available
United States Agency for International Development (provided through UNDP)	Medical equipment, PPEs		Not available
<u>UN Agencies</u>			
World Health Organization	PPEs, supplies, oxygen concentrators	International coordination and operational support, scaling up country readiness and response operations Contribution to development of Socio-Economic Response Plan and Pandemic Preparedness Plan	Not available
UNICEF	PPEs, medical supplies, behavioral change communication, communications materials	IPC, population awareness, focused communication packages; Contribution to development of Socio-Economic Response Plan and Pandemic Preparedness Plan	US\$308K US\$300K
UNDP	Medical equipment; Emergency support (food and hygiene items) to the most vulnerable families (9,000)	Technical leadership to the development of Socio-Economic Response Plan and contribution to Pandemic Preparedness Plan;	US\$50K; US\$200K
UNFPA	Medical equipment	Contribution to development of Socio-Economic Response Plan and Pandemic Preparedness Plan;	Not available



Organization	Supplies & equipment	Technical support (provided directly or through third party)	Approximate value
		Support line service (in partnership with the UK Embassy) to help women and girls to receive confidential, immediate and evidence-based information on their reproductive rights, existing reproductive health services and overall health advice in the context of a global pandemic.	



ANNEX 4: Preliminary List of Items to be Procured

#	Premilinary list of needed Items	Unit	Unit Cost (in US\$)	Quantity	Total in US\$
	Personal protective equipments				
1	Disposable respirator N95	pcs	\$0.86	100000	\$86,000
	Disinfectants				
2	Liquid antibacterial soap	pcs	\$0.53	20,000	\$10,594
3	Disinfectants	kg	\$3.26	150,000	\$488,428
	Disinfection equipment (sprayer - 7lt)	pcs		500	\$10,000
4	Disinfection equipment (sprayer - 11lt)	pcs		1,000	
5	Disinfection equipment (sprayer - 100 lt)	pcs		30	\$460,000
6	Disinfection equipment (sprayer - 1000 lt)	pcs		15	
7	Vehicles for mobile disinfecting units	pcs	\$30,000.00	10	\$300,000
8	Disinfecting cameras (for disinfection of soft items/fabric)	pcs	\$2,500.00	10	\$25,000
9	Hand spray	pcs	\$262.60	500	\$131,298
10	Alcohol sodium antiseptic	pcs	\$7.35	100,000	\$735,268
11	Dosator (antiseptic)	pcs	\$37.50	5,000	\$187,500
	Medical equipment and diagnostics				
12	2019-nCoV Testing System (PCR Diagnostic)	pcs	\$9.45	350,000	\$3,131,461
13	2019-nCoV Antibody test		\$5.00	200,000	\$1,000,000
14	Cardio monitor	pcs	\$3,151.15	30	\$94,534
15	Defibrillator	pcs	\$6,302.30	10	\$63,023
16	Portable X-ray machine	pcs	\$73,526.79	6	\$441,161
17	Portable Ultrasound	pcs	\$21,007.65	5	\$105,038
18	PCR hardware	pcs	\$36,763.39	10	\$367,634
19	ECG	pcs	\$3,151.15	20	\$63,023
20	Pulse Oximeter	pcs	\$525.19	50	\$26,260
21	Ambu bags (with masks for children and adults)	pcs	\$1,575.57	50	\$78,779
22	Lab autoclaves	pcs	\$27,000.00	15	\$405,000
23	Lab thermostats	pcs	\$4,000.00	15	\$60,000
24	Incinerators for medical waste disposal	pcs	\$3,500.00	300	\$1,050,000
25	Electronic Spirograph unit for lung function testing - Standard	pcs	\$2,500.00	6	\$15,000
26	Electronic Spirograph unit for lung function testing - Portable	pcs	\$2,500.00	6	\$15,000
27	Oxygen generation stations and concentrators	lump sum			\$2,500,000
28	Medicines and consumables/supplies for COVID-19 case management	lump sum			\$2,500,000
29	Flu and/or pneumococcal vaccines	lump sum			\$500,000
30	Preparedness activities from WHO readiness report	lump sum			\$500,000
31	Spare parts and maintenance costs for the available laboratory and medical equipment	lump sum			\$1,500,000
32	Training	lump sum			\$500,000



	Preliminary list of needed Items	Unit	Unit Cost (in US\$)	Quantity	Total in US\$
33	Risk communication, project management, monitoring & evaluation				
34	Office equipment for the MoH and its regional command, control and communication offices (i.e., computers, projectors, printers and other)				\$150,000
35	Social Media Services	per year			\$500,000
36	UNDP staff and administrative costs (i.e. office, transportation)	lump-sum			\$500,000
37	Other operating costs, management & consultants				\$500,000
38	UNDP Fee: 5% of the total Loan amount				\$1,000,000
	Total				\$20,000,000



ANNEX 5: Summary of Roles and Responsibilities and Relationships between Parties

Areas of Implementation	Bank	MoHMI ²⁷	UNDP	WHO	UNICEF	Other ²⁸
<u>Component 1</u> <i>Sub-component 1.1</i> <i>Sub-component 1.2</i>	- Oversight and support	<ul style="list-style-type: none"> - Overall coordination - Manage M&E activities - Manage events (inc. workshops & trainings, development of materials) - Manage communication activities - Report to WB 	<ul style="list-style-type: none"> - Procurement and FM - Draft Terms of Reference for TA to be approved by MoHMI - Report to MOHMI & WB - Organize M&E activities - Logistics for events - Logistics for communication activities - Logistics for developing training modules - Technical assistance (for procurement, goods distribution, management, ESCP implementation) 	<ul style="list-style-type: none"> - Technical expertise - Support with training materials 	<ul style="list-style-type: none"> - Develop communication materials for various target groups - Develop comm materials for health workers - Implement impact assessment activities (KAP survey etc.) 	
<u>Component 2</u>	- Oversight and support	<ul style="list-style-type: none"> - Overall coordination - Manage M&E activities - Events - Report to WB 	<ul style="list-style-type: none"> - Procurement and FM - Draft Terms of Reference for TA to be approved by MoHMI - Report to MOHMI & WB - Organize M&E activities - Logistics for events 	<ul style="list-style-type: none"> - Support with Clinical guidelines & best practice on disease management 	<ul style="list-style-type: none"> - Implement impact assessment activities 	
<u>Component 3</u> <i>Project Management Monitoring & Evaluation</i>	- Oversight and support	<ul style="list-style-type: none"> - Overall coordination - Manage M&E activities - Manage events (inc. workshops & trainings) - Report to WB - Collection of data for progress reports 	<ul style="list-style-type: none"> - Procurement and FM - Draft Terms of Reference for TA to be approved by MoHMI - Organize & carry out fiduciary functions (see below) - Organize M&E activities - Logistics for events - Prepare reports 		<ul style="list-style-type: none"> - Implement impact assessment activities (KAP survey etc.) 	

²⁷ Specify departments/divisions and agencies, including at the regional level (i.e., regional laboratories).

²⁸ Specify agency (i.e., MoFE).



Areas of Implementation	Bank	MoHMI ²⁷	UNDP	WHO	UNICEF	Other ²⁸
<u>Financial Management</u>	- Oversight, support, and reviews	- Coordinate FM functions	- Maintain adequate accounting systems and procedures - Forecast and manage flow of funds - Regular reporting on the use of funds - Audit of project activities - Report to MOHMI & WB			
<u>Procurement</u>	- Oversight, support, and prior review	- Coordinate Procurement functions - Prepare TORs, specifications - Participate in evaluation & selection of bids	- Prepare procurement packaged to be reviewed by MOHMI - Organize bidding process - Participate in evaluation & selection of bids - Sign contracts, receive, accept, and verify the quantity and quality of deliverables (goods, works and services) under the contracts and sign the transfer forms - Report to MOHMI & WB		- Involve UNICEF Global Supply division as needed (e.g. for cold chain, vaccines etc.)	
<u>ESF:</u>						
<i>Environment</i>	- Oversight and support - Verification of compliance	- Overall coordination - Accountability for ESF compliance - M&E - Report to WB	- Organizing M&E activities - Carrying out the project in accordance with the ESCP - Logistics for events - Reporting for MOHMI & WB			
<i>Social</i>	- Oversight and support - Verification of compliance	- Overall coordination - Accountability for ESF compliance - M&E - Report to WB	- Organizing M&E activities - Carrying out the project in accordance with the ESCP Logistics for events - Reporting for MOHMI & WB			
<u>Corporate Requirements:</u>						
<i>Gender Citizen Engagement (CE)</i>	- Liaise with MoHMI/UNDP - Support and monitor	- Overall coordination - M&E - Report to WB	- Timely implementation of technical activities impacting the 3 areas in accordance with			- UNFPA: support the MoHMI & WB



Areas of Implementation	Bank	MoHMI ²⁷	UNDP	WHO	UNICEF	Other ²⁸
Climate co-benefits	(verification of compliance) all three areas - Gender: To the extent possible, ensure that all data collected and reported be done in a gender- and age-disaggregated manner - CE: ensure that activities under sub-component 1.2 are implemented in accordance with ToRs (UNICEF-UNDP) - Climate co-benefits: ensure that equipment to be procured are climate sensitive	<i>Details to be discussed with MoHMI during appraisal for 3 areas</i>	Standard Form of Agreement: output delivery - Report to MoHMI & WB on a regular basis and on demand - Carry out procurement of equipment that is climate sensitive			on progress in the implementation of gender-related second hotline, if possible