



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 03/23/2020 | Report No: ESRSA00544



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Tajikistan	EUROPE AND CENTRAL ASIA	P173765	
Project Name	Tajikistan Emergency COVID-19 Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/20/2020	3/26/2020
Borrower(s)	Implementing Agency(ies)		
Republic of Tajikistan	Ministry of Health and Social Protection, State Agency for Social Protection		

Proposed Development Objective(s)

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

Financing (in USD Million)	Amount
Total Project Cost	11.30

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

No

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

The proposed project will support the Government of Tajikistan in responding to a potential outbreak of COVID-19. It will do so by supporting investments to strengthen intensive care capacity, including establishing ICUs and providing supplies and equipment for infection prevention and control in treatment settings and ICUs. The project will also support the development of multisectoral response coordination and community preparedness; this will include the establishment of a multisectoral national task force. This will include a communication and outreach strategy, training for community health workers, national bodies and media outlets. The focus of communication activities will be to



ensure that the population at risk will be better informed and engaged in prevention and treatment measures. Finally, financing will be provided for a project management unit and monitoring activities.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social] Tajikistan is a small mountainous land-locked country in the heart of Central Asia, bordering Afghanistan, China, the Kyrgyz Republic, and Uzbekistan, with an area of 143,100 km² and an estimated population of 8.7 million people. The country has 4 administrative divisions, which in turn houses 58 districts and 367 sub-districts (jamoats). Tajikistan has mountains covering more than 90% of the country rendering livelihoods and accessibility extremely difficult. Natural hazards such as floods, earthquakes, landslides, mud-flows, avalanches and heavy snowfalls are quite common resulting in significant economic losses and human casualties. Population growth, urbanization, and climate change continue to exacerbate the impact of disasters, which are expected to occur more frequently and intensively and to affect more people in the future.

This COVID-19 Emergency Operation is being processed in a Situation of Urgent Need of Assistance as per World Bank IPF Policy, paragraph 12. In the COVID-19 context, Tajikistan's geographical proximity to China (border of 500 km) and Afghanistan (border of 1300 km) is significant. International boundaries are quite long and, particularly with Afghanistan, porous, rendering the two border regions GBAO and Khatlon highly fragile, conflict-ridden and vulnerable. The fact that most goods movement from China to Afghanistan takes place through Tajikistan adds to the COVID-19 contagion vectors facing the country. Apart from the cross border risks, poverty; poor systems for medical waste management and disposal; and lack of adequate and appropriate water supply and sanitation conditions make Tajikistan highly vulnerable.

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

D. 2. Borrower's Institutional Capacity

The Government of Tajikistan has experience in managing environmental and social risks associated with World Bank Projects; however, that experience is primarily with the old safeguard Operational Policies rather than the new Environment and Social Framework. The country also has an appropriate legal framework and established institutions for environmental and social risk management. Ministry of Health and Social Protection of the Population (MOHSP) is responsible for the management in healthcare and is subordinated to the Cabinet of Ministers of Tajikistan. MOHSP is responsible for providing the legal framework on the management and proper disposal of medical waste generated in the public and private health service sector. Therefore, MOHSP develops and approves sanitary norms, rules, and hygienic specifications. Furthermore, the strategic planning on the national level and allocation of budget for the



health services is in the hands of the MOHSP. Additionally, the health facilities are supported, supervised and monitored by the MOHSP on national, provincial and district levels by State Epidemiological Sanitarian (SES) departments.

MOHSP will be the implementing agency for the project. It is designated as the central operational body within the Government and standing headquarters for COVID-19 prevention and response. The MOHSP will receive professional implementation and project management support, including procurement and financial management, from a designated new Project Implementation Unit (PIU). The core of the new PIU will be formed from the team of the well-functioning Project Implementation Unit of the WB-funded Social Safety Nets Strengthening Project (SSNSP), which is closing on June 30, 2020. The COVID-19 Emergency Response Project will contract a progressively increasing share of staff time of the SSNSP PIU staff on a single-source basis (50 percent initially and 100 percent upon SSNSP closure). The PIU staff will graduate transfer to implement the project components, including those related to stakeholder engagement plan update and implementation. The PIU will also deploy the staff needed for proper implementation of the environmental and social framework elements of the project, as this project will be implemented under the new ESF standards. Hence, it is presumed that the institutional capacity is quite adequate and appropriate for implementing this project.

However, Tajikistan’s capacity to manage risks associated with COVID-19 is a major concern as the lab personnel may not have the detailed know-how on the bio-safety risk management in the labs to be used for COVID-19 diagnostic testing. Equally, the country has no experience in handling social concerns around COVID-19 as well as related measures, including quarantine. The Project will provide funding to address these short-comings and it will be important that the Project sources international expertise to achieve international best practices on these matters in line with WHO guidelines.

Public Disclosure

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

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

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

Improper handling of health care waste can cause serious health problems for workers, the community and the environment. Medical wastes have a high potential of carrying micro-organisms that can infect people who are exposed to it, as well as the community at large if it is not properly disposed of. Wastes that may be generated from



labs, ICUs, quarantine facilities, and screening posts to be supported by the COVID-19 readiness and response could include a liquid contaminated waste (e.g. blood, other body fluids, and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed-sheets, majority of waste from labs and quarantine and isolation centers, etc.) which requires special handling and awareness, as it may pose an infectious risk to healthcare workers in contact or handle the waste. It is also important to ensure the proper disposal of sharps.

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

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

Social Risk Rating

Moderate

The Social Risk Rating is “Moderate”. The major areas of social risks, similar to environment, are: (i) risks related to spread of the virus among health care workers; (ii) risks related to the spread of COVID-19 among the population at large; and (iii) rehabilitation of existing healthcare facilities. For risk areas (i) and (ii), key issues/risks to be managed focus on: (i) ensuring a soothing environment so as to avoid panic/conflicts resulting from false rumors and social unrest; (ii) assuring proper and quick access to appropriate and timely medical services, educate hand hygiene and PPEs, that is not based on ability to pay or other factors; (iii) anticipating and addressing issues resulting from people being kept in quarantine; and (iv) addressing challenges associated with providing (financial) assistance for vulnerable people and the risk of ‘exclusion’ thereof.

The financial assistance, targeted at poorer households, is meant to: (i) help offset the expected rise in food prices as a result of the COVID-19 emergency; and thereby (ii) help prevent food insecurity and losses to human capital. This cash transfer will be made through the existing World Bank financed Targeted Social Assistance (TSA) program which aims to improve the living conditions of the most vulnerable population through better targeting, introduced in 2011 with support from the European Union and the World Bank. The TSA uses a special formula to identify and target the poorest 15 percent of the population which is approximately the rate of extreme poverty in Tajikistan. With the World Bank support a centralized electronic information system and the database of the National Registry of Social Protection has been established at the Agency for Social Protection of the Population under the MHSP. The system allows entering applications in the database at the district level, further verifying the data at the central level in Dushanbe, approving new benefits based on the results of the specialized formula, administering all payments through the network of Banks, and reconciling all the payments, to ensure that every single Somoni reaches the eligible recipient.

The State Agency of Social Protection (SASP), which is in charge of administering the TSA has been in existence for some time and operates through Regional Centers. The plans are to establish greater number of such Centers across the country to facilitate work at the district level and communications between the center and the districts. Despite TSA being successful, in the current context, following key Issues/ risks need to be addressed: (i) Risk of Exclusion –while TSA’s targeting has been quite good, the same needs to be tweaked to Corona Virus-19 situation; (ii) Timings- TSA should kick in as and when the food price rises which needs to be monitored; and (iii) appropriate service delivery, to reach out to the identified people. Most of these impacts and the risks thereof can be contained by an effective and inclusive outreach program encompassing stakeholder engagement throughout the project cycle.



With regard to risk area (iii), since the civil works envisaged in the project refer to repair and rehabilitation of existing buildings only, no land acquisition or involuntary resettlement impacts are expected.

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

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The project will have positive environmental and social impacts as it should improve COVID-19 surveillance, monitoring and containment as well as provide targeted support for the more vulnerable households. However, the project could also cause significant environmental, health and safety risks due to the dangerous nature of the pathogen and reagents and other materials to be used in the project-supported ICUs, laboratories, and quarantine facilities. Other risks, associated with site specific rehabilitation of health facilities, are identified/identifiable and easily mitigable. The WHO's assessment of Tajikistan's operational readiness for preventing, detecting and responding to public health emergency records it to be the lowest in the region (scoring 2 out of 5), indicating high vulnerability to COVID-19. To manage these risks, the MOHSP will prepare two major instruments:

- (i) Environmental and Social Management Framework (ESMF) that will include templates for site specific Environmental and Social Management Plans (ESMP) and Infection Control and Medical Waste Management Plan (ICWMP) so that the ICUs, laboratories, and quarantine facilities to be supported by the Project will apply international best practices in COVID-19 diagnostic testing and other COVID-19 response activities. The ESMF will have an exclusion list for COVID-19 ICU and lab activities that may not be undertaken at the labs unless the appropriate capacity and infrastructure is in place). The ESMF will be prepared to a standard acceptable to the Association and disclosed both in country on the MOHSP website and on the World Bank website within one month of project effectiveness; and
- (ii) Stakeholder Engagement Plan (SEP) for effective outreach and citizen participation A SEP has been prepared and disclosed.

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

Minor Civil Works. Project preparation has prepared a short list of the existing buildings for repair and rehabilitation. The ESMF will provide ESMP templates for both rehabilitation of facilities for establishing 10-bed ICUs and the rehabilitation of on-site incinerators. The physical works envisaged are of small to medium scale and the associated environmental impacts are expected to be temporary, predictable, and easily mitigable with risks including disposal of construction waste, dust, noise, and worker health and safety. The ESMF will also include exclusion criteria under this project for establishing 10-bed ICUs in facilities containing asbestos insulation or pipe lagging, etc.

Medical Waste Management and Disposal. Tajikistan's Medical Waste Management System is negatively affected by socioeconomic status and by limitation in health services and has no clear organizational concept and legal framework. Given that the medical waste generated by laboratories and health care facilities is a potential vector for



the contagion, improper handling of medical waste runs the risk of further spread of the disease. Therefore, the ESMF will include an ICWMP specifically designed for COVID-19 identification, testing, and treatment.

Worker Health and Safety. Workers in healthcare facilities are particularly vulnerable to contagions like COVID-19. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory workers as well as the wider spreading of the disease within communities. 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 (see medical waste above), disinfectant protocols, and regular testing of healthcare workers will be included.

Community Health and Safety. The SEP will be a key instrument for outreach to the community at large on issues related to social distancing, higher risk demographics, self-quarantine, and quarantine. It is critical that these messages be widely disseminated, repeated often, and clearly understood.

Each ICU, laboratory and ICUs, laboratories, and quarantine facility will apply infection control and waste management planning following the requirements of the ESMF and relevant EHS Guidelines, GIIP, WHO etc. satisfactory to the Bank. The ESMF will adequately cover environmental and social infections control measures and procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories and medical facilities. It will also clearly outline the implementation arrangement to be put in place by MOHSP for environmental and social risk management; training programs focused on COVID-19 laboratory bio-safety, operation of quarantine and isolation centers and screening posts, as well as compliance monitoring and reporting requirements, including on waste management based on the existing ICWMP prepared as part of the ESMF. The relevant part of the COVID-19 Quarantine Guideline and WHO COVID-19 bio-safety guidelines will be applied while preparing the ESMF so that all relevant risks and mitigation measures will be covered.

ESS10 Stakeholder Engagement and Information Disclosure

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



Project preparation has included a detailed mapping of the stakeholders. Individuals and groups likely to be affected (direct beneficiaries) have been identified. Risk-hot spots on the international borders as well as in-country have been delineated. Mapping of other interested parties such as government agencies/authorities, NGOs and CSOs, and other international agencies have also been completed. Drawing upon their expectations and concerns, a SEP has been prepared by the client and disclosed publicly (put in website where it has been disclosed). SEP will be updated during implementation. The client has also developed and put in place a GRM to enable stakeholders to air their concerns/ comments/ suggestions, if any.

B.2. Specific Risks and Impacts

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

ESS2 Labor and Working Conditions

The project shall be carried out in accordance with the applicable requirements of ESS 2, in a manner acceptable to the Bank, including through, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), setting out grievance arrangements for project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms.

The project is expected to encompass the following categories of workers: direct workers and contracted workers, Direct workers could be either government civil servants or those deployed as ‘technical consultants’ by the project. The former will include: health care providers and workers in health care facilities. The latter includes chiefly construction workers involved in the minor civil works. The civil servants will be governed by a set of civil services code and the ‘technical consultants’ by mutually agreed contracts. The project proposes some small scale civil works and the expectation is that the majority of labor will be locally hired and hence no large-scale labor influx is envisaged. The ESMF will include ESMP templates for the works and those templates will contain a section on worker health and safety requirements. The workers will not work in contaminated areas and will be safeguarded with protective measures as appropriate.

The ESMF will include sections on Environment Health and Safety (EHS) including specific instruments that will need to be prepared either by the client and/ or the contractor prior to commencement of works (EHS checklists, codes of conduct; safety training etc.). Civil works contracts will incorporate social and environmental mitigation measures based on the WBG EHS Guidelines and the ESMF; other referenced plans e.g. SEP. All civil works contracts will include industry standard Codes of Conduct that include measures to prevent Gender Based Violence/Sexual Exploitation and Abuse (GBN/SEA). A locally based GRMs specifically for direct and contracted workers will be provided.

In line with ESS 2 and Tajik law, the use of forced labor or conscripted labor is prohibited in the project, including for construction and operation of health care facilities.

ESS3 Resource Efficiency and Pollution Prevention and Management



Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the labs, quarantine, and screening posts to be supported (drugs, supplies and medical equipment) can have a significant impact on the environment and human health. Wastes that may be generated from medical facilities and labs could include liquid contaminated waste, chemicals, and other hazardous materials, and other waste from labs and quarantine and isolation centers including sharps, used in diagnosis and treatment. Each beneficiary medical facility/lab, following the requirements of the ESMF to be prepared for the Project, WHO COVID-19 guidance documents, and other best international practices, will prepare and follow an ICWMP to prevent or minimize such adverse impacts. The ICWMP will mandate that any waste associated with COVID-19 testing or treatment will be incinerated on site whenever possible. It will also contain strict protocols for disinfecting and packing such waste for transportation to the nearest medical waste incinerator if on site destruction is not possible.

The ESMF will also include guidance related to transportation and management of samples and medical goods or expired chemical products, as well as small scale rehabilitation activities.

The site specific ESMPs, to be prepared for rehabilitation of the 10-bed ICUs will include procedures for handling construction waste. Facilities with asbestos insulation, pipe lagging, etc. will be excluded from financing under the project.

Resources (water, air, etc.) used in health care and quarantine facilities and labs will follow standards and measures in line with State Sanitary Hygienic Service of MOHSP and WHO environmental infection control guidelines for medical facilities.

ESS4 Community Health and Safety

Medical wastes and general waste from the labs, health centers, and quarantine and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., seismic). Laboratories, quarantine and isolation centers, and screening posts, will thereby have to follow procedures detailed in the ESMF and ICWMP (see ESS 3 above).

The operation of quarantine and isolation centers needs to be implemented in a way that staff, patients, and the wider public follow and are treated in line with international best practice as outlined in WHO guidance for COVID-19 response as above under ESS 1 and ESS 2.

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



The project will mitigate the risk of Sexual Exploitation and Abuse by applying the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure, such as segregated toilets and enough light in quarantine and isolation centers.

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

In case quarantine and isolation centers are to be protected by security personnel, it will be ensured that the security personnel follow strict rules of engagement and avoid any escalation of the situation, taking into consideration the above-noted needs of quarantined persons as well as the potential stress related to it.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

Since civil construction activities are envisaged to be restricted to repair and rehabilitation of the existing buildings only, no involuntary acquisition of lands is expected. Nor will be any restrictions on land use and accesses. Hence, this ESS is not relevant.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

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

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

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

ESS8 Cultural Heritage

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

ESS9 Financial Intermediaries

This standard is not relevant to the proposed project interventions.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

No



OP 7.60 Projects in Disputed Areas

No

III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
ORGANIZATIONAL STRUCTURE: Ministry of Health and Social Protection (MOHSP) shall establish and maintain a PIU with qualified staff and resources to support the management of ESHS risks and impacts of the Project including environmental and social risk management specialists.	10/2021
ENVIRONMENT AND SOCIAL MANAGEMENT FRAMEWORK (ESMF) Prepare an ESMF acceptable to the Association and disclose the ESMF on the Project website. The ESMF will include templates for site specific Environmental and Social Management Plans (ESMP) and Infection Control and Medical Waste Management Plan (ICWMP).	05/2020
ESIA/ESMP/OTHER INSTRUMENTS/CONTRACTORS a. Assess the environmental and social risks and impacts of Project activities in accordance the ESMF. b. Prepare, disclose, adopt, and implement any ESMPs or other instruments required for Project activities in a manner acceptable to the Bank. c. Incorporate the relevant aspects of this ESCP into the procurement documents and contracts with contractors and supervising firms.	10/2021
EXCLUSIONS: The following activities are ineligible: • Those that may cause permanent and/or irreversible adverse impacts on the environment • Those that may have significant adverse social impacts and may give rise to significant social conflict • Those that may affect lands or rights of indigenous people or other vulnerable minorities, • Those that may involve permanent resettlement or land acquisition or adverse impacts on cultural heritage Excluded activities included in the ESMF.	10/2021
TARGETED SOCIAL ASSISTANCE: • Continuous monitoring of food prices by Ministry of Economic Development and Trade (MEDT) • Effecting cash transfers if food prices rise by the State Agency for Social Protection (SASP)	10/2021
ESS 10 Stakeholder Engagement and Information Disclosure	
STAKEHOLDER ENGAGEMENT PLAN: Prepare, disclose, adopt, and implement a Stakeholder Engagement Plan (SEP) consistent with ESS 10, in a manner acceptable to the Association.	05/2020

Public Disclosure



GRIEVANCE MECHANISM: Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS 10, in a manner acceptable to the Association.	10/2021
ESS 2 Labor and Working Conditions	
LABOR MANAGEMENT: ESS 2 will be adhered to through adequate occupational health and safety measures (including emergency preparedness and response), grievance arrangements for workers, and incorporating labor requirements into procurement documents.	10/2021
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Relevant aspects of this standard shall be considered, as needed, under action 1.2 above, including, inter alia, measures to: manage health care wastes, and other types of hazardous and non-hazardous wastes.	10/2021
ESS 4 Community Health and Safety	
ESS 4 falls under action 1.2, including: minimizing exposure to disease; ensuring vulnerable parties access to benefits; managing risks of security personnel and labor influx; and preventing/responding to sexual exploitation, abuse, or harassment.	10/2021
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
Relevant aspects of this standard shall be considered, as needed, under action 1.2 above.	10/2021
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
ESS 8 Cultural Heritage	
ESS 9 Financial Intermediaries	

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

Is this project being prepared for use of Borrower Framework?

No

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

N/A

IV. CONTACT POINTS

World Bank



Contact:	Kate Mandeville	Title:	Senior Health Specialist
Telephone No:	1-202-473084	Email:	kmandeville@worldbank.org

Borrower/Client/Recipient

Borrower: Republic of Tajikistan

Implementing Agency(ies)

Implementing Agency: Ministry of Health and Social Protection

Implementing Agency: State Agency for Social Protection

V. FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: <http://www.worldbank.org/projects>

VI. APPROVAL

Task Team Leader(s):	Kate Mandeville
Practice Manager (ENR/Social)	Valerie Hickey Cleared on 22-Mar-2020 at 08:15:49 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 23-Mar-2020 at 22:43:5 EDT

Public Disclosure