Due Diligence Report (Social Safeguards)

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TAJ: Maternal and Child Health Integrated Care Project

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ABBREVIATIONS AND ACRONYMS

AH	Affected household
ADB	Asian Development Bank
CC	Civil Code of the Republic of Tajikistan
DHS	Demographic and Health Survey
DP	Displaced Person
GBAO	Gorno-Badakhshan Autonomous Oblast
GIZ	German Agency for International Development
GRC	Grievance Redress Committee
GRM	Grievance Redress Mechanism
LGRC	Local Grievance Redress Committee
NGRC	National Grievance Redress Committee
Ha	Hectare
HH	Household
IR	Involuntary Resettlement
KfW	Kreditanstalt für Wiederaufbau
LAR	Land Acquisition and Resettlement
LARP	Land Acquisition and Resettlement Plan
LC	Land Code of the Republic of Tajikistan
LURC	Land Use Rights Certificate
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MoHSP	Ministry of Health and Social Protection of Tajikistan
NGO	Non-Governmental Organization
NoL	No objection letter
PHC	Primary Health Center
PIU	Project Implementation Unit
PLU	Primary land users
PMC	Project Management Consultant
PPTA	Project Preparatory Technical Assistance
RT	Republic of Tajikistan
SDGs	Sustainable Development Goals
SDDR	Social Due Diligence Report
SPS	Safeguard Policy Statement
SR	Safeguard Requirements
TJS	Tajikistan Somoni (currency)
ToR	Terms of Reference

I. DESCRIPTION OF THE PROJECT / PROJECT INFORMATION

i. Project Background

1. Tajikistan is committed to the attainment of Sustainable Development Goals (SDG). National consultations carried out on the SDG agenda included better healthcare system as a priority, which was then reflected in the National Development Strategy 2030. Tajikistan is lagging in its attainment of key SDG indicators in neonatal mortality and infant mortality. SDG targets for neonatal mortality and infant mortality is 12 and 25, respectively. Most recent estimates for Tajikistan is 21 neonatal deaths per 1000 live births and 45 infant deaths per 1,000 live births. The constraints to attainment of SDGs in maternal and child health stem from systemic health sector issues such as health services delivery, financing, and quality, as well as limited knowledge of the population on the importance of maternal and child health (MCH). Delivery of MCH services is fragmented. Government expenditure on health is very low and inefficient allocation of scarce resources compounds the lack of financing for health. Quality of care is poor and is aggravated by lack of knowledge and information of the population about the appropriate use of health services.

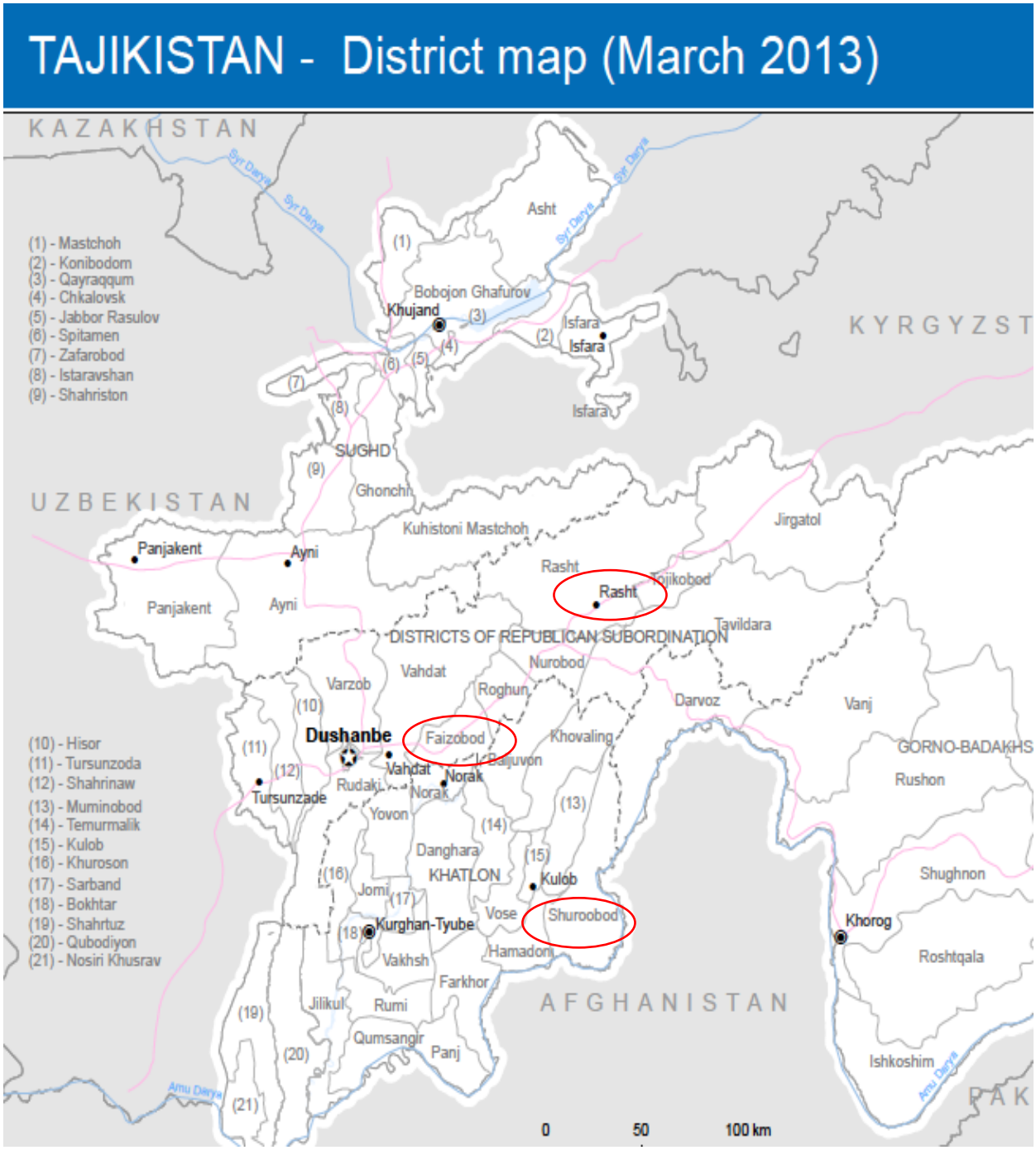
2. As discussed with Government of Tajikistan, ADB will help improve integrated MCH care delivery at both primary and secondary health care levels in disadvantaged districts. The proposed project will have the impact: health status and well-being of mothers and children in selected districts improved.1 The expected outcome is: Integrated MCH services expanded. Expected outputs are: (i) Integrated quality MCH services delivery improved in project districts; (ii) Primary and secondary healthcare services strengthened through rationalization, upgrading and equipping of health facilities and introduction of case-based payment system in project hospitals; and (iii) Knowledge on maternal and child health improved through various communication activities implemented. The project loan is estimated to cost $32.09 million from Asia Development Fund.

3. For the second output, it is envisioned that construction or rehabilitation works will be conducted on existing polyclinics and hospitals. To select the districts, MoHSPSP and ADB developed criteria which include the following indicators: (1) percent of home delivery; (2) infant mortality rate; (3) early neonatal mortality rate; (4) neonatal mortality rate; (5) stillbirths per 1,000; (6) child mortality rate; (7) maternal mortality rate; and (8) poverty rate. The three selected districts are Rasht, Shamsiddin Shohin (former Shuroabad) and Faizobod districts. The facilities that will be constructed or rehabilitated are 3 Central Rayon Hospitals and 3 district polyclinics. The rehabilitation works may cover reinforcing existing building or rebuilding entire building within the same compound. The extent of work will be determined during the TRTA missions on June to July 2018.

ii. Geographic Locations

4. Rasht district, formerly called Gharm District, is an eastern district in the Region of Republican Subordination in Tajikistan. It lies between Vahdat district on the west and Jirgatol district on the east; its southern neighbors are Nurobod, Sangvor, and Tojikobod districts; its northern border runs along the eastern finger of Sughd Province and along the international border with Kyrgyzstan. In July 2007 and May 2012 Rasht district suffered devastating earthquakes (5.5 and 5.7 respectively on the Richter scale).[2] Its capital is Gharm. The population of Rasht district is 126,700 people.

[1] Sustainable Development Goals 3.
[2] https://reliefweb.int/report/tajikistan/earthquake-rasht-valley-direct-rule-districts-tajikistan-situation-report-no-1



5. Shamsiddin Shohin district, formerly Shuroabad, is a district in Khatlon province, southeastern Tajikistan. It bordered in the north by Darvoz, Muminobod districts, in the west by Kulob district, and in the south by Hamadoni district, districts Khatlon province. And in the east River Panj, and four-districts of Badakhshan province of Afghanistan (Khwahan, Raghistan, and Yawan, Shahri Buzurg). The District has a total area 2,380 km² (920 sq miles) and the located in the Hazrat-i Shoh mountains skirts. The population of the district is 53,756 people. Its capital is Shuroabad city.

6. Faizobod district is a small district in the Region of Republican Subordination in Tajikistan, about 60 km east of Dushanbe. It borders by Vahdat district from the west and the north, the Roghun district from the east, and the Khatlon Province from the south. The district population is 106,046 people. Its capital is Faizobod.

iii. Priority and Community Needs for the Project

7. *Inefficient health services delivery***.** Delivery of maternity and health services (MCH) are duplicative. For instance, antenatal care, immunization, and child care are provided at primary health care (PHC) centers which are composed of polyclinics, rural health centers and health houses. Alongside these PHC centers are specialized centers such as Center for Reproductive Health, Center for Immunization, Center for Integrated Management of Childhood Illnesses, and Center for Diagnosis and Treatment of Sexually Transmitted Diseases all of which can also provide consultation for MCH. These specialized centers are vertical programs that directly report to Ministry of Health and Social Protection (MoSHP). Some of these centers also provide limited inpatient care.

8. This is exacerbated by limited financing for health. Tajikistan has one of the lowest health expenditures in the Central Asian region. Investments in health has been a major constraint in the recent years. Despite the political commitment to public health,[3] its prioritization in the budget is rather low in Tajikistan. The health sector only commands 7% of the total government budget, compared to 12% in the case of Kyrgyz Republic and 11.5% global weighted average.[4] Consequently, household bear most of the responsibility for paying health care and some household forego seeking health care due to high costs.[5] The 2012 Demographic and Health Survey (DHS) found that treatment expense is the primary reason for foregoing healthcare when ill.

9. The Public Expenditure Review noted that there is an oversupply of beds and avoidable inpatient admissions (estimates show that around 1/3 could have been treated in outpatient settings).[6] This inefficiency is compounded by its health financing modality where all levels of government provide funds through line item budgeting where the amount of public funds allocated to institutions is based on the number of beds, staff and historical utility costs. And with constrained resources available to health in the past two decades, capital investments were very limited. Thus, health infrastructure and equipment both at PHC and hospitals are outdated and malfunctioning. Around 65% of the buildings were constructed between 1938 and 1990, where majority do not meet basic technical requirements and could pose a risk for both patient and staff.[7]

10. *Poor referral systems for MCH care*. Most patients directly go to secondary and tertiary level hospitals, bypassing most rural hospitals during delivery. Most patients lack confidence on the quality of PHC health services because of outdated facilities, lack of equipment, and untrained health care staff. Bypassing leads to disrupted patient care and a more expensive health service delivery. Although regulations on referral system exist, implementation is not enforced. JICA is starting a referral system project in one of the regions, however, nationwide implementation has not yet happened.

11. *Limited knowledge on maternal and child health***.** In Tajikistan, the knowledge and awareness on the need for timely and good quality MCH health care is low particularly among rural areas. While in urban areas, more pregnant women have delivered in hospitals than before, pregnant women in remote rural areas deliver at home due to limited access and

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[3] Address by the President of the Republic of Tajikistan, the Leader of the Nation, H.E. Emomali Rahmon to the Parliament of the Republic of Tajikistan. 22.12.2017. Dushanbe City. http://www.president.tj/en/node/16773

[4] World Bank. World Development Indicators.

[5] Data from 2015 Tajikistan Health accounts shows that 63.3% of total health expenditures are from household's out-of-pocket payments.

[6] World Bank. 2013. Review of Public Expenditures on Health. http://documents.worldbank.org/curated/en/336681468303578088/pdf/891810NWP0P14700TJK0NOTE20final0web.pdf

[7] Kreditanstalt für Wiederaufbau (KfW). 2013. Strategic Plan for the Rationalization of Hospital Care in the Khatlon Oblast. Republic of Tajikistan.

cultural issues. This disadvantaged population also misses important information on child care practices. The government does not have a coherent strategy on behavior change for rural families which is culturally-sensitive. The rural health workers also do not have the appropriate skills to communicate to these communities.

12. *Synergies with other projects and donors.* Kreditanstalt für Wiederaufbau (KfW) has been supporting the rationalization of hospitals since 2011 in Khatlon Oblast while the World Bank, Japan International Cooperation Agency, and GIZ have been supporting PHCs. Optimal coordination between primary level and the hospital care in delivering a continuum of care is critical in improving MCH outcomes. For optimal use of bed capacity, referral guidelines and clinical pathways needs to be developed for the most frequent causes of MCH hospital admission. This will effectively reduce the average length of stay of patients at the hospital and consequently the need for hospital beds. World Bank, Swiss Agency for Development and Cooperation, and United States Agency for International Development have been providing training programs and piloting Continuous Quality Improvement activities.

iv. Impact and Outcomes

13. As discussed with Government of Tajikistan, ADB will help to improve integrated MCH care delivery at both primary and secondary health care levels in three disadvantaged districts. The proposed project will have the following impact: health status and well-being of mothers and children in 3 selected districts improved.[8]

14. The expected outcome is integrated MCH services expanded. Expected outputs are: (i) Integrated quality MCH services delivery improved in project districts; (ii) Primary and secondary healthcare services strengthened through rationalization, upgrading and equipping of health facilities and introduction of case-based payment system in project hospitals; and (iii) Knowledge on maternal and child health improved through various communication activities implemented.

v. Project Outputs

15. The proposed project will have the following three outputs:

(i) **Output 1: Primary and secondary healthcare services strengthened**. This output will utilize ADB financing to review the existing Government's rationalization plan and develop a masterplan for project districts. Based on these plans, selected PHC and secondary hospitals will be refurbished and equipped in project districts. Further, the project will also support ongoing efforts of the Government for improving the efficiency of health service delivery by moving away from line-item budgeting to output-based financing.

(ii) **Output 2: Referral systems in project districts improved.** This output will strengthen the referral system between PHC and secondary hospitals in managing MCH services. Learning from the experiences of other development partners, a MCH referral system will be introduced in project districts and training of family physicians and medical education for MCH professionals provided.

(iii) **Output 3: Knowledge on maternal and child health improved**. This output will support behavior change campaigns through development and implementation of communication strategies, training of health workers, and introduction of mother and child booklets to improve uptake of MCH services. This output will also pilot a

[8] Sustainable Development Goals 3

demonstration project that will utilize cost-effective digital solutions such as SMS for mothers.

vi. Scope of Civil Works

16. For the second output, it is envisioned that construction or rehabilitation works will be conducted on existing polyclinics and hospitals. To select the districts, MoHSPSP and ADB developed criteria which include the following indicators: (1) percent of home delivery; (2) infant mortality rate; (3) early neonatal mortality rate; (4) neonatal mortality rate; (5) stillbirths per 1,000; (6) child mortality rate; (7) maternal mortality rate; and (8) poverty rate. The three selected districts are Rasht, Shamsiddin Shohin (former Shuroabad) and Faizobod districts.

17. The facilities that will be constructed or rehabilitated are 3 Central Rayon Hospitals and/or 3 district polyclinics. The rehabilitation works may cover reinforcing existing building or rebuilding entire building within the same compound.

II. SOCIAL DUE DILIGENCE

i. SDDR Objective

18. In order to capture unexpected impacts, which may result from the proposed medical facility rehabilitation activities, will necessitate modifications to safeguards management, ADB requires the borrower to undertake a due diligence. This Social Due Diligence Report (SDDR) has been compiled to review the need for preparation to borrower /client's social safeguards assessments and plans resulting from the proposed clinic and hospital rehabilitation/construction.

19. The main objective of the DDR is to identify and assess the possible impact of the project on properties of surrounding communities in terms of land acquisition and resettlement issues for the designed work.

ii. SDDR Methodology

20. The Social Safeguard Due-diligence study for the project comprised the following research methods: desk review, field visits, and social screening.

21. The due diligence process included desk review of the existing project related documents, technical details, i.e. review of the ADB's relevant policy, available safeguards documents, policy and legal framework of the Republic of Tajikistan on resettlement and land acquisition; the description of the proposed works and master plan**.**

22. Field visits and observations included two rounds of site visits to all sites, where work is envisaged. The physical condition and environment of proposed sites have been carefully studied, and on the spot the available infrastructure and private points of service were observed and potential project impacts discussed with surrounding communities, individual entrepreneurs and health workers. The main purpose of visits was to screen potential impacts on land acquisition and resettlement as a result of the proposed project, including permanent and temporary impacts, impacts on residential, agricultural areas, livelihoods and / or any economic activity / assets (including crops, trees, private pharmacies etc.) in these areas.

23. Social screening checklists were completed for each proposed site, including 5 hospitals and 5 clinics.

24. Round of consultations were implemented with the following project stakeholders at different levels:

- Consultations with the MoHSP representatives, heads and deputy heads of central clinics and hospitals in the selected sites;
- Meetings and interviews with key informants at district levels, including with relevant representatives of local governments, state agencies,
- Individual and group consultations with health workers, pharmacy holders and local residents;
- Consultation and discussions with a team of project consultants, in particular engineers, regarding the preliminary design of sites;
- Consultations with project design staff involved in planning of various project components; and
- Consultations with environmental specialists to study and track initial findings on potential impacts.

The section below describes the key findings of social safeguards due diligence study.

iii. Key Findings

25. Due social safeguards impact assessment has been carried out, which identified that the proposed activities will not have adverse social impact on community and private properties and lands as the rehabilitation/construction activities will be carried out within existing boundaries.

26. The initial field visits were conducted on May 18-26, 2018. During the field visits the social safeguards consultant walked through the proposed sites for rehabilitation. The initial screening showed that no public or private assets would be affected by the Project. The repeated site visits accompanied by health facility designer and environmental consultants were conducted the week of June 4-9, 2018 to reconfirm that no land acquisition is required.

27. Consultations with the heads and deputy heads of the clinics and hospitals confirmed that the rehabilitation would not have any adverse impact on private land and shops. They confirmed that a couple of pharmacies within the buildings to be rehabilitated might have temporary limited access.

28. The result of the study suggests that the proposed medical facilities rehabilitation works will not have any adverse impact on people and community lands, structures and properties as the construction works will be carried out within the existing territories. During engineering design of the medical facilities by the Engineers, potential impacts on structures and lands will be avoided since the existing territories are sufficient. If any adverse impacts are identified during the detailed design stage or construction, adequate mitigation measures will be taken following the ADB SPS 2009 for smooth implementation of the project.

29. Social screening identified that the proposed medical facilities rehabilitation/construction does not incur any land acquisition and/or resettlement impact, as the existing land plots are sufficient even for new constructions within the territories of medical facilities.

30. The findings of the social safeguard studies on the proposed sites including potential impacts and mitigation measures were discussed with the various stakeholders. It was discussed that any adverse impacts due to the project will be mitigated following the ADB SPS 2009. No one will be worse off rather their standard of living will be improved or at least restore at pre-project level.

iv. Potential Land Acquisition and Resettlement Impacts

31. The proposed hospitals and clinic are located in the centers of districts. They serve the total populations of districts, plus some surrounding communities and transiting cargo and passenger drivers also use the hospital services. Majority of hospital buildings are deteriorated and require modern equipment and capital repairs, mainly associated with sewage and water supply, heating and ventilation systems. Some of the hospital one-store buildings were built in between 1930-es and 1950-es and do not worth capital repairs, and they have to be demolished, including Rasht, Sangvor and Shamsiddin Shohin. The majority of one to three-store buildings of 5 clinics are relatively new, as they were constructed in between 1987 and 2013. Particularly, the clinics in Faizobod, Sangvor and Shamsiddin Shohin have newly constructed buildings, but the clinics in Shamsiddin Shohin and Sangvor require additional buildings to be constructed, if project budget allows.

32. Considering that hospitals and clinic are located close by each other, they apply the same waste collection methods and practices. The observations revealed that the existing waste management system in visited medical institutions is weak, it affects the surroundings communities, especially in Aini district, and requires investments in introducing modern low-cost effective methods of waste management.

33. The hospitals and clinics are located in densely populated areas and surrounded by private houses and state owned enterprises. Fencing and boundary walls border the territories of all proposed hospitals and clinic, exception is Rasht clinic. The proposed rehabilitation and construction works will be within the boundaries of the medical institutions and no land plots will be acquired.

34. Land area of territory of the hospitals ranges from 0.69 to 4.61 ha. Land area of territory of the clinics ranges from 0.28 to 0.50 ha. Copies of land titles are enlosed in Appendix 3. There are relevant legal documents in place, like technical passports and land titles. Accuracy of technical documentation was verified for all 10 medical institutions. Land ownership always belonged to the hospitals and clinics; exception was Shamsiddin Shohin hospital, which used to be the private property before transferring the building to the MoHSP.

35. No cases of encroachment were observed. There are a few private pharmacies renting rooms in each hospital, as well as a private non-functioning structure/pharmacy located within the territory of Rasht hospital and in adjacent territories of the hospitals. It was verified that all the private pharmacies have land titles. All the pharmacy owners were consulted about the scope of works for the proposed project and potential impacts of rehabilitation/construction works and temporary disturbance.

36. Depending on the project's decision for rehabilitation and construction works within this hospital and as per preliminary observation and discussions with the hospital and clinic administrations, the project will have no impacts on any properties and income generating activities of other third parties. During construction/rehabilitation works, patients can be accommodated within the hospital in other vacant buildings and wards. No involuntary resettlement impacts are observed.

v. Temporary Impacts and Mitigation Measures during Construction

37. Although there will be no acquisition of privately used land or displacement of people, whether titled or non-title holders, communities in the site neighborhoods may suffer from temporary impacts during construction such as dust, noise, movement restriction, etc. The mitigation measures for such temporary impacts will be the responsibility of the civil works contractor. To eliminate such impacts, the civil works contractors will undertake the following measures:

a) Informing all local communities about the nature and duration of work well in advance so that they can make necessary preparations;
b) Placing information bill boards about the nature and duration of work, name of the project, contractor, and focal point to accept grievances at each site;
c) Always keeping clean of construction materials and provide full access to houses, business places, ensure vehicle and pedestrian access is not disturbed all the time;
d) Increasing the workforce and using appropriate equipment to complete the work in a minimum timeframe with least impact on livelihoods and economic resources;
e) Continuing accessibility to all types of facilities including communication lines, water systems, electricity, etc. that are available in the construction zone, should be ensured;
f) If rental land is used, government administered lands allocation prioritization or negotiating with the land owners and users as appropriate on fair terms and conditions in writing, and
g) Measures for minimizing dust and noise pollution as per the environmental management plan.

38. MoHSP/PIU and Supervision Consultant will monitor the identification of construction related to temporary and unanticipated impacts and ensure that grievance redress mechanism (GRM) is fully functional and accessible to the communities for any events of inconveniences to the communities out of civil works construction.

III. LEGAL AND ADMINISTRATIVE FRAMEWORK

39. The Project follows the ADB's Safeguards Policy Statement (2009) and national legislation of the Republic of Tajikistan. If any land acquisition or resettlement impacts are identified during the project implementation, a site specific Land Acquisition and Resettlement Plan (LARP) will be developed to compensate for land acquisition and loss of property, material goods livelihood during the implementation of the Project.

i. ADB's Safeguard Policy Statement Requirements

40. The objectives of ADB's Safeguards Policy Statement (SPS) are to avoid involuntary resettlement wherever possible; to minimize involuntary resettlement by exploring project and design alternatives; to enhance, or at least restore, the livelihoods of all Affected persons in real terms relative to pre-Project levels; and to improve the standards of living of the displaced poor and other vulnerable groups.

41. The following basic principles of ADB's Policy on Involuntary Resettlement have been used as a guide to the Project and in compiling the DDR:

(i) Involuntary resettlement should be avoided or minimized by exploring all viable project options;
(ii) Identification of affected persons and compensation for lost property and income;
(iii) Assistance in resettlement and restoring the living standards to the level without the project;
(iv) The affected people should be fully informed and closely consulted on resettlement and compensation options;
(v) The absence of formal legal title should not be a bar to compensation or assistance in rehabilitation of livelihood;
(vi) Special attention should be paid particularly to poor and vulnerable groups.

ii. Country Legal Framework

42. No special law or policy regulates the issues of resettlement and/or land acquisition or expropriation of rights to land and immovable property for state or public needs in the Republic of Tajikistan. The fundamental legislative acts regulating land management relations and the ownership rights to immovable properties in the Republic of Tajikistan are the following:

- Constitution of Republic of Tajikistan;
- Land Code;
- Part I of the Civil Code;
- Housing Code; and
- Regulation "On approving the procedure for compensating the damages to land users or users of other registered rights related to land, and losses related to withdrawing land from agriculture".[9]

43. The Constitution of the Republic of Tajikistan is the fundamental legal document guaranteeing citizen's rights. According the Constitution, land is exclusively owned by the state, and the state guarantees its effective use in the interests of the people. Individuals have lifelong inheritable use rights for the *land.* The legal basis for state acquisition of private property for public works is outlined in Article 32, which states that the property of an individual is taken away only on the basis of the law, with the consent of the owner and to meet the requirements of the state and society, and with the state paying full compensation.

44. Compensation for land withdrawal and other impacts due to public interest projects are also regulated by other laws, such as the Land Code RT (LC), the Civil Code RT (CC) and various regulations which govern land withdrawal, land allotment and impacts compensation to the citizens.

45. The withdrawal/ allotment of land and resettlement in Tajikistan are based on the following principles:

(i) Land users have a right to be reimbursed for losses due to withdrawal of right of land use for state and public needs (Articles 41, 43 LC).

(ii) Ownership rights of a person, who built a structure without proper legal authorization can be accepted by court if the land plot allocated to this person was for construction purposes, according the procedure set forth by the legislation of the Republic of Tajikistan (Article 246, CC)

(iii) Termination of property ownership due to the decision of the government body, including acquiring the land plot, on which house, other buildings, structures or planted vegetation are located, is only possible in cases and in accordance with the procedures set forth by the legal acts while providing the owner an equal property and compensating other incurred losses, caused by termination of property rights (Article 263, CC)

(iv) At termination of the rights to property, it will be assessed on the basis of its market value (Article 265, CC).

(v) Land user or user of other registered rights associated with land should be noticed in writing about land withdrawal by local land management authority not later than one year before coming land withdrawal procedure (Article 40, LC).

(vi) If according to International agreements which are recognized by the Republic of Tajikistan other rules are established than those which are specified in the Land Code of the Republic of Tajikistan, so the rules of international agreements will be accepted (Article 105, LC).

[9] Approved by the Decree of Government of Republic of Tajikistan, December 30, 2011, N641.

46. The LC, 1997 is the core legal document related to land acquisition. It has been updated a few times and most recently in 2016. Article 2 of LC states that there is no *"private ownership of land, "land is an exclusive ownership of the State…* [but]... *guarantees its effective use in the interests of its citizens. Natural and legal persons have the right to alienate their land use rights" "land use rights can be subject of the civil matters, can be bought and sold, granted, traded, rented, mortgaged*[10]*….* Articles 10-14, the LC outlines land title as being of long-term, short-term, and inherited land use entitlement. Household plots are given to the citizens for life-long inheritable use.

47. Article 18 of LC stipulates that using the land plot without defining its borders by relevant (land management) authorities and issuing documents certifying land use right is barred.

48. Article 24 of LC describes the allocation of land for non-agricultural purposes, and provides that when choosing a suitable location for such land uses, land not suitable for agriculture should be favored. The same principle is stressed by Article 29 LC, which discourages the use of high-yielding agricultural land for non-agricultural use. However, Article 29 also allows for allocation, and sequestering of agricultural land for "other very important State objects".

49. Article 31 of LC provides that land acquisition for non-agricultural public purposes is subject to the award of compensation: "terms of allocating land plots to new land users for non-agricultural needs must envisage compensation of all losses related to confiscation of land plots from former land users, as well as compensation of losses in agricultural production." Article 19 of LC states the rights of land users, including clauses allowing a land use rights holder the "waiving voluntarily *land plot"* or *"indemnifying for [compensating] for losses"* as mentioned in Article 41 of LC. This article sets out the basis for full reimbursement of losses, including loss of profit, caused by sequestration of land for non-agricultural purposes, restriction of land users' rights.

50. Procedure for calculation of the compensation due for land acquisition is regulated by Articles 43 and the relevant regulatory documents and is defined by the Government of Tajikistan.

IV. PUBLIC CONSULTATIONS AND INFORMATION DISCLOSURE

51. No social tensions were observed on the proposed sites. The absolute majority of the population in the project areas is comprised of Tajiks with minor representation of Uzbeks, and other ethnic groups. Regardless of nationality or ethnic group affiliation, equal rights, benefits and opportunities to all citizens are guaranteed by the Constitution of the country. There is no separate distinction of the ethnic minorities' whether socially or culturally as such giving equal rights and opportunities for all the citizens in the country. In this regard, ADB Indigenous Peoples Safeguards will not be triggered in the given case.

52. The objective of the stakeholder consultation process is to disseminate information on the project and its expected impact and outcome among primary and secondary stakeholders and to gather information on relevant issues so that the feedback received can be used to address prevailing issues at early stages of the project design. Another important objective is to determine the extent of the concerns amongst the community, to address these in the project level and to suggest appropriate mitigation measures of any adverse impacts at early stages of the project design. Stakeholders' feedbacks and perceptions on the proposed medical facilities rehabilitation works have been incorporated into the design and works.

[10] Land Code as amended in 2016

53. Information disclosure is being undertaken as per the requirements of ADB SPS and the local policies and principles. The MOHSP and Consultant safeguard staff met repeatedly with local governments and other project stakeholders who will benefit from the proposed medical facilities rehabilitation activities during preparation of the proposals of these works and collected views of community members on the rehabilitation activities. Stakeholders' views are very positive and supportive for the implementation of the proposed health project. People have access to project information and were consulted on social safeguards provisions, entitlements and rights to compensation if they face adverse impact to their lands and properties by the project. Public consultation meetings were held in five project districts on June 4-9, 2018.

54. ADB Safeguards Policy Statement of 2009 principles and National laws on land acquisition and resettlement requirements including project plans & proposed activities have been disclosed to the communities and local government representatives. Roles and responsibilities have been allocated to implement and monitor project ensuring compliance with the Tajikistan Laws and SPS 2009 of ADB.

55. Communities were informed that they have right to express their propositions, grievances and issues, seek solutions and report on alleged violations of the adapted policies established for the implementation of the proposed medical facilities reconstruction/rehabilitation works. The responsible person from Khukumat, a member of the local government, is nominated to receive, file and process further issues raised by community and/or individuals.

56. Further, the local people were made aware of the proposed project and its intended scope. Re-construction impacts in these sites would be generation of noise and dust from civil works which are temporary and of short duration. Qualitatively, the beneficial impacts from the

project will outweigh the temporary disturbance during construction. Nonetheless, these impacts will be considered in the Environmental Management Plan during construction including the mitigation measures such as in construction work schedule, spraying of water to minimize dust, etc.

57. A wide range of questions were asked to prompt discussion on concerns or wishes relating to the project, expected effects on presence of sites of cultural or religious significance, concerns about construction phase. Impacts, suggestions of people have been considered in preparing the DDR.

58. From the discussions it was found that community people and health workers agreed on the proposed medical facilities rehabilitation and they will support the project. Local residents have some concerns over safety and property and wish to see safety issues addressed by sound engineering design. Health workers are committed to temporary moving of wards to the remaining old buildings and to temporary inconveniences caused by the project.

V. GRIEVANCE REDRESS MECHANISM

59. The project will establish a National Grievance Redress Committee (NGRC) at the MoHSP/PIU level according to ADB's SPS 2009 requirements. Local Grievance Redress Committees (LGRC) will be established in each district and will report to the NGRC. The LGRC members of each district shall visit the sites regularly to meet the local residents and workers at construction site. Local communities and individuals can contact the LGRC in case of any appeals, requests or claims. No claims have been registered so far, as no works were done at the site.

60. Consultations will continue throughout construction phase as per the project's communication plan. Records including reports on social and environmental complaints and grievances will be kept in a database and GRC will ensure immediate follow up and resolutions. In order to receive and facilitate the resolution of possibly affected peoples' concerns, complaints, and grievances concerning the project's performance a Grievance Redress Mechanism (GRM) that has been established for the project will be used for addressing any complaints that arise during the implementation of the project. In addition, the GRM will include a proactive component whereby at the commencement of construction of road the community will be formally advised of project implementation details, so that all necessary project information is communicated effectively to the community and their immediate concerns can be addressed. This proactive approach with communities will be pursued throughout the implementation of the project.

61. The GRM will address potentially affected people's concerns and complaints proactively and promptly, using an understandable, communicated and transparent process that is gender responsive, culturally appropriate and readily accessible to all community members at no costs and without retribution. The mechanism will not impede access to the Country's judicial or administrative remedies.

i. Grievance Mechanism during the Implementation Phase

62. Complaints and grievances received during the construction work addressed through the following steps and actions:

Step 1: Complaints will be lodged at the district level where the responsible and Khukumat officers, as well as representatives of the affected person, will attempt to resolve the issue. Each complaint will be registered, signed by the affected person and

a representative of the Local Grievance Redress Committee. The period fixed for resolution of complaints is 14 calendar days.

Step 2: If a grievance is not resolved during a 14-day period, the affected person (or her/his representative, if chosen) may lodge the complaint to the National Grievance Redress Committee at the MoHSP. The National GRC has an obligation to attempt to resolve the issue within 14 calendar days.

Step 3: DPs have right to appeal to the court of law at any time if they wish to do so.

ii. Establishment of National Grievances Redress Committee (NGRC)

63. The National Grievance Redress Committee will register and follow up on any issues and/or complaints directly raised by any individual or community members in a group or via LGRC. The NGRC consists of representatives of the MoHSP, PIU project coordinator and social and environmental safeguards staff, the local Hukumat representative, and appropriate local NGOs to allow voices of the affected communities to be heard and to ensure a participatory decision-making process. The NGRC decisions will be made by majority of members and will be publicized among the local communities and directly to the complainant(s). If the complainants are not satisfied with the National GRC decisions, they can always file their cases with ADB AM or in court.

64. The MOHSP/PIU will maintain the complaint register. This will include a record of all complaints for regular monitoring of grievances and results of services performed by the GRCs for periodic review by the ADB.

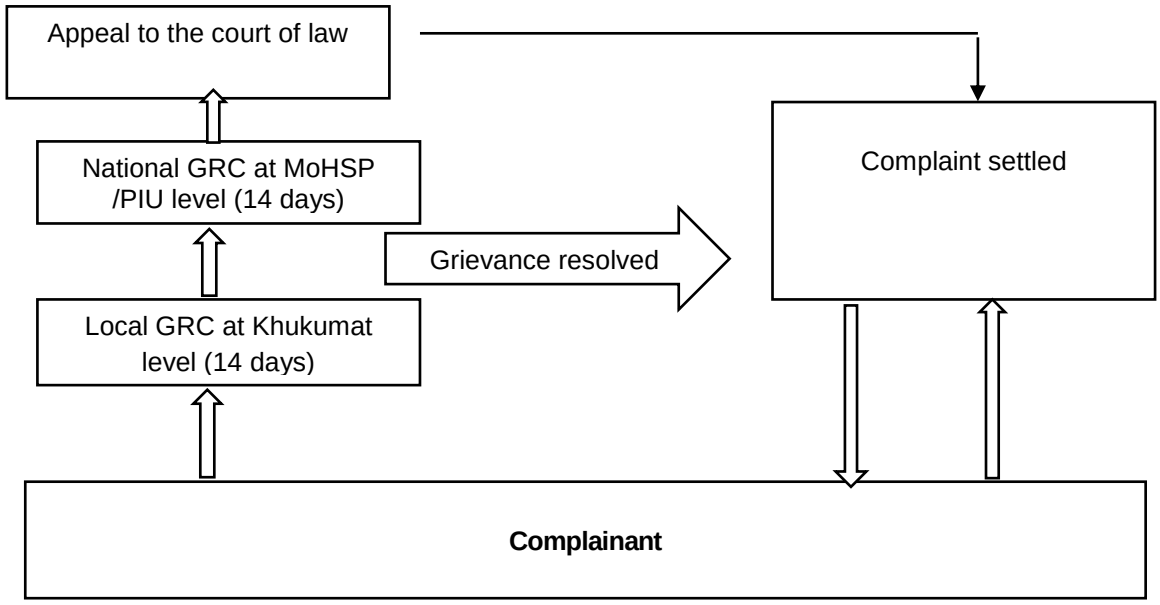
iii. Establishment of Local Grievances Redress Committees (LGRC)

65. The Local GRCs will be established in each district at the Hukumat level. They will register and follow up on any issues and/or complaints raised by any individual or community members in a group at the local level. They will be established by the Head of Hukumat Resolution and will include the following professionals needed to solve specific cases:

- Deputy Head of Hukumat
- Head of Shahrak jamoat
- District land management and geodesy department representative
- District architecture department representative
- District environment and forestry representative
- Head of housing and communal services enterprise
- A professional engineer
- Community leaders and NGO leaders
- Other specialized organizations as necessary

66. One of the above mentioned professionals will be selected to serve as the LGRC secretary to register complaints in the database, to convene LGRC meetings, to process relevant paper work, keep records and to share summary of complaints with NGRC on monthly basis.

Figure 1: Grievance Redress Process



67. GRM proceedings may need one or more meetings for each complaint and may require field investigations by specific technical or valuation experts. Grievance cases shared by more than one complainant may be held together as a single case.

68. For appeals lodged directly to the MoHSP, the National GRC at PIU will review the case together with the respective Local GRC at khukumat level and attempt to find a resolution together with the aggrieved person. The GRC decisions will be made by majority of members and will be publicized among the local communities and directly to the complainant(s). If the complainants are not satisfied with the National GRC decisions, they can always file their cases in court.

69. If DPs want to register a complaint with the ADB, the Focal Person will provide the complainants the following contact information:

ADB National Social Safeguards Focal Point
Resident Mission of Asian Development Bank in Republic of Tajikistan
45 Sovetskaya Street, Dushanbe,Tajikistan
Tel: 992 372 210558

Or /and
ADB Special Project Facilitator
Asian Development Bank
Email: to be access from www.adb.org/site/accountability-mechanism/contacts
Fax number: (63-2) 636-2490

ADB Office of the Compliance Review Panel
Asian Development Bank
6 ADB Avenue, Mandaluyong City, Metro Manila, Philippines
Tel. +63 2 632 4336, Fax + 63 2 636 2088, E-mail: crp@adb.org

VI. MONITORING ARRANGEMENTS

70. Implementation of the proposed clinic and hospitals rehabilitation activities will be monitored by PIU/MoHSP internally, assisted by the PMC Social Safeguards Specialist. If any significant resettlement issues or any unanticipated impacts are identified the monitoring team will advise on safeguard compliance issues and prepare a corrective action plan to address such issues. Such planning document should be approved and disclosed before proceeding for the implementation of the specific project components for which involuntary resettlement and environmental impacts are identified.

VII. CONCLUSIONS AND RECOMMENDATIONS

i. Conclusions

71. The result of the study suggests that the proposed rehabilitation activities will not have any adverse impact on people and communities' lands, structures and properties as the construction works will be carried out within existing boundaries of the medical institutions. The planned civil works are identified as rehabilitations, exception might be new constructions in Rasht, Shamsiddin Shohin and/or Sangvor districts. During engineering design of the constructions by the Engineers, potential adverse impacts on structures and lands will be avoided since the existing territory of hospitals is sufficiently wide.

72. The proposed project works will not have any negative impacts and consequences on cultural or heritage sites and neither does it pass through area subject to heavy development. Proposed rehabilitation works will not create conflicts with natural resource allocation. Community properties, trees, crops, and any other income generating activities will not be affected by the project. There are some trees and plants on the medical compounds; they will not be affected by rehabilitations works, though up to 60 trees may be affected by new building constructions, if any. They should be replanted.

73. The proposed sites are local government administered land and there is only one pharmacy with land title in the territory of Rasht hospital, which is excluded from the hospital land certificate. Project does not envisage economic and/or physical relocation impact. All works will be implemented within the boundaries of hospitals and clinics. If any unanticipated impacts are identified, all the necessary mitigation measures will be taken following the ADB SPS 2009 for smooth implementation of the project.

74. Hereby based on the above-stated and the results of the social safeguards assessment, the proposed construction/rehabilitation works within districts' hospitals and clinics has Not Resettlement Impact considering the following:

1. Construction activities does not require new camp and or machinery parking area and additional space for heavy machinery movement;
2. There is no widening (construction of additional buildings outside territories of hospitals/clinics) activities in the proposed rehabilitation works. Construction area is limited within existing boundaries;
3. There no any tenants or persons who use land unofficially, etc. For additional information, refer to **Appendix 7: Involuntary resettlement impact checklist** based on social safeguard assessment conducted by EA, TRTA and local authorities.

75. In case any claims or complaints are submitted during the construction period, an effective and efficient Local Grievance Redress Committee being in place, will enhance provision of timely and sensible hearings and facilitate solutions.

76. The proposed construction/rehabilitation works is predominantly existing piece of infrastructure that do not create any impact previously anticipated. The impact on the

environment during the construction at the sites will not be significant, will have temporary, and are reversible in nature.

ii. Recommendations

77. The results of this Due Diligence study conclude that there will be no impacts on resettlement due to the Project. If substantial changes do occur, then additional studies will be required to ascertain the impact and necessary measures will be suggested within the laws of Tajikistan and in compliance with ADB SPS 2009. If any land acquisition or resettlement impacts are identified during the project implementation, a site specific Land Acquisition and Resettlement Plan (LARP) will be developed to compensate for land acquisition and loss of property, material goods livelihood during the implementation of the Project.

78. The proposed rehabilitation of the medical institutions is predominantly existing piece of infrastructure that does not create any impacts not already anticipated. The proposed new constructions in Rasht and/or Shamsiddin Shohin will be within the boundaries of the proposed medical compounds, and this will not require the project to acquire land as the existing boundaries is sufficient enough to place additional structures within local governments administered lands.

79. During construction or rehabilitation works, the Contractor will take all measures to mitigate the possible adverse effects (such as noise and dust) and the Consultant in turn will run strict monitoring of the Contractor`s activity for timely undertaking of mitigation measures in line with the accepted EMP.

80. To maintain customer/residential access to the premises surrounding the medical institutions, construction contracts should include a clause requiring contractors to provide appropriate walkways and access to all required sections of the project in the area.

81. Construction activities may require a camp for construction staff and/or machinery parking area and additional space for heavy machinery movement; in this regard the hospital and clinic administrations will be required to host the camps and to provide additional space for machinery movement.

82. In case any claims or complaints are submitted during the construction period, an effective and efficient Grievance Redress Mechanism should be in place to provide timely response, sensible hearings and facilitate solutions.

83. The proposed project works will have no negative impacts and consequences on public facilities (schools, public health institutions, cemeteries, mosques and other sites of religious, cultural and historical values).

84. The MoHSP/PIU social safeguards consultant will conduct more detailed social screening based on the final detailed design of all rehabilitation works upon the proposed sites finalization and approval. This should be done to ensure project negative impact is fully avoided and/or mitigated. Mitigation measures will be taken following the ADB SPS 2009 for smooth implementation of the project.

LIST OF ESSENTIAL APPENDIXES:

Appendix 1. Description of physical conditions and environment of proposed medical facilities by site
Appendix 2. Plans, drawings of the infrastructure project
Appendix 3. Copies of documentations, official land titles
Appendix 4. Public Consultations Attendance sheets
Appendix 5. Pictures of the surrounding and inside of the premises
Appendix 6. Results of confirmation off businesses (i.e. shops, stores etc. inside the hospitals) are not affected by the project (both during construction and operation phase)
Appendix 7. Involuntary resettlement impact checklists.

Appendix 1. Description of physical conditions and environment of proposed medical facilities by site

1. Field visits and observations included two rounds of site visits to all sites, where work is envisaged. The physical condition and environment of proposed sites have been carefully studied, and on the spot the available infrastructure and private points of service were observed and potential project impacts discussed with surrounding communities, individual entrepreneurs and health workers. The main purpose of visits was to screen potential impacts on land acquisition and resettlement as a result of the proposed project, including permanent and temporary impacts, impacts on residential, agricultural areas, livelihoods and / or any economic activity / assets (including crops, trees, private pharmacies etc.) in these areas. Below is the description of physical conditions and environment of proposed medical facilities by site.

Central Hospital in Rasht district

2. The hospital is located in the center of the district. It serves 126,700 people, the population of Rasht district. In addition, some communities of Sangvor and Lakhsh districts also use the hospital services. There are 221 beds in the hospital. Currently occupancy rate of the hospital is 70% for all sections and departments. There are 8 buildings, including one two-floor building (main building), 5 one-floor buildings one supplementary building and a storage.

3. The main two-floor building with three wings was built in 1987. It hosts the majority of beds (165) and the following departments: on the first floor- administration, functional diagnostics and surgery; on the second floor - therapy, cardiology, children reanimation, urology, gynecology, maternity house, Family Medicine Training Center. There were partial rehabilitations made in the main building by UNOPS in 1996, cardiology and gynecology departments in 2007. The building requires capital repairs, mainly associated with sewage and water supply system, and ventilation system. The ground floor is in poor conditions and causes the main building many problems related to ventilation and heating. There is functional water and sewage system available in the hospital, which requires capital repairs in the process of rehabilitation of existing buildings.

4. The remaining 5 single floor buildings are very old from 1950s. The first П shape building hosts trauma treatment, children's department, children's surgery and adults' reanimation. The second building hosts TB and infection diseases departments. The third single floor building has Immunization Center (belongs to the hospital) and a TB Center (separate legal entity). The forth building hosts dentist department. The fifth building hosts the housing and maintenance department and the Disabled Children Day Care Center rehabilitated by the JICA or Japanese Embassy.

5. Land area of territory of the hospital is 2.87 ha. Fencing and boundary walls border the hospital territory. There are relevant legal documents in place, like 2 technical passports, including one for single floor buildings (2009) and another for the main two-floor building (2012). The hospital has certified its right on land titling by obtaining a land certificate in 2018.

6. There are no cases of encroachment were observed. There are few private structures (3 buildings), which, as said by the chief doctor of the hospital, belong to pharmacy entrepreneurs. Currently these 3 pharmacies are not functional (newly built). There are also two pharmacy stores renting rooms in the main building.

7. Depending on the project's decision for rehabilitation and construction works within this hospital and as per preliminary observation and discussions with the hospital administration, the project will have no impacts on any properties and income generating activities of other

third parties. During construction/rehabilitation works, patients can be accommodated within the hospital in other vacant buildings and wards. No involuntary resettlement impacts are observed.

Central Clinic in Rasht district

8. The central clinic is located by the vicinity of the central hospital. It serves 126,700 people of Rasht district. It is a two-floor building constructed in 1987. Originally it was built for 60,000 people requirements as that time population number of the district. The building had small repairs in 2014 from the state budget and partly equipped through Aga Khan Health Program.

9. There are 31 rooms, 51 doctors and 30 mid-level medical staff working in the clinic. The capacity does not correspond to the today's requirements of the clinic and needs of Rasht population due to population increase. Right now five rooms accommodate State Health Assessment Commission. The clinic requires additional rooms and/or an additional building.

10. Part of the clinic territory was encroached by business sector and used for small shops, car parking and repair works and was separated from the clinic by boundary wall. There are three private pharmacies are located nearby the clinic building, no economic impacts are anticipated, as they are in separate private buildings, maybe only loss of temporary access may occur.

11. The clinic has a technical passport of its building (2009). Unfortunately it had no land certificate, which caused the encroachments in previous years. In early June, 2018 the clinic obtained its land title of 0.5 ha allowing for a new construction. No involuntary resettlement impacts are expected.

Central Hospital in Faizobod district

12. The central hospital is located in the center of the district. It serves 106,046 people, the population of Faizobod district. There are also 2 local hospitals in this district.

13. There are 175 beds in the central hospital. There are 8 buildings, including a three-floor main building, a two-floor maternity house, a two-floor administrative building, a one-floor infection diseases building, a one-floor accounting building, a dead-house, a canteen and many storages. All the buildings were built in 1975. The latest roof repairs were in the main building in 2010 under the Japanese financial support. The water supply and sewerage system is deteriorated, since no repairs have been completed for over 40 years. The heating system is out of order.

14. Land area of territory of the hospital is 3.85 ha. Fencing and boundary walls border the hospital territory. There are relevant legal documents in place, technical passports and building plans (1988). However, the hospital has not certified its right on land titling by obtaining a land certificate. As it was discussed with the hospital head, he will work with land committee to obtain land title. Existing clinic territory allows for new capital construction and/or rehabilitation of the existing building.

15. A private pharmacy, 3 individual pharmacy entrepreneurs and 1 shop are located on the territory of the hospital. Only loss of temporary access may occur to a couple of pharmacies located in the main building, otherwise all the private shops are located in separate buildings.

16. No involuntary resettlement impacts are expected.

Central Clinic in Faizobod district

17. The central clinic is located in the vicinity the central hospital. It is a three-floor building with two wings constructed in 2014 supported by the President's Reserve Fund. It serves the population of 106,046 of Faizobod district. There are 57 doctors employed.

18. The working conditions are very good. The water supply and sewage systems are satisfactory. However, the installed ventilation system and the heating system are out of order. The clinic also requires modern medical equipment.

19. Land area of the hospital is 0.50 ha. Fencing and boundary walls are well set. The clinic has legal documentation for the building, and the land certificate was obtained in 2015.

20. There are no private shops or pharmacies on the territory of the clinic. There are fruit and decorative trees in the clinic compound. No trees and plants will be affected by rehabilitation works.

21. No involuntary resettlement impacts are expected.

Central Hospital in Shamsiddin Shohin (former Shuroabad) district

22. The central hospital is located in the center of the district. It serves 53,756 people, the population of Shamsiddin Shohin district. There are also 4 local hospitals in this district.

23. There are 93 beds in the central hospital. The building of six wings was constructed in 2006, based on the incomplete secondary school foundation and walls. The medical facilities were reconstructed; however, do not meet the standards of medical wards, especially the surgery wards. The latest repairs were in the maternity house in 2010. The water supply system is being reinstalled, though the sewerage system is a big problem. The heating system is being rehabilitated by the hospital. The rehabilitation priorities according to the hospital head are the surgery and reanimation.

24. There are also 3 old buildings in 500-meter distance belonging to the hospital. They are deteriorated buildings (1930) being rented by other medical institutions right now.

25. Land area of territory of the hospital is 1 ha, and it has 2 land plots, including the current hospital building on Plot 1 and the old buildings on Plot 2. There used to be problems with legal documentation, as the land right was purchased by the private owner (former head of the hospital) for his own purposes in 2004 and then resold to the hospital in 2006. Until 2018 the hospital had no its land title. Fencing and boundary walls border the main hospital building, while the second plot with old buildings has no fencing. Also According to the District Master Plan, 3 ha land plot has been allocated by the city for the construction of a new hospital; however, it has been used by the farmers now. Processing the land title for the new land plot is complicated, therefore the idea of construction of a new hospital building on this new plot was not supported by the project design team, the local government gave up this option as well. The option of demolishing of old buildings and construct a new building on Plot 2 was proposed as the most appropriate option.

26. Depending on the project's decision for rehabilitation and construction works within this hospital and as per preliminary observation and discussions with the hospital administration, the project will have no impacts on any properties and income generating activities of other third parties (only one pharmacy available). During construction/rehabilitation works, patients can be accommodated within the hospital in other vacant buildings and wards.

Central Clinic in Shamsiddin Shohin (former Shuroabad) district

27. The central clinic is located not far from the central hospital (0.5.km). It is a new building constructed in 2009 by the Aga Khan/SDC. It serves the population of about 53,000 of Shamsiddin Shohin district. The working conditions are very good. The water supply and sewage systems are satisfactory. The existing one-floor building with 5 rooms is not sufficient for the personnel.

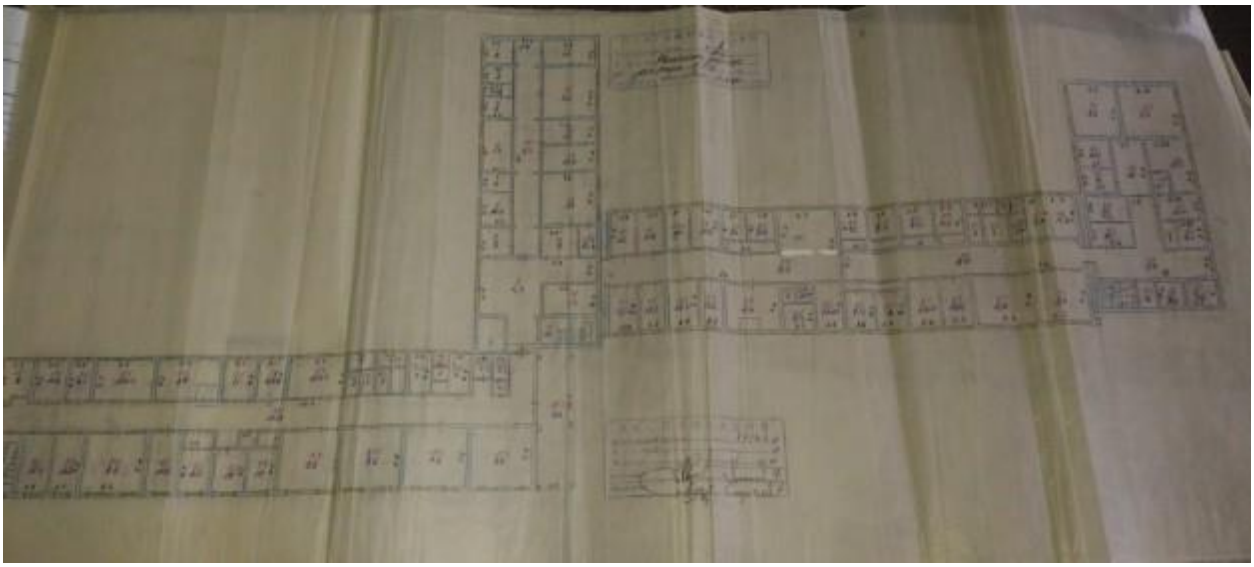
28. Land area of the clinic is 0.41 ha. Fencing and boundary walls are well set. The clinic has legal documentation for the building, and the land certificate was obtained in 2013.

29. The clinic administration occupies an old building (1930-es) of the central hospital. The conditions are very poor and the clinic needs a new building to be constructed. Existing clinic territory allows for construction of a new building.

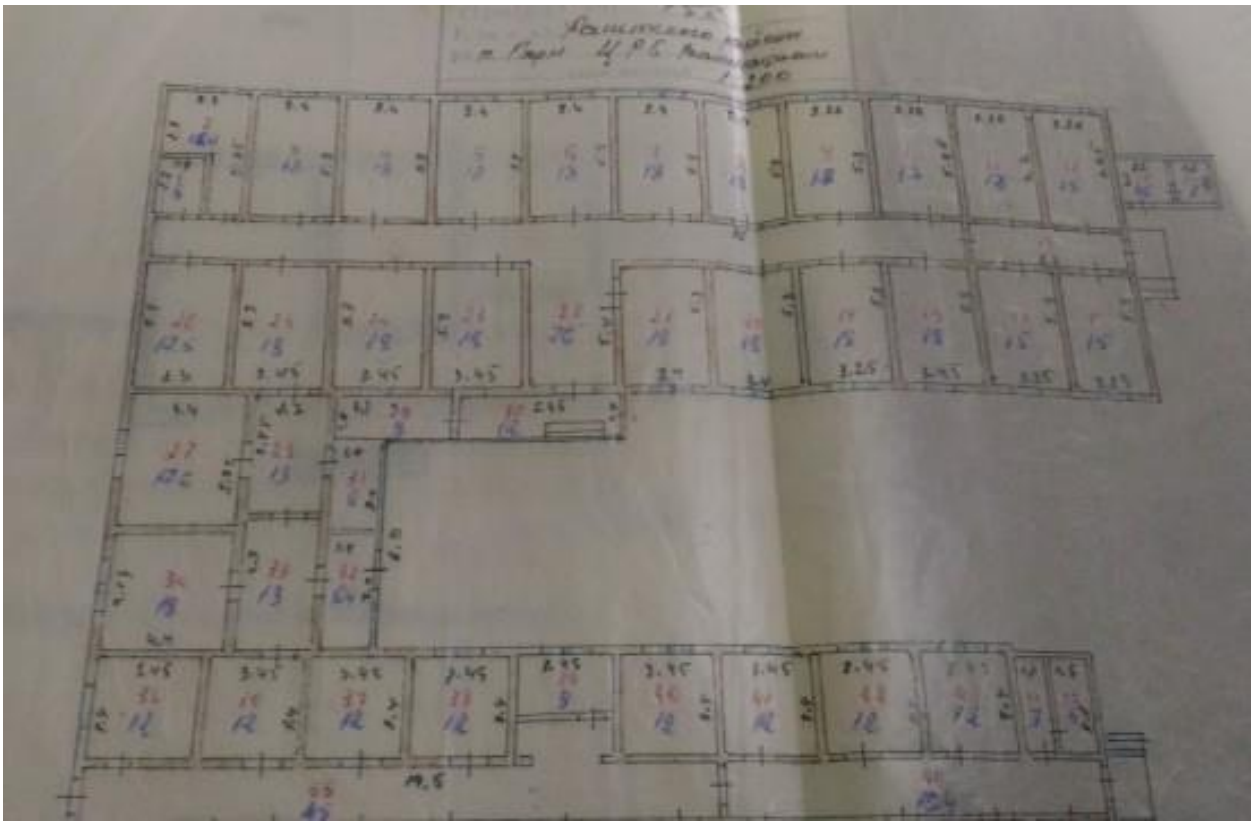
30. There are no private shops or pharmacies on the territory of the clinic. There are fruit and decorative trees in the clinic compound. No trees and plants will be affected by rehabilitation works, however if a new construction will be planned, 25 trees will be affected and should be replanted.

31. No involuntary resettlement impacts are expected.

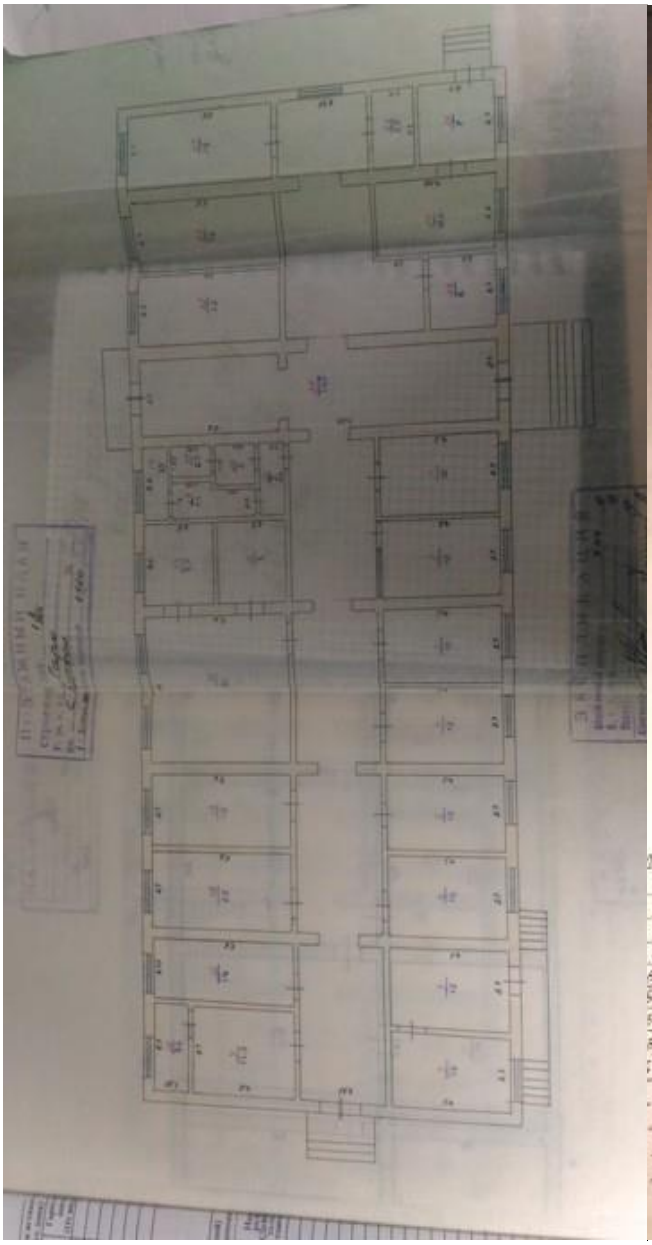
Appendix 2. Plans, drawings of the infrastructure project



Rasht Hospital Main Building Drawing



Rasht Hospital П Shape Building Drawing

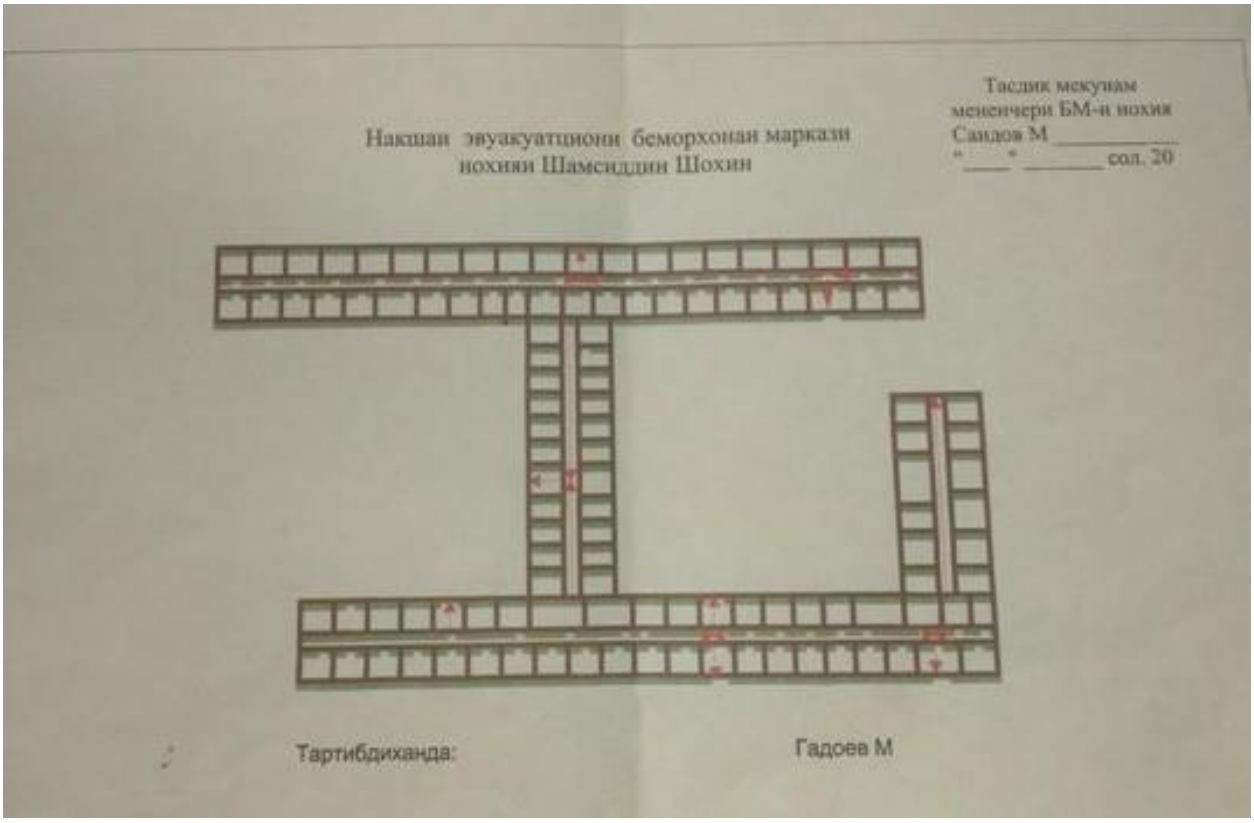


Rasht Clinic Building Drawing

Faizobod Hospital Territory Plan

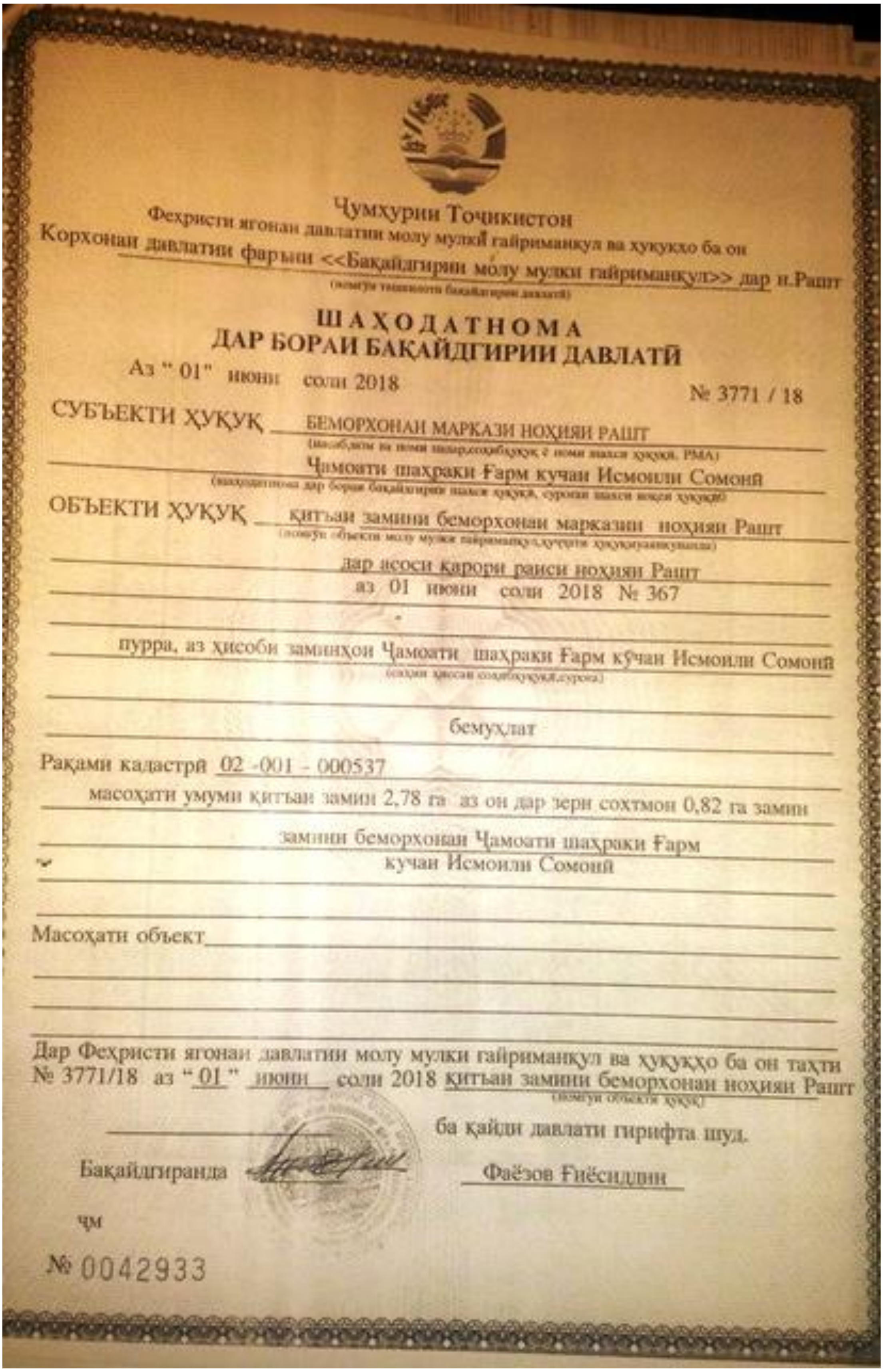
Faizobod Hospital MCH Building Drawing

Faizobod Clinic Boundary Drawing



Sh. Shohin Hospital Main Building Structure

Appendix 3. Copies of official land titles



Ҷумҳурии Тоҷикистон

Феҳристи ягонаи давлатии молу мулкӣ ғайриманқул ва ҳуқуқҳо ба он

Корхонаи давлатии фаръии <<Бақайдгирии молу мулки ғайриманқул>> дар н.Рашт

ШАҲОДАТНОМА
ДАР БОРАИ БАҚАЙДГИРИИ ДАВЛАТӢ

Аз " 01" июни соли 2018 № 3771 / 18

СУБЪЕКТИ ҲУҚУҚ БЕМОРХОНАИ МАРКАЗИ НОҲИЯИ РАШТ

Ҷамоати шаҳраки Ғарм кӯчаи Исмоили Сомонӣ

ОБЪЕКТИ ҲУҚУҚ қитъаи замини беморхонаи марказии ноҳияи Рашт

дар асоси қарори раиси ноҳияи Рашт

аз 01 июни соли 2018 № 367

пурра, аз ҳисоби заминҳои Ҷамоати шаҳраки Ғарм кӯчаи Исмоили Сомонӣ

бемуҳлат

Рақами кадастрӣ 02 -001 - 000537

масоҳати умумӣ қитъаи замин 2,78 га аз он дар зери сохтмон 0,82 га замин

замини беморхонаи Ҷамоати шаҳраки Ғарм

кучаи Исмоили Сомонӣ

Масоҳати объект

Дар Феҳристи ягонаи давлатии молу мулки ғайриманқул ва ҳуқуқҳо ба он таҳти № 3771/18 аз "01" июни соли 2018 қитъаи замини беморхонаи ноҳияи Рашт

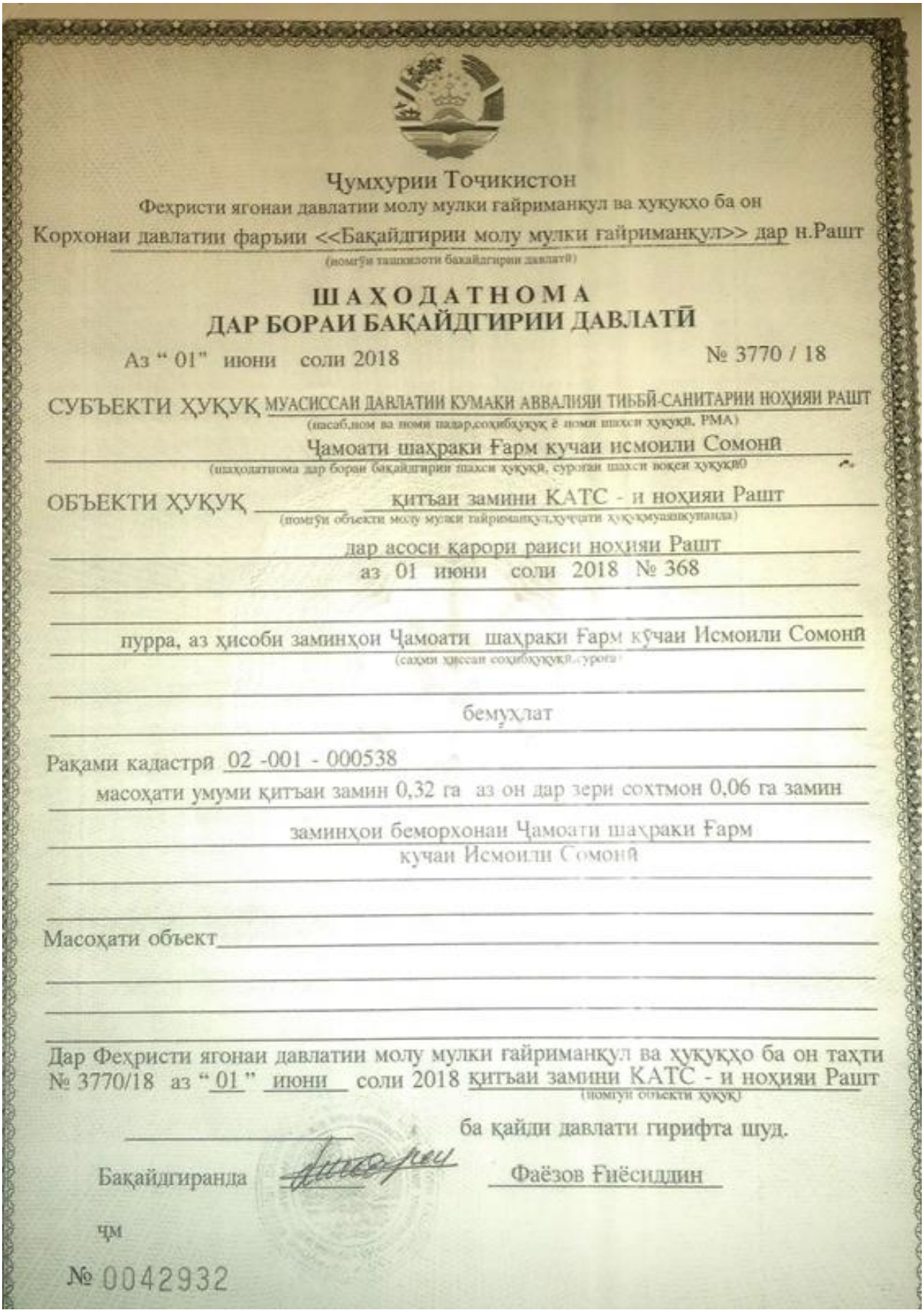
ба қайди давлатӣ гирифта шуд.

Бақайдгиранда Фаёзов Ғиёсиддин

ҶМ

№ 0042933

Rasht Hospital Land Certificate



Ҷумхурии Тоҷикистон
Феҳристи ягонаи давлатии молу мулки ғайриманқул ва ҳуқуқҳо ба он
Корхонаи давлатии фаръии <<Бақайдгирии молу мулки ғайриманқул>> дар н.Рашт
(номгӯи ташкилоти бақайдгирии давлатӣ)

ШАҲОДАТНОМА
ДАР БОРАИ БАҚАЙДГИРИИ ДАВЛАТӢ

Аз " 01" июни соли 2018 № 3770 / 18

СУБЪЕКТИ ҲУҚУҚ МУАСИССАИ ДАВЛАТИИ КУМАКИ АВВАЛИЯИ ТИББӢ-САНИТАРИИ НОҲИЯИ РАШТ
(насаб,ном ва номи падар,соҳибҳуқуқ ё номи шахси ҳуқуқи, РМА)
Ҷамоати шаҳраки Ғарм кучаи исмоили Сомонӣ
(шаҳодатнома дар бораи бақайдгирии шахси ҳуқуқи, супориши шахси воқеи ҳуқуқӣ)

ОБЪЕКТИ ҲУҚУҚ қитъаи замини КАТС - и ноҳияи Рашт
(номгӯи объекти молу мулки ғайриманқул,ҳуҷҷати ҳуқуқмуайянкунанда)
дар асоси қарори раиси ноҳияи Рашт
аз 01 июни соли 2018 № 368
пурра, аз ҳисоби заминҳои Ҷамоати шаҳраки Ғарм кӯчаи Исмоили Сомонӣ
(саҳми ҳиссаи соҳибҳуқуқ,супориш)
бемуҳлат

Рақами кадастрӣ 02 -001 - 000538
масоҳати умуми қитъаи замин 0,32 га аз он дар зери сохтмон 0,06 га замин
заминҳои беморхонаи Ҷамоати шаҳраки Ғарм
кучаи Исмоили Сомонӣ

Масоҳати объект

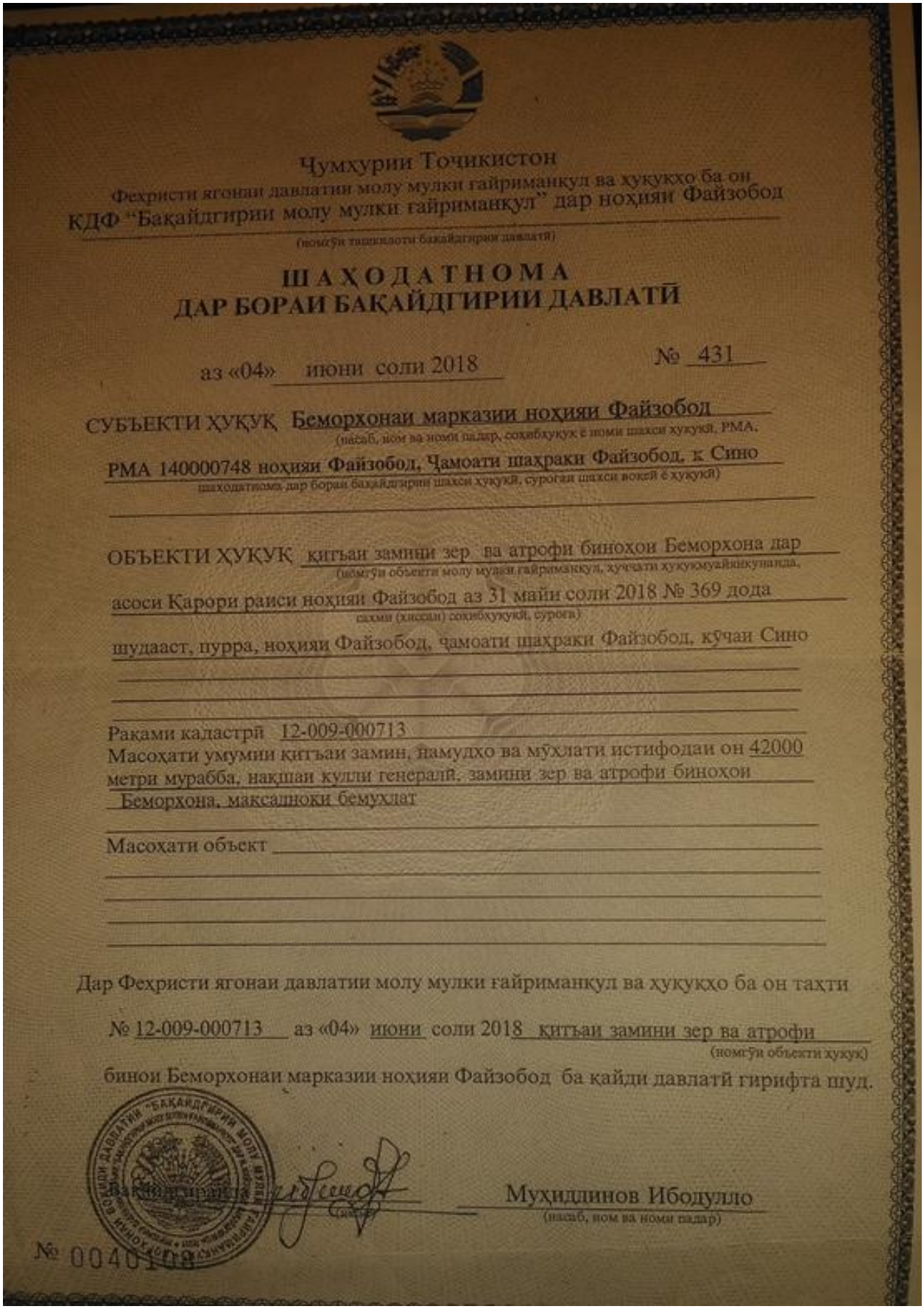
Дар Феҳристи ягонаи давлатии молу мулки ғайриманқул ва ҳуқуқҳо ба он таҳти № 3770/18 аз " 01 " июни соли 2018 қитъаи замини КАТС - и ноҳияи Рашт
(номгӯи объекти ҳуқуқ)
ба қайди давлати гирифта шуд.

Бақайдгиранда Фаёзов Ғиёсиддин

ҷм

№ 0042932

Rasht Clinic Land Certificate



Ҷумхурии Тоҷикистон
Феҳристи ягонаи давлатии молу мулки ғайриманқул ва ҳуқуқҳо ба он
КДФ "Бақайдгирии молу мулки ғайриманқул" дар ноҳияи Файзобод
(номгӯи ташкилоти бақайдгирии давлатӣ)

ШАҲОДАТНОМА
ДАР БОРАИ БАҚАЙДГИРИИ ДАВЛАТӢ

аз «04» июни соли 2018 № 431

СУБЪЕКТИ ҲУҚУҚ Беморхонаи марказии ноҳияи Файзобод
(насаб, ном ва номи падар, сохибҳуқуқ ё номи шахси ҳуқуқӣ, РМА,
РМА 140000748 ноҳияи Файзобод, Ҷамоати шаҳраки Файзобод, к Сино
шаҳодатнома дар бораи бақайдгирии шахси ҳуқуқӣ, сурогаи шахси вакилӣ ё ҳуқуқӣ)

ОБЪЕКТИ ҲУҚУҚ қитъаи замини зер ва атрофи бинохои Беморхона дар
(номгӯи объекти молу мулки ғайриманқул, ҳуҷҷати ҳуқуқмуайянкунанда,
асоси Қарори раиси ноҳияи Файзобод аз 31 майи соли 2018 № 369 дода
сахми (хиссаи) сохибҳуқуқӣ, сурога)
шудааст, пурра, ноҳияи Файзобод, ҷамоати шаҳраки Файзобод, кӯчаи Сино

Рақами кадастрӣ 12-009-000713
Масоҳати умумии қитъаи замин, намудхо ва мӯхлати истифодаи он 42000
метри мураббаъ, нақшаи кулли генералӣ, замини зер ва атрофи бинохои
Беморхона, максадноки бемухлат

Масоҳати объект

Дар Феҳристи ягонаи давлатии молу мулки ғайриманқул ва ҳуқуқҳо ба он тахти
№ 12-009-000713 аз «04» июни соли 2018 қитъаи замини зер ва атрофи
(номгӯи объекти ҳуқуқ)
бинои Беморхонаи марказии ноҳияи Файзобод ба қайди давлатӣ гирифта шуд.

Бақайдгиранда (имзо) Мухиддинов Ибодулло
(насаб, ном ва номи падар)

№ 0040108

Faizobod Hospital Land Certificate

Ҷумҳурии Тоҷикистон

Сертификати ҳуқуқи истифодаи замин

Заминистифодабаранда (субъекти ҳуқуқ) бинои маркази саломатии ноҳия
(насаб, ном, номи падар ё номи шахси ҳуқуқ)

Намуди ҳуқуқи истифодаи замин бемуҳлат
(бемуҳлат, якумрӣ мероси мӯҳлатнок)

Объекти ҳуқуқи ҳамагӣ - 0,50 га
(масоҳати қитъаи замин, намудҳои замин)

Ҷамоати шаҳраки Файзобод
(мавқеъи ҷойгиршавии қитъаи замин (шаҳр, ноҳия, ҷамоат)

Асоси ба вуҷуд омадани ҳуқуқ Қарори раиси ноҳияи Файзобод
аз "15" 08 соли 2014 № 652

Замин барои бинои маркази саломатии ноҳия
(мақсад, таъинот)
дода шуд.

Рақами ягонаи кадастрии қитъаи замин 12-009-000193

Сертификати ҳуқуқи истифодаи замин аз тарафи Кумитаи идораи замини
ноҳияи Файзобод ба заминистифодабаранда
(номи пурраи мақомоти вакилатдори давлатӣ)
дода шуд.

Санаи додан « 16 » [illegible] соли 2015

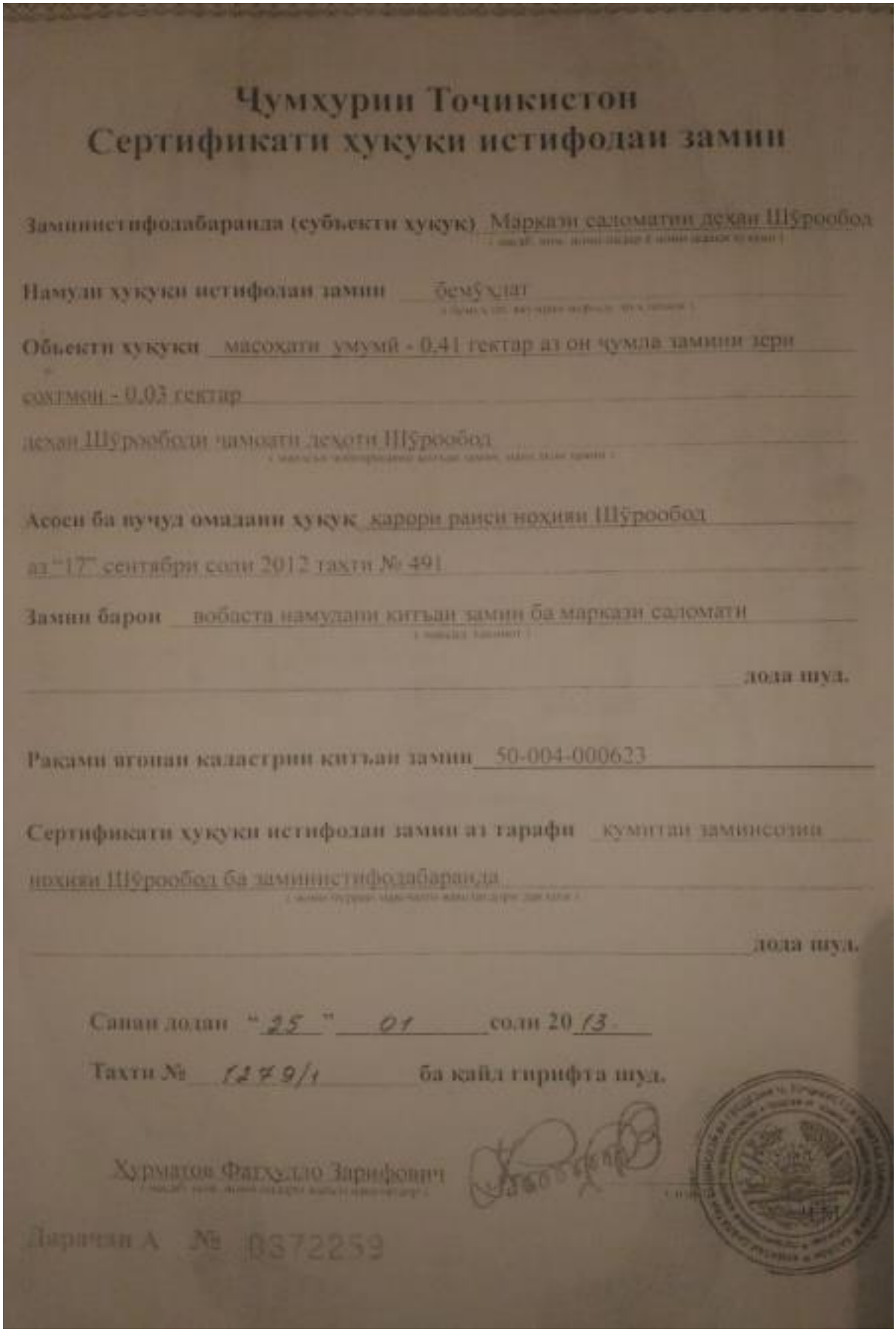
Таҳти № 2214 ба қайд гирифта шуд.

Мирзоев Н.
(насаб, ном, номи падари шахси ваколатдор)
(имзо)

Ҷ.М.

Дарачаи А № 0503423

Faizobod Clinic Land Certificate



Чумхурии Точикистон
Сертификати хукуки истифодаи замин

Заминистифодабаранда (субъекти хукук) Маркази саломатии деҳаи Шӯрообод

Намуди хукуки истифодаи замин бемӯҳлат

Объекти хукуки масоҳати умумӣ - 0,41 гектар аз он чумла замини зери
сохтмон - 0,03 гектар
деҳаи Шӯроободи ҷамоати деҳоти Шӯрообод

Асоси ба вучуд омадани хукук қарори раиси ноҳияи Шӯрообод
аз "17" сентябри соли 2012 таҳти № 491

Замин барои вобаста намудани китъаи замин ба маркази саломати

лоиҳа шуд.

Рақами ягонаи кадастрии китъаи замин 50-004-000623

Сертификати хукуки истифодаи замин аз тарафи кумитаи заминсозии
ноҳияи Шӯрообод ба заминистифодабаранда

лоиҳа шуд.

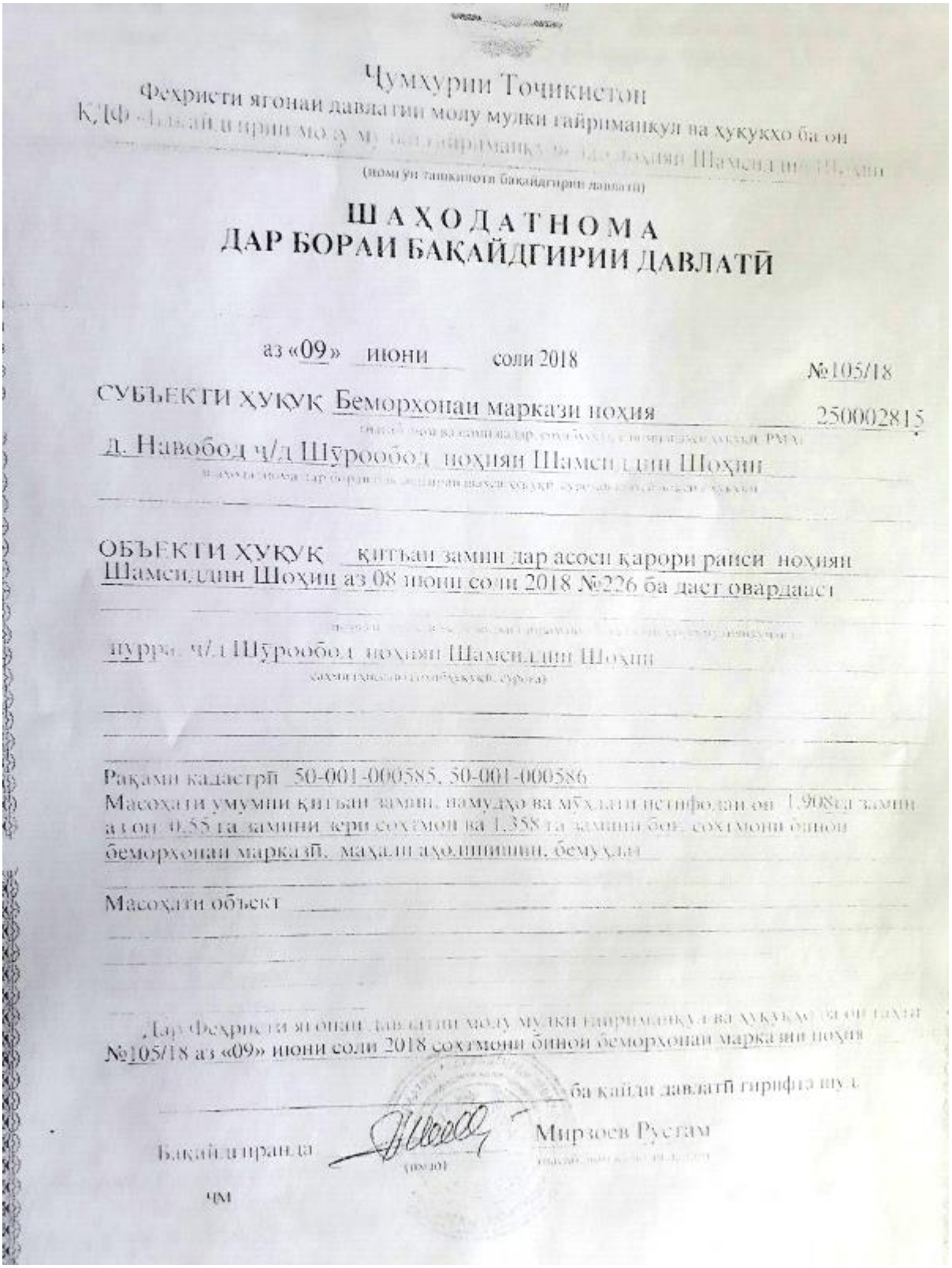
Санаи додан "25" 01 соли 2013

Таҳти № 1279/1 ба қайд гирифта шуд.

Хурматов Фатҳулло Зарифович

Дорихои А № 0372259

Shamsiddin Shohin Clinic Land Certificate



Чумхурии Тоҷикистон

Феҳристи ягонаи давлатии молу мулки ғайриманқул ва ҳуқуқҳо ба он

(номи ҷои ташкилоти бақайдгирии давлатӣ)

ШАҲОДАТНОМА
ДАР БОРАИ БАҚАЙДГИРИИ ДАВЛАТӢ

аз «09» июни соли 2018 №105/18

СУБЪЕКТИ ҲУҚУҚ Беморхонаи маркази ноҳия 250002815

д. Навобод ҷ/д Шӯрообод ноҳияи Шамсиддин Шоҳин

ОБЪЕКТИ ҲУҚУҚ қитъаи замин дар асоси қарори раиси ноҳияи Шамсиддин Шоҳин аз 08 июни соли 2018 №226 ба даст овардааст

нурӣ ҷ/д Шӯрообод ноҳияи Шамсиддин Шоҳин

Рақами кадастрӣ 50-001-000585, 50-001-000586

Масоҳати умумии қитъаи замин, намудҳо ва мӯҳлати истифодаи он 1,908га замин аз он 0,55 га замини кери сохтмон ва 1,358 га замини боғ, сохтмони бинои беморхонаи марказӣ, маҳали аҳолинишин, бемуҳлат

Масоҳати объект

Дар Феҳристи ягонаи давлатии молу мулки ғайриманқул ва ҳуқуқҳо ба он дохил №105/18 аз «09» июни соли 2018 сохтмони бинои беморхонаи маркази ноҳия

ба қайди давлатӣ гирифта шуд.

Бақайдгиранда Мирзоев Рустам

(имзо)

ҶМ

Shamsiddin Shohin Hospital Land Certificate

Appendix 4. Public Consultations attendance sheets

Вохуриш дар ноҳияи Ш. Шоҳин

08.06.18

№	Ном ванасаб	Вазифа	Рақами телефон	Суроғаи муассиса Имзо
1	[illegible]	Раиси ноҳияи Шурообод/Ш. Шоҳин	918-75-15-33	
2	[illegible]	[illegible]	918-91-54-67	
3	[illegible]	Менеҷери КАТС	918-467-56	
4	[illegible]	[illegible]	902751438	
5	[illegible]	Сардори ҶДММ ICARE	988-13-06-05	
6	[illegible]	[illegible]	919915001	
7	[illegible]	[illegible]	905.44.44.73	
8	[illegible]	[illegible]	557-22-05-20	
9	[illegible]	[illegible]	985665641	
10	[illegible]	[illegible]	907755275	
11	[illegible]	[illegible]	907-15-0713	
12	[illegible]	[illegible]	985-12-18-12	
13	[illegible]	[illegible]	910080404	
14	[illegible]	[illegible]		
15	[illegible]	[illegible]	909-95-83-70	
16	[illegible]	[illegible]		
17	[illegible]	[illegible]		
18	[illegible]	[illegible]		
19	[illegible]	[illegible]		
20	[illegible]	ҶС Навбаҳор		
21	[illegible]	Саркорфактор	985-78-60-53	
22	[illegible]	[illegible]		
23	[illegible]	[illegible]		
24	[illegible]	[illegible]		
25	[illegible]	[illegible]		
26	[illegible]	[illegible]	987-41-94-57	

Вохуриш дар ноҳияи Ҷиликӯл

09.06.18

№	Ном ванасаб	Вазифа	Рақами телефон	Суроғаи муассиса Имзо
1	[illegible]	Раиси ноҳияи Ҷ. Рӯмӣ		
2	[illegible]	[illegible]	92 806.88.00	
3	[illegible]	[illegible]	93 599 82 92	
4	[illegible]	[illegible]	927537012	
5	[illegible]	Менеҷери КАТС	928528899	
6	[illegible]	[illegible]	[illegible]	
7	[illegible]	[illegible]	92.386 60 40	
8	[illegible]	[illegible]	92-705-95-33	
9	[illegible]	[illegible]	[illegible]	
10	[illegible]	[illegible]	93 906 4606	
11	[illegible]	[illegible]	[illegible]	
12	[illegible]	[illegible]	927037708	
13	Саидова Гулноз	[illegible]	92-8166140	
14	[illegible]	[illegible]	92-6002387	
15	Разабова Гулгазор	[illegible]	92-7464958	
16	[illegible]	[illegible]	—//—	
17	[illegible]	[illegible]	929864605	
18	[illegible]	[illegible]	928125353	
19	[illegible]	[illegible]	927166999	
20	Закиров [illegible]	[illegible]	92 748-13-05	
21	[illegible]	[illegible]	93-737-00-48	
22	[illegible]	[illegible]	93 9226581	
23	[illegible]	[illegible]	927166999	
24	[illegible]	[illegible]	92-600 4885	
25	[illegible]	[illegible]	926378726	
26	[illegible]	[illegible]	926002369	
27	Рахмонова Хилола	Сардори хоҷагии "Самониён"	927088009	

Вохӯриҳо дар Рашт
06.06.18

1. Лоиқзода Қаноатшо Холиқ, раиси ноҳия
2. Набиев Олимҷон [illegible] 934887085 [illegible]
3. Нуров [illegible] М.С. [illegible] 918544255 [illegible]
4. Солиҳов Али Маҳмадович, сардухтури беморхонаи марказии н Рашт
5) [illegible] – мудири шуъбаи [illegible]
6) Сафаров Саидулло мудири шуъбаи эҳёгарӣ
7. [illegible] [illegible]
8. Музаффарзода [illegible] муд. шуъ. ҷарроҳии кӯдакона
9. [illegible] – мудир, шуъбаи [illegible]
10. [illegible] мудири [illegible]
11. [illegible] Саидбек муд. шуъбаи [illegible]
12. [illegible] мудири шуъбаи кӯдакона
13. Раҳимов [illegible] неонатолог [illegible]
14. [illegible]
15. [illegible]
16. [illegible] м/ш беморхонаи [illegible]
17. [illegible]
18. [illegible] – духтури занона
19. Бобоева Р.А. мудири шуъбаи [illegible]
20. Пиров Ҳ.Н мудири [illegible]

Вохӯриҳо дар ноҳияи Тавилдара (Сангвор)
07.06.2018

1. Шоҳиён Зарифхуҷа Ғаффор, раиси ноҳияи Сангвор
2. Саидов Раҷабали Раҳмуллоевич – сартабиби беморхонаи марказии ноҳияи Сангвор 918335515 – 938335515
3. [illegible] менеҷери "КАТС" тел. 918-85-89-49, 934-85-89-49
4. Хоҷаев Мирзоҷума, соҳиби дорухонаи #2 [illegible] беморхонаи мар[illegible] 900930101
5. Мирзоев Эҳсон, соҳиби дорухонаи шахсӣ, [illegible] беморхонаи марказӣ 987101074
6. 987 11 36 68 [illegible] раиси маҳалла
7. Ҳакимова Гулрухсор фармасеви шуъбаи дорухона
8. Ҳусайнова Нозира фармасеви М. Саломатӣ
9. Зухурова Нилуфар [illegible] М-Саломатӣ
10. [illegible] Маҳбуба фармасеви М-Саломатӣ
11. Одинаева [illegible] фармасеви шуъбаи ҷарроҳӣ
12. Каримова Маҳлиё корманди маориф
13. Курбонова [illegible]
14. Абдуллоева [illegible] фармасеви беморхона
15. Давлатова [illegible] фармасеви беморхона
16. Давлатова [illegible] фармасеви беморхона
17. Давлатова [illegible]
18. [illegible] фармасевт
19. [illegible]
20. [illegible]

Рӯйхати шахсони дар вохӯриҳо иштироккарда н Файзобод
05.06.2018

1. Мирали Раҷабзода, раиси ноҳияи Файзобод
2. Раҷабова Нурия, муовини раиси ноҳия 907751970
3. [illegible] Сухроб, сардухтури беморхонаи марказӣ 933220403 ноҳияи Файзобод 918517859
4. Бобоев Файзалӣ, муовини сардухтури беморхонаи н Файзобод 900853333
5. [illegible]
6. Исмоилзода Гулрухсор [illegible]
7. [illegible] Шаҳло [illegible]
8. Шоева Фарида хӯрок-[illegible]
9. Гулмуродова Хазина [illegible]
10. Раҳмонова С. хазинадор [illegible]
11. Бақоева М хамшираи калони [illegible]
12. Неъматуллоева Г хамшира
13. Султонова [illegible] фармасевт
14. Шарифова Содаф [illegible]
15. Шарифова Сураё – духтури [illegible]
16. Зубайдов Фатхулло мудири [illegible]
17. Шоев [illegible] мудири [illegible] Б.М.Н.Ф.
18. [illegible]
19.
20. Зоиров Абдурозиқ духтури [illegible] Рентген
21. [illegible] – [illegible]
22. Юсупова Зулайхо
23. Раҷабова Хокима
24. Зоирова Гулдаста
25. [illegible]
26. Асадова [illegible]
27. [illegible]

Appendix 5. Pictures of the surrounding and inside of the premises

Rasht Hospital Main Building Facade

Rasht Hospital One-storey Buildings

Rasht Hospital Ward Conditions

Rasht Clinic Inside Premises

Rasht Hospital Main Building Basement

Rasht Hospital Sewerage System Outflow

Rasht Clinic Façade

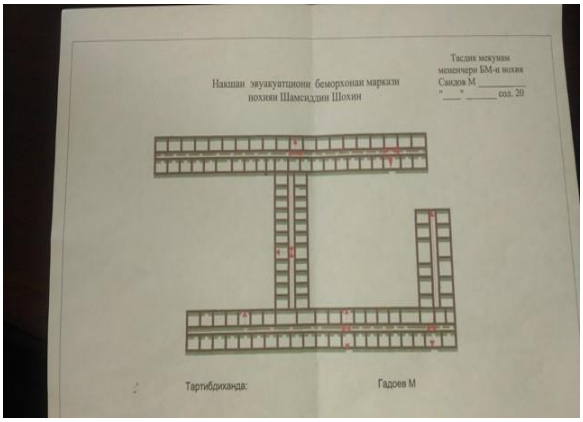
Faizobod Hospital Façade

Faizobod Hospital MCH ward

Faizobod Clinic Façade

Faizobod Clinic Inside Premises

Sh.Shohin Hospital Main Building Façade



Sh. Shohin Hospital Structure Plan

Sh.Shohin Hospital Inside Premises

Sh.Shohin Hospital Old Building to be Demolished

Sh.Shohin Hospital Old Building surroundings, a site proposed for a new construction

Sh. Shohin Clinic Administration Building, 1930es

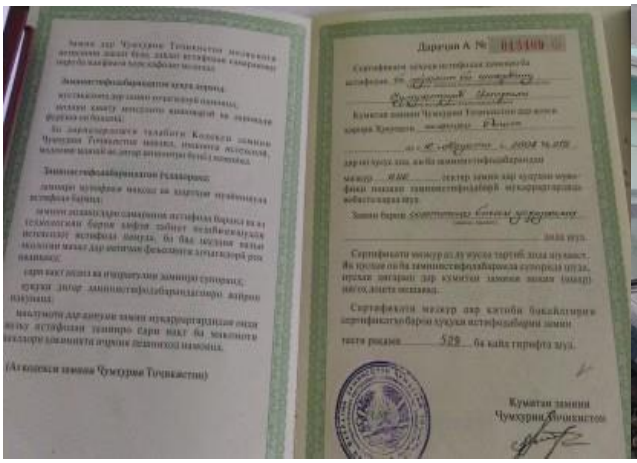
Sh. Shohin Clinic Main Building

Appendix 6. Results of confirmation off businesses (i.e. shops, stores etc. inside the hospitals) are not affected by the project (both during construction and operation phase)

Rasht Hospital Boundary Walls

Дарачаи А № 0242501

A private non-functioning structure/pharmacy at Rasht Hospital and its land certificate (2006)



Land title for Adjacent to Rasht Hospital Pharmacy Clinic

Private Surgery (yellow building) next to Rasht without fencing

Faizobod Hospital Boundary Wall

Faizobod Clinic Boundary Wall

Faizobod Hospital Adjacent Pharmacy Land Title


Ҷумҳурии Тоҷикистон

СЕРТИФИКАТИ ҲУҚУҚИ ИСТИФОДАИ ЗАМИН

Дараҷаи А № 0043498

Асоси ба вуҷуд омадани ҳуқуқ: қарорҳои раиси ноҳияи Файзобод

соли 2011 № 197 ва аз 12 августи соли 2013 № 688

Субъекти ҳуқуқ: Хомидова Бибигул

Намуди ҳуқуқ: бемуҳлат

Объекти ҳуқуқӣ: замин барои сохтмони бино ва иншоотҳои ташхисоти тиббӣ

майдони умумӣ - 145,0 м2

ноҳияи Файзобод, кӯчаи Сино

Маҳдудиятҳои (гаронихои) ҳуқуқ

Қитъаи замин

Рақами кадастрии объекти молу мулки ғайриманқул:

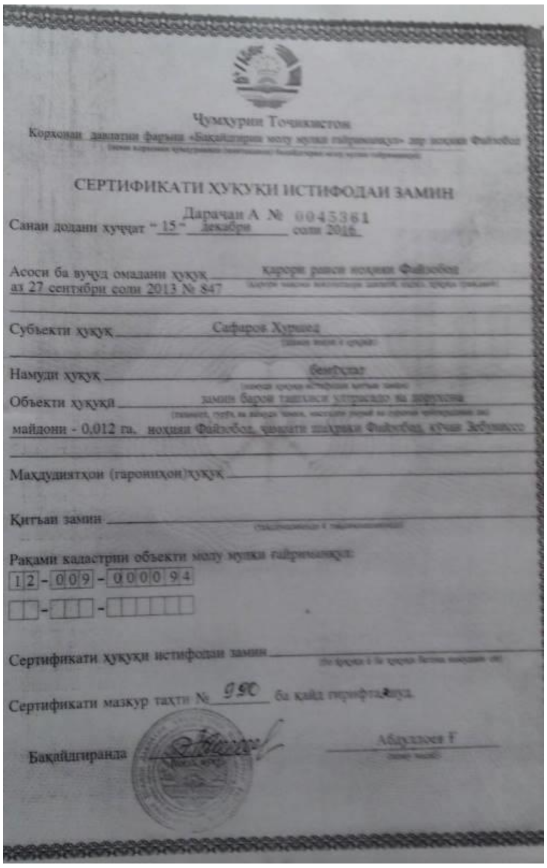
12-009-000081

12-009-000501

Сертификати ҳуқуқи истифодаи замин

Сертификати мазкур таҳти № 98/17 ба қайд гирифта шуд.

Бақайдгиранда Абдуллоев F


Ҷумҳурии Тоҷикистон

Корхонаи давлатии фаръии «Бақайдгирии молу мулки ғайриманқул» дар ноҳияи Файзобод

СЕРТИФИКАТИ ҲУҚУҚИ ИСТИФОДАИ ЗАМИН

Дараҷаи А № 0045361

Санаи додани ҳуҷҷат "15" декабри соли 2016

Асоси ба вуҷуд омадани ҳуқуқ: қарори раиси ноҳияи Файзобод аз 27 сентябри соли 2013 № 847

Субъекти ҳуқуқ: Сафаров Хуршед

Намуди ҳуқуқ: бемуҳлат

Объекти ҳуқуқӣ: замин барои ташхиси ултрасадо ва дорухона

майдони - 0,012 га. ноҳияи Файзобод, ҷамоати шаҳраки Файзобод, кӯчаи Зебунисо

Маҳдудиятҳои (гаронихои) ҳуқуқ

Қитъаи замин

Рақами кадастрии объекти молу мулки ғайриманқул:

12-009-000094

Сертификати ҳуқуқи истифодаи замин

Сертификати мазкур таҳти № 990 ба қайд гирифта шуд.

Бақайдгиранда Абдуллоев F

Faizobod Hospital Adjacent Private Diagnostic Unit Land Title **Faizobod Hospital Pharmacy Land Title**

Sh. Shohin Hospital Boundary Wall **Sh. Shohin Hospital Territory and Environment**

Appendix 7: Involuntary Resettlement Impact Screening Checklists

TA-9498 TAJ: Maternal and Child Health Integrated Care Project

Project site: Rasht Central Hospital

A. Screening Questions for Involuntary Resettlement impact

Below is the screening for involuntary resettlement impacts. Both permanent and temporary impacts were considered and reported in the screening process.

#	Possible Involuntary Resettlement Effects	Yes	No	Remarks
1	Will the project include any physical construction work?	√	□	It will a construction of a new building
2	Does the proposed activity include upgrading or rehabilitation of existing physical facilities?	□	√	
3	Will it require permanent and/or temporary land acquisition?	□	√	Proposed activities will be within the existing boundaries of the hospital land
4	Is the ownership status and current usage of the land known?	√	□	Existing land (2.78 ha) belongs to the Central Hospital, land title was verified
5	Are there any non-titled people who live or earn their livelihood at the project site?	□	√	
6	Will there be loss of housing?	□	√	
7	Will there be loss of agricultural plots?	□	√	
8	Will there be losses of crops, trees and fixed assets (i.e. fences, pumps, etc.)?	□	√	
9	Will there be loss of businesses or enterprises?	□	√	
10	Will there be loss of incomes and livelihoods?	□	√	
11	Will people lose access to facilities, services, or natural resources?	√	□	Temporary loose of access. The remaining medical buildings will be used to host the doctors and patients of the departments to be
12	Will any social or economic activities be affected by land use-related changes?	□	√	

#	Possible Involuntary Resettlement Effects	Yes	No	Remarks
13	Were there any people being displaced from the assigned land / project site in anticipation of the subproject activity?	☐	√	
14	Are any of the affected persons (AP) from indigenous or ethnic minority groups?	☐	√	N/A

B. Possible Involuntary Resettlement Effects

Quantification of private land require to be acquired:
Any preliminary estimate of the likely affected land that will be required by the Project? [√] No [ ] Yes If yes, approximately how much? __0_ hectares
Information on displaced persons
Any estimate of the likely number of persons that will be displaced (economically and physically) by the Project? [√] No [ ] Yes If yes, approximately how many? ……..
Any estimate of the likely number of persons that will be physically displaced (relocated) by the Project? [√] No [ ] Yes If yes, approximately how many? …….
Any estimate of the likely number of persons that will experience loss of more than 10% of productive assets? [√] No [ ] Yes If yes, approximately how many? ……..
Are any of them poor, female-heads of households, or vulnerable to property risks? [√] No [ ] Yes If yes, approximately how many?.....
Are any displaced persons from indigenous or ethnic minority groups? [√] No [ ] Yes If yes, how many? ……

C. Involuntary Resettlement Impact

The EA / Safeguard Team confirm that the assigned land / proposed subproject is

☐ Has Involuntary Resettlement (IR) impact, a resettlement plan (or corrective action plan) is required

√ Will **Not have IR impact**

Prepared by: Name…Gulru Azamova……
Position…Social Safeguards Consultant, management 4health Gmbh……

Signed and stamped

Approved by: Name……
Position…….

Signed and stamped

Dated: 19/6/2018

TA-9498 TAJ: Maternal and Child Health Integrated Care Project

Project site: Rasht Central Clinic

A. Screening Questions for Involuntary Resettlement impact

Below is the screening for involuntary resettlement impacts. Both permanent and temporary impacts were considered and reported in the screening process.

#	Possible Involuntary Resettlement Effects	Yes	No	Remarks
1	Will the project include any physical construction work?	√	☐	If budget allows, it will be either a new construction or rehabilitation
2	Does the proposed activity include upgrading or rehabilitation of existing physical facilities?	√	☐	
3	Will it require permanent and/or temporary land acquisition?	☐	√	Proposed activities are within the existing boundaries of the clinic land
4	Is the ownership status and current usage of the land known?	√	☐	Existing land belongs to the Central Clinic, land titles were verified.
5	Are there any non-titled people who live or earn their livelihood at the project site?	☐	√	
6	Will there be loss of housing?	☐	√	
7	Will there be loss of agricultural plots?	☐	√	
8	Will there be losses of crops, trees and fixed assets (i.e. fences, pumps, etc.)?	☐	√	
9	Will there be loss of businesses or enterprises?	☐	√	
10	Will there be loss of incomes and livelihoods?	☐	√	
11	Will people lose access to facilities, services, or natural resources?	√	☐	Temporary loose of access to some parts of facilities and services
12	Will any social or economic activities be affected by land use-related changes?	☐	√	
13	Were there any people being displaced from the assigned land / project site in anticipation of the subproject activity?	☐	√	

#	Possible Involuntary Resettlement Effects	Yes	No	Remarks
14	Are any of the affected persons (AP) from indigenous or ethnic minority groups?	☐	√	N/A

B. Possible Involuntary Resettlement Effects

Quantification of private land require to be acquired:
Any preliminary estimate of the likely affected land that will be required by the Project? [√] No [ ] Yes If yes, approximately how much? __0_ hectares
Information on displaced persons
Any estimate of the likely number of persons that will be displaced (economically and physically) by the Project? [√] No [ ] Yes If yes, approximately how many? ……..
Any estimate of the likely number of persons that will be physically displaced (relocated) by the Project? [√] No [ ] Yes If yes, approximately how many? …….
Any estimate of the likely number of persons that will experience loss of more than 10% of productive assets? [√] No [ ] Yes If yes, approximately how many? ……..
Are any of them poor, female-heads of households, or vulnerable to property risks? [√] No [ ] Yes If yes, approximately how many?.....
Are any displaced persons from indigenous or ethnic minority groups? [√] No [ ] Yes If yes, how many? …….

C. Involuntary Resettlement Impact

The EA / Safeguard Team confirm that the assigned land / proposed subproject is

☐ Has Involuntary Resettlement (IR) impact, a resettlement plan (or corrective action plan) is required

√ Will **Not have IR impact**

Prepared by: Name…Gulru Azamova……

Position…Social Safeguards Consultant, management4health GmbH……

Signed and stamped

Approved by: Name……
Position…….

Signed and stamped

Dated: 19/6/2018

TA-9498 TAJ: Maternal and Child Health Integrated Care Project

Project site: Faizobod Central Hospital

A. Screening Questions for Involuntary Resettlement impact

Below is the screening for involuntary resettlement impacts. Both permanent and temporary impacts were considered and reported in the screening process.

#	Possible Involuntary Resettlement Effects	Yes	No	Remarks
1	Will the project include any physical construction work?	☐	√	Rehabilitation of existing buildings only
2	Does the proposed activity include upgrading or rehabilitation of existing physical facilities?	√	☐	
3	Will it require permanent and/or temporary land acquisition?	☐	√	Proposed activities include only rehabilitation of the existing facilities within the existing boundaries of the hospital land
4	Is the ownership status and current usage of the land known?	√	☐	Existing land (42000 m2) belongs to the Central Hospital, the land title was shared with the team.
5	Are there any non-titled people who live or earn their livelihood at the project site?	☐	√	
6	Will there be loss of housing?	☐	√	
7	Will there be loss of agricultural plots?	☐	√	
8	Will there be losses of crops, trees and fixed assets (i.e. fences, pumps, etc.)?	☐	√	
9	Will there be loss of businesses or enterprises?	☐	√	
10	Will there be loss of incomes and livelihoods?	☐	√	
11	Will people lose access to facilities, services, or natural resources?	☐	√	The remaining medical buildings will be used to host the doctors and patients of the departments to be
12	Will any social or economic activities be affected by land use-related changes?	☐	√	

#	Possible Involuntary Resettlement Effects	Yes	No	Remarks
13	Were there any people being displaced from the assigned land / project site in anticipation of the subproject activity?	☐	√	
14	Are any of the affected persons (AP) from indigenous or ethnic minority groups?	☐	√	N/A

B. Possible Involuntary Resettlement Effects

Quantification of private land require to be acquired:
Any preliminary estimate of the likely affected land that will be required by the Project? [√] No [ ] Yes If yes, approximately how much? __0_ hectares
Information on displaced persons
Any estimate of the likely number of persons that will be displaced (economically and physically) by the Project? [√] No [ ] Yes If yes, approximately how many? ……..
Any estimate of the likely number of persons that will be physically displaced (relocated) by the Project? [√] No [ ] Yes If yes, approximately how many? …….
Any estimate of the likely number of persons that will experience loss of more than 10% of productive assets? [√] No [ ] Yes If yes, approximately how many? ……..
Are any of them poor, female-heads of households, or vulnerable to property risks? [√] No [ ] Yes If yes, approximately how many?.....
Are any displaced persons from indigenous or ethnic minority groups? [√] No [ ] Yes If yes, how many? ……

C. Involuntary Resettlement Impact

The EA / Safeguard Team confirm that the assigned land / proposed subproject is

☐ Has Involuntary Resettlement (IR) impact, a resettlement plan (or corrective action plan) is required

√ Will **Not have IR impact**

Prepared by: Name……Gulru Azamova……
Position…Social Safeguards Consultant, management4health GmbH……

Signed and stamped

Approved by: Name……
Position…….

Signed and stamped

Dated: 19/6/2018

TA-9498 TAJ: Maternal and Child Health Integrated Care Project

Project site: Faizobod Central Clinic

A. Screening Questions for Involuntary Resettlement impact

Below is the screening for involuntary resettlement impacts. Both permanent and temporary impacts were considered and reported in the screening process.

#	Possible Involuntary Resettlement Effects	Yes	No	Remarks
1	Will the project include any physical construction work?	☐	√	It is newly built building
2	Does the proposed activity include upgrading or rehabilitation of existing physical facilities?	√	☐	If budget allows, upgrading medical equipment
3	Will it require permanent and/or temporary land acquisition?	☐	√	None
4	Is the ownership status and current usage of the land known?	√	☐	Existing land plot (0.50 ha) belongs to the Central Clinic, the land title was shared with the team.
5	Are there any non-titled people who live or earn their livelihood at the project site?	☐	√	
6	Will there be loss of housing?	☐	√	
7	Will there be loss of agricultural plots?	☐	√	
8	Will there be losses of crops, trees and fixed assets (i.e. fences, pumps, etc.)?	☐	√	
9	Will there be loss of businesses or enterprises?	☐	√	
10	Will there be loss of incomes and livelihoods?	☐	√	
11	Will people lose access to facilities, services, or natural resources?	☐	√	
12	Will any social or economic activities be affected by land use-related changes?	☐	√	

#	Possible Involuntary Resettlement Effects	Yes	No	Remarks
13	Were there any people being displaced from the assigned land / project site in anticipation of the subproject activity?	☐	√	
14	Are any of the affected persons (AP) from indigenous or ethnic minority groups?	☐	√	N/A

B. Possible Involuntary Resettlement Effects

Quantification of private land require to be acquired:
Any preliminary estimate of the likely affected land that will be required by the Project? [√] No [ ] Yes If yes, approximately how much? __0_ hectares
Information on displaced persons
Any estimate of the likely number of persons that will be displaced (economically and physically) by the Project? [√] No [ ] Yes If yes, approximately how many? ……..
Any estimate of the likely number of persons that will be physically displaced (relocated) by the Project? [√] No [ ] Yes If yes, approximately how many? …….
Any estimate of the likely number of persons that will experience loss of more than 10% of productive assets? [√] No [ ] Yes If yes, approximately how many? ……..
Are any of them poor, female-heads of households, or vulnerable to property risks? [√] No [ ] Yes If yes, approximately how many?.....
Are any displaced persons from indigenous or ethnic minority groups? [√] No [ ] Yes If yes, how many? ……

C. Involuntary Resettlement Impact

The EA / Safeguard Team confirm that the assigned land / proposed subproject is

☐ Has Involuntary Resettlement (IR) impact, a resettlement plan (or corrective action plan) is required

√ Will **Not have IR impact**

Prepared by: Name……Gulru Azamova……
Position…Social Safeguards Consultant, management4health GmbH……

Signed and stamped

Approved by: Name……
Position…….

Signed and stamped

Dated: 19/6/2018

TA-9498 TAJ: Maternal and Child Health Integrated Care Project

Project site: Shamsiddin Shohin (formerly Shuroabad) Central Hospital

A. Screening Questions for Involuntary Resettlement impact

Below is the screening for involuntary resettlement impacts. Both permanent and temporary impacts were considered and reported in the screening process.

#	Possible Involuntary Resettlement Effects	Yes	No	Remarks
1	Will the project include any physical construction work?	√	☐	A new building will be constructed, if budget allows
2	Does the proposed activity include upgrading or rehabilitation of existing physical facilities?	☐	√	
3	Will it require permanent and/or temporary land acquisition?	☐	√	Proposed activities will be within the existing boundaries of the hospital land
4	Is the ownership status and current usage of the land known?	√	☐	Existing 2 land plots (1.9 ha) belong to the Central Hospital, the land titles were shared with the team.
5	Are there any non-titled people who live or earn their livelihood at the project site?	☐	√	There are other medical institutions renting premises in the old buildings of the hospital, like Immunological center, SES
6	Will there be loss of housing?	☐	√	
7	Will there be loss of agricultural plots?	☐	√	
8	Will there be losses of crops, trees and fixed assets (i.e. fences, pumps, etc.)?	☐	√	
9	Will there be loss of businesses or enterprises?	☐	√	
10	Will there be loss of incomes and livelihoods?	☐	√	
11	Will people lose access to facilities, services, or natural resources?	☐	√	
12	Will any social or economic activities be affected by land use-related changes?	☐	√	

#	Possible Involuntary Resettlement Effects	Yes	No	Remarks
13	Were there any people being displaced from the assigned land / project site in anticipation of the subproject activity?	☐	√	
14	Are any of the affected persons (AP) from indigenous or ethnic minority groups?	☐	√	N/A

D. Possible Involuntary Resettlement Effects

Quantification of private land require to be acquired:
Any preliminary estimate of the likely affected land that will be required by the Project? [√] No [ ] Yes If yes, approximately how much? __0_ hectares
Information on displaced persons
Any estimate of the likely number of persons that will be displaced (economically and physically) by the Project? [√] No [ ] Yes If yes, approximately how many? ……..
Any estimate of the likely number of persons that will be physically displaced (relocated) by the Project? [√] No [ ] Yes If yes, approximately how many? …….
Any estimate of the likely number of persons that will experience loss of more than 10% of productive assets? [√] No [ ] Yes If yes, approximately how many? ……..
Are any of them poor, female-heads of households, or vulnerable to property risks? [√] No [ ] Yes If yes, approximately how many?.....
Are any displaced persons from indigenous or ethnic minority groups? [√] No [ ] Yes If yes, how many? ……

E. Involuntary Resettlement Impact

The EA / Safeguard Team confirm that the assigned land / proposed subproject is

☐ Has Involuntary Resettlement (IR) impact, a resettlement plan (or corrective action plan) is required

√ Will **Not have IR impact**

Prepared by: Name……Gulru Azamova……
Position…Social Safeguards Consultant, management4health GmbH……

Signed and stamped

Approved by: Name……
Position…….

Signed and stamped

Dated: 19/6/2018

TA-9498 TAJ: Maternal and Child Health Integrated Care Project

Project site: Shamsiddin Shohin (formerly Shuroabad) Central Clinic

A. Screening Questions for Involuntary Resettlement impact

Below is the screening for involuntary resettlement impacts. Both permanent and temporary impacts were considered and reported in the screening process.

#	Possible Involuntary Resettlement Effects	Yes	No	Remarks
1	Will the project include any physical construction work?	√	☐	if budget allows, it will be either construction or rehabilitation
2	Does the proposed activity include upgrading or rehabilitation of existing physical facilities?	√	☐	
3	Will it require permanent and/or temporary land acquisition?	☐	√	Proposed activities will be within the existing boundaries of the clinic land
4	Is the ownership status and current usage of the land known?	√	☐	Existing land plot (0.41 ha) belongs to the Central Clinic, the land title was shared with the team.
5	Are there any non-titled people who live or earn their livelihood at the project site?	☐	√	
6	Will there be loss of housing?	☐	√	
7	Will there be loss of agricultural plots?	☐	√	
8	Will there be losses of crops, trees and fixed assets (i.e. fences, pumps, etc.)?	☐	√	
9	Will there be loss of businesses or enterprises?	☐	√	
10	Will there be loss of incomes and livelihoods?	☐	√	
11	Will people lose access to facilities, services, or natural resources?	√	☐	Temporary loose of access. The remaining medical buildings will be used to host the doctors.
12	Will any social or economic activities be affected by land use-related changes?	☐	√	

#	Possible Involuntary Resettlement Effects	Yes	No	Remarks
13	Were there any people being displaced from the assigned land / project site in anticipation of the subproject activity?	☐	√	
14	Are any of the affected persons (AP) from indigenous or ethnic minority groups?	☐	√	N/A

B. Possible Involuntary Resettlement Effects

Quantification of private land require to be acquired:
Any preliminary estimate of the likely affected land that will be required by the Project? [√] No [ ] Yes If yes, approximately how much? __0_ hectares
Information on displaced persons
Any estimate of the likely number of persons that will be displaced (economically and physically) by the Project? [√] No [ ] Yes If yes, approximately how many? ……..
Any estimate of the likely number of persons that will be physically displaced (relocated) by the Project? [√] No [ ] Yes If yes, approximately how many? …….
Any estimate of the likely number of persons that will experience loss of more than 10% of productive assets? [√] No [ ] Yes If yes, approximately how many? ……..
Are any of them poor, female-heads of households, or vulnerable to property risks? [√] No [ ] Yes If yes, approximately how many?.....
Are any displaced persons from indigenous or ethnic minority groups? [√] No [ ] Yes If yes, how many? ……

C. Involuntary Resettlement Impact

The EA / Safeguard Team confirm that the assigned land / proposed subproject is

☐ Has Involuntary Resettlement (IR) impact, a resettlement plan (or corrective action plan) is required

√ Will **Not have IR impact**

Prepared by: Name……Gulru Azamova……
Position…Social Safeguards Consultant, management4health GmbH……

Signed and stamped

Approved by: Name……
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Dated: 19/6/2018