

Due Diligence Report (Social Safeguards Addendum)

Project: 51010-002
Grant: 0627
March 2019

TAJ: Maternal and Child Health Integrated Care Project

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ABBREVIATIONS AND ACRONYMS

AH	Affected household
ADB	Asian Development Bank
DP	Displaced Person
GRM	Grievance Redress Mechanism
Ha	Hectare
HH	Household
IR	Involuntary Resettlement
LARP	Land Acquisition and Resettlement Plan
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MOHSP	Ministry of Health and Social Protection of Tajikistan
NGRC	National Grievance Redress Committee
PAP	Project affected person
PAG	Project Administration Group
RIPM	Research Institute on Preventive Medicine under the MOHSP
SDDR	Social Due Diligence Report
SPS	ADB's Safeguard Policy Statement
SR	Safeguard Requirements
TB	Tuberculosis

I. PROJECT INFORMATION

A. Project Background

1. The Republic of Tajikistan has received a grant from the Asian Development Bank (ADB) to improve integrated Maternal and Child Health (MCH) care delivery at both primary and secondary health care levels in disadvantaged districts. The proposed project will have the following impact: health status and well-being of mothers and children in selected districts improved. The expected outcome of the project 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 grant is estimated to cost \$32.09 million from Asian Development Fund.

2. For the second output, it is envisioned that construction or rehabilitation works will be conducted on existing polyclinics and hospitals. To select the districts, Ministry of Health and Social Protection (MoHSP) and Asian Development Bank (ADB) developed a criteria that includes 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 selected districts are Rasht, Shamsiddin and Faizobod districts. The facilities that will be constructed or rehabilitated are 3 Central Rayon Hospitals and 3 district polyclinics.

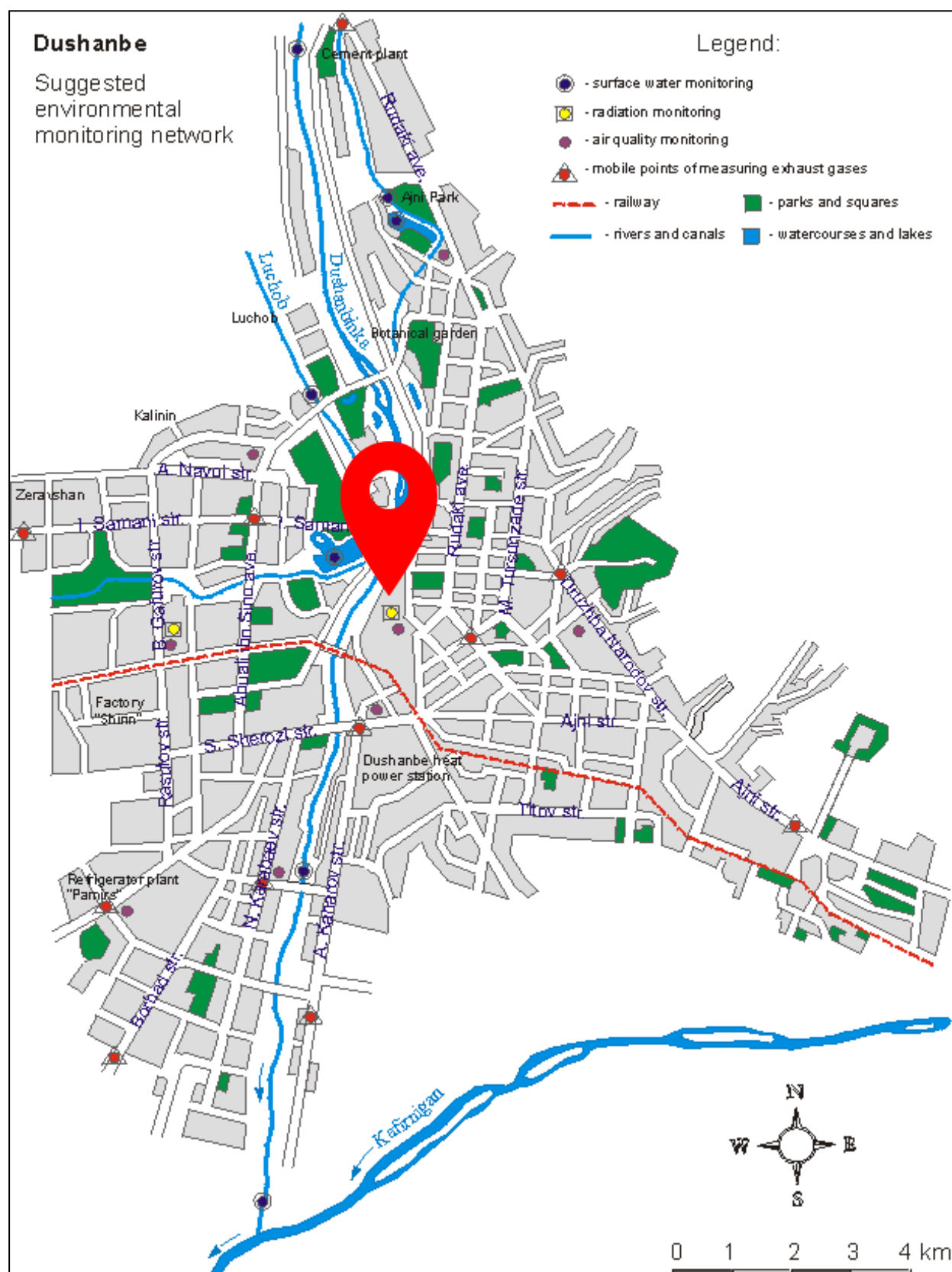
3. In addition to six medical institutions planned under Integrated Maternal and Child Health Project (IMCHP) the MOHSP proposed to rehabilitate the office facility to accommodate PAG at the premises of the MOHSP Institute of Preventive Medicine in Dushanbe. This proposal was initiated in early February, 2019 after the project enforcement. The technical specifications and preliminary designs for the rehabilitation are prepared on February, 2019.

4. The Social Due Diligence Report for this project was prepared in July 2018 and disclosed in September, 2018 at www.moh.tj In accordance with the ADB requirements, the Client has prepared this social due diligence report addendum that captures unexpected impacts, which may result from the proposed medical facility rehabilitation activities in Dushanbe, It was compiled to review the need for preparation to borrower /client's social safeguards assessments and plans resulting from the modification of proposed rehabilitations.

B. Geographic Location

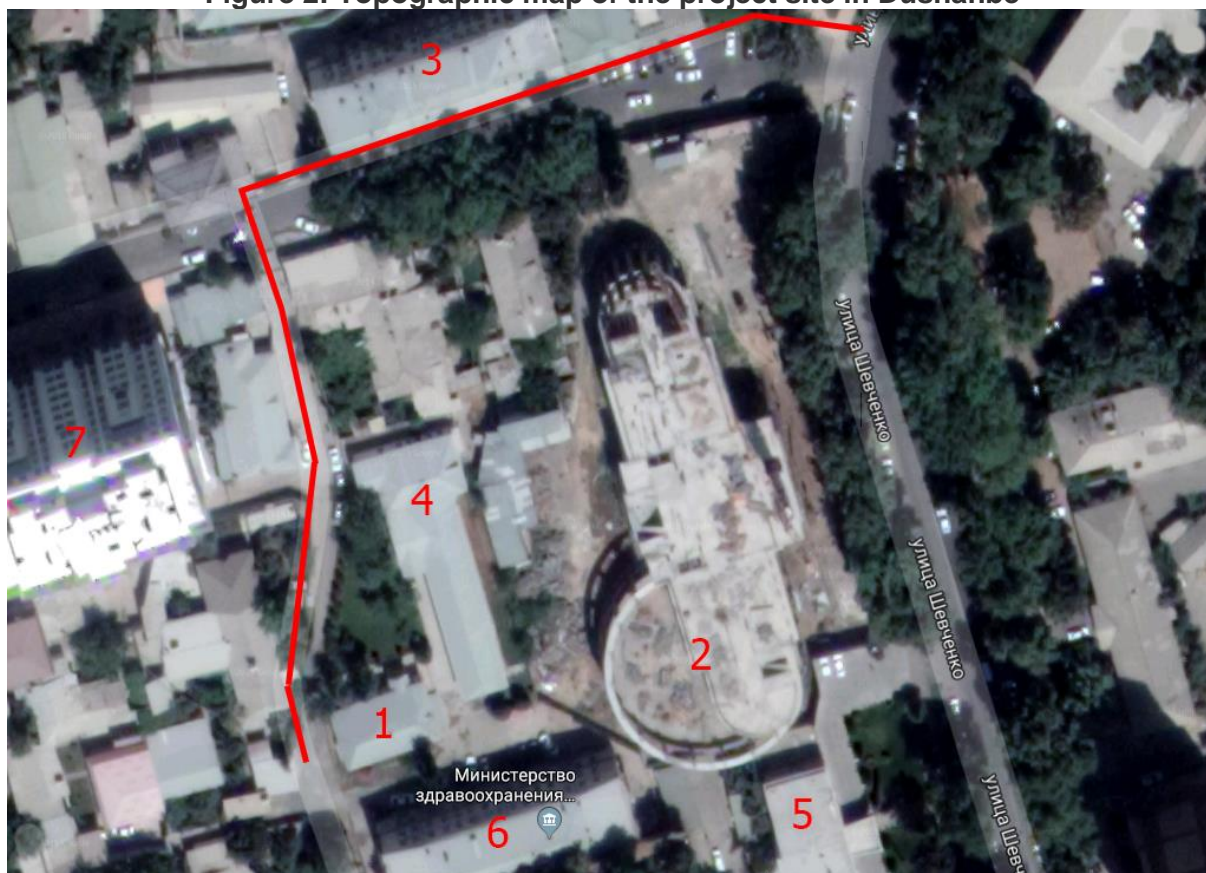
5. Situated at the confluence of two rivers, Varzob and Kofarnihon, Dushanbe is the capital of Tajikistan. It is a clean, European-style city. The city is located in Gisar valley at 2,700 ft above sea level. Administratively, Dushanbe is divided into four zones, or districts: Shohmansur, Firdavsi, Ismoil Somoni and Sino (Avicenna). The proposed site to be rehabilitated is situated at 61 Shevchenko Street of the Ismoili Somoni District of the city (see Figure 1).

Figure 1: Geographic location of the PAG office building in Dushanbe to be rehabilitated



6. The below Figure 2 shows the boundaries of the project site (surrounding dwellings, administrative buildings etc.), located next to it, as well as the transportation road.

Figure 2: Topographic map of the project site in Dushanbe



Legend:

- 1 The proposed project site at the MOHSP Research Institute on Preventive Medicine (administrative building)
- 2 The new building of the Ministry of Health and Social Protection of Population being constructed
- 3 Building of Sanitary Epidemiological Service
- 4 Building of the Financial Department of the Ministry of Health and Social Protection of Population of Tajikistan
- 5 Current building of the Ministry of Health and Social Protection of Population of Tajikistan
- 6 Second 3-storey building of the MOHSP Research Institute on Preventive Medicine
- 7 Multi-storey housing building

C. Scope of Civil Works

7. For the second output, in addition to 6 selected facilities, the rehabilitation works will be implemented in the administrative one-storey building of the Research Institute of Preventive Medicine (RIPM) proposed by the Ministry of Health and Social Protection as the office facility for the Project Implementation Unit. The facility has 11 rooms on the first floor and basement. The capital repairs will be implemented inside of the facility and the façade of the building. The facility is located at the fenced PIMP territory. The project rehabilitation preliminary design is ready, and will be enclosed in the tender document package.

II. SOCIAL DUE DILIGENCE

A. SDDR Addendum Objective

8. This Addendum to Social Due Diligence Report (SDDR) has been compiled to review the need for preparation to borrower /client's social safeguards assessments and plan resulting from the proposed PAG office facility rehabilitation.

9. The main objective of the document is to identify and assess the possible impact of the project on properties/assets of surrounding communities in terms of land acquisition and re-settlement issues for the designed rehabilitation works in Dushanbe.

B. SDDR Methodology

10. The Social Safeguard Due-diligence study for the project comprised the following re-search methods: field visits, and social screening.

11. Field visits and observations included one round of site visits to the proposed site, where work is envisaged. The physical condition and environment of proposed site has 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 visit 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, livelihoods and / or any economic activity / assets (including trees, private pharmacies etc.) in these areas.

12. Social screening checklist was completed for the proposed site.

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

- Consultations with the MoHSP representatives;
- Meetings and interviews with key informants;
- Individual and group consultations with health workers and local residents;
- Consultations with project design staff involved in planning of various project components; and
- Consultations with environmental specialist to study and track initial findings on potential impacts.

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

C. Key Findings

15. 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 activities will be carried out within existing boundaries.

16. The proposed administrative building of the Research Institute of Preventive Medicine (RIPM) of the Ministry of Health and Social Protection is located in the center of city. It serves as a research institute with a laboratory offering range of diagnostic tests. The RIPM has three buildings: one-storey building of administration (proposed site), 3-storey building of research work and a laboratory, and the Γ shape building rented by the Financial Department of the MOHSP. In accordance with the MOHSP resolution # 110 dated 22.02.2019 (see Annex 3), the proposed site will be rented by the PAG to serve as an office space for the project duration (5 years).

17. The proposed site is deteriorated and requires modern equipment and capital repairs, mainly associated with heating and ventilation systems. The building was built in 1970-es and worth capital repairs. The building host the RIPM Administration and Scientific Department (7 people) and the Nutrition Institute (2 people) and the National TB, Malaria and HIV/AIDS Coordination Committee (1 person). Total of 10 people are currently work in the administrative building. Consultations with 5 managers and representatives of respective institutions showed that they have no objections regarding moving to the 3-storey building of the RIPM, as it is temporary measure for 5 years of the project implementation.

18. The field visits were conducted on March 12 and 16, 2019. During the field visits the social safeguards consultant walked through the proposed sites for rehabilitation. The screening showed that no public or private assets would be affected by the Project and confirmed that no land acquisition was required.

19. Consultations with the heads and deputy heads of the Research Institute of Preventive Medicine and Nutrition Institute confirmed that the rehabilitation would not have any adverse impact on private land and shops. The conclusions derived from the visits are as follows:

20. The result of the study suggests that the rehabilitation works of the proposed facility will not have impact on people and community lands, structures and properties as the construction works will be carried out within the existing boundary of buildings owned by MOHSP RIMP. During engineering design of the office facility by the Contractor, potential impacts on structures and lands will be avoided since the existing territories are sufficient. Mitigation measures will be taken following the ADB SPS 2009 for smooth implementation of the project.

21. Social screening identified that the proposed administrative building rehabilitation does not incur any land acquisition and/or resettlement impact.

22. 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. The Client will follow the mitigation measures stated in the Environmental Management Plan disclosed in July 2018.

D. Potential Land Acquisition and Resettlement Impacts

23. The facility is located in densely populated areas and surrounded by private houses and state owned enterprises. Fencing and boundary walls border the territory of all RIPM buildings (see Annex 2). The proposed rehabilitation and construction works will be within the boundaries of the RIPM and no land plots will be acquired.

24. Current land area of territory of the RIPM is 0,83 ha (previously it was 1,55 ha). In 2014 the RIPM has allocated 0.72 ha of its land for the new building of the MOHSP being constructed next to the proposed site. Due to this land acquisition change the RIPM has to update its land title. There are relevant legal documents, including technical passport confirming the territory of the RIPM and its buildings. Accuracy of technical documentation was verified.

25. No cases of encroachment were observed. There is a private canteen located in the building of the Financial Department (a separate building next to the facility to be rehabilitated), which serves the health workers. The rehabilitation works may cause temporary access limitation for the health workers to access the canteen. Neither the Financial Department employees, nor the canteen workers will be moved to another building. No private pharmacies are located at the territory of the proposed site.

The project will have no impacts on any properties and income generating activities of other third parties. During civil works, the RIPM, National Coordination Committee and the Nutrition Institute leadership will be accommodated within the 3-storey building in other vacant.

E. Temporary Impacts and Mitigation Measures during Construction

26. 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 community 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 contacts of the focal point to accept grievances at the 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; and
- f) Measures for minimizing dust and noise pollution as per the environmental management plan.

27. MoHSP/PAG and Supervision Consultant will monitor the identification of construction related to temporary 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.

F. Public Consultation and Information Disclosure

28. 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.

29. 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 with local residents and other project stakeholders who will benefit from the proposed rehabilitation activities during preparation of the proposals of these works and collected views of health workers 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 on March 12 and 16, 2019.

30. No social tensions were observed on the proposed site. The absolute majority of the surrounding buildings are the medical institutions under the MOHSP. There are a couple of

housing dwellings next to the proposed site (Shevchenko 61/3, 61/2, 61/4) owned by the former employees of the RIPM. Consultations with them showed that they have no objections on the rehabilitation works during the working hours.

31. Further, the medical workers and residents of surrounding housing were made aware of the proposed project and its intended scope. Re-construction impacts in this site 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.

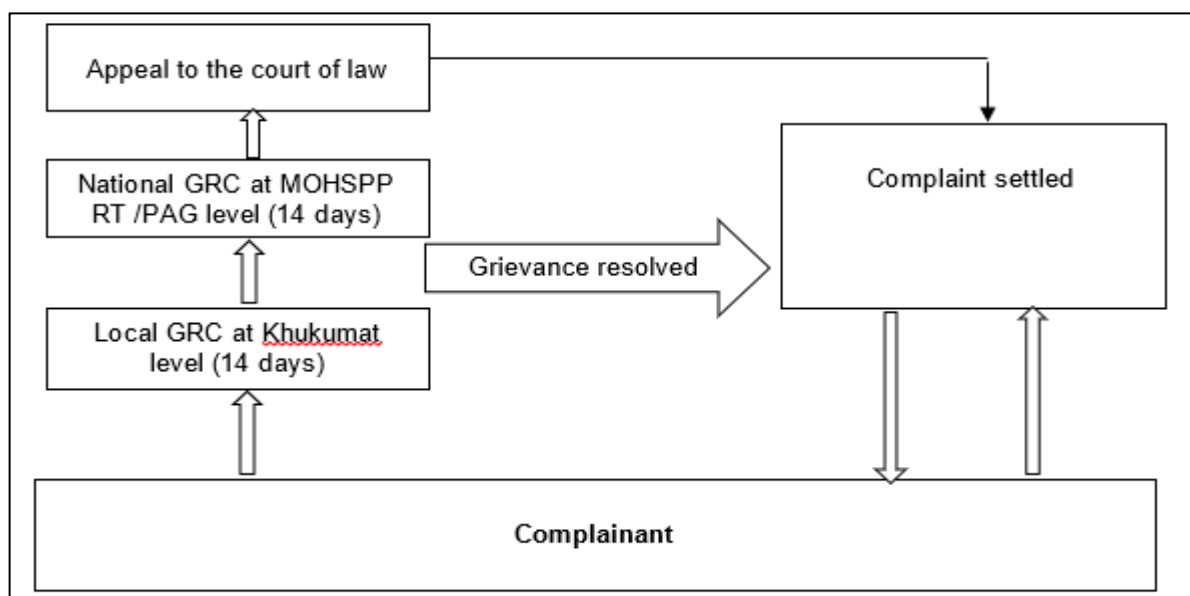
32. From the discussions it was found that community people and health workers agreed on the proposed site rehabilitation and they will support the project. Local residents have some concerns over safety and property and wish to see safety issues addressed by sound engineering design. Health workers are committed to temporary moving of RIPM administration to the 3-storey building and to temporary inconveniences caused by the project.

G. Grievance Redress Mechanism

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

34. 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.

Figure 3: Grievance Redress Process



35. Figure 3 shows the project-based GRM established to address the project complaints and grievances. GRM proceedings may need one or more meetings for each complaint and may require field investigations by specific technical or valuation experts, if any unexpected impacts or damages will be caused. Grievance cases shared by more than one complainant may be held together as a single case.

36. 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.

37. If project affected person wants 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

III. CONCLUSIONS AND RECOMMENDATIONS

A. Conclusions

38. The result of the study suggests that the proposed rehabilitation activities will not have 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. During engineering design of the constructions by the Contractor, potential impacts on structures and lands will be avoided since the existing territory of RIPM is sufficiently wide.

39. The proposed sites are MOHSP administered land and there are no pharmacies in the territory. Project does not envisage economic and/or physical relocation impact. Existing territory is wide enough and has not been encroached by hawkers, shop-fronts, etc. Therefore, there will be no loss of income or assets. All works will be implemented within the boundaries of RIPM. Mitigation measures will be taken following the ADB SPS 2009 for smooth implementation of the project.

40. The proposed project works will not have any negative impacts and consequences on public facilities (schools, cemeteries, mosques and other sites of religious, cultural and historical values), as there are none in the surrounding area. There are some trees and plants on the compounds; they will not be affected by rehabilitations works, though a few may be affected by rehabilitation works, if any. They should be replanted in accordance with the Environmental Management Plan prepared for the project in July, 2018. Community properties, trees, crops, and any other income generating activities will not be affected by the project.

41. Hereby based on the above-stated and the results of social safeguards screening, the proposed rehabilitation works has No Resettlement Impact considering the following: a) there is no widening activities in the proposed rehabilitation works, construction area is limited within existing boundaries; and b) there is no tenants or persons who use land unofficially. For additional information, refer to Appendix 6. Involuntary resettlement impact checklists based on social safeguard screening conducted during the project design stage.

B. Recommendations

42. The results of this Due Diligence study conclude that there will be no impacts on resettlement due to the new proposed site in Dushanbe. 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.

43. The proposed rehabilitation of the administrative building is predominantly existing piece of infrastructure that does not create any impacts anticipated. During 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.

44. Considering that the building and land ownership belongs to the RIMP (verified based on the technical passport and the 2018 MOHSP decree), the leadership of the RIPM is recommended to obtain the land certificate to avoid further complications with surrounding MOHSP institutions.

45. 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. Construction activities will not require a camp for construction staff and/or machinery parking area.

46. 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.

47. The MoHSP/PAG social safeguards consultant will conduct monitoring of social and resettlement issues during rehabilitation works upon the proposed site. 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 ANNEXES:

- Annex 1. Proposed site inside premises to be rehabilitated
- Annex 2. Proposed site boundaries
- Annex 3. Copies of documentations, official land titles
- Annex 4. Plans, drawings of the infrastructure project
- Annex 5. Public Consultations Attendance sheets
- Annex 6. Involuntary resettlement impact checklist completed

ANNEXES

Annex 1 Proposed site inside premises to be rehabilitated, 1 floor



Proposed site inside premises to be rehabilitated, ground floor



Annex 2. Proposed site boundaries



Annex 3. Copies of documentation and official legal titles

Technical passport of ownership issued by the Technical Inventory Department of the State Unitary Enterprise Housing and Communal Services in 2014

ҶУМҲУРИЯТИ ТОҶИКИСТОН
ҚОҶАҲОНИ ВОҲДИДАҲЛАТИН
“ҚОҶАҲОНИ МАЊИВЛИКО-КОМУНАЛИ”
ҚОҶАҲОНИ ҲАҲҚИҚАТИН ҚАЙИНОҲИЯТИН
БАҚАДИҶОТИН ТЕХНИКИ

РЕСПУБЛИКА ТДЖИКИСТАН
ГОСУДАРСТВЕННОЕ УНИТАРНОЕ ПРЕДПРИЯТИЕ
“ХОЗЯЙСТВО МАНИВЛИКО-КОМУНАЛЬНОЕ”
МЕЖОБОННОЕ ДОЧЕРНЕЕ ПРЕДПРИЯТИЕ
ТЕХНИЧЕСКОЙ ИНВЕСТИЦИИ

Душанбе
(шаҳри, воҳиди)

Барӯйхаттири № _____
(инвентарный)

Хисоби техникии № *04/1987*
(технический отчет)

(шаҳри, район)

Ноҳия (район)	Маҳаллаи (квартал)	Ҷиғъаи (участок)
<i>Н. Рӯдакӣ</i>		

**ШИНОСНОМАИ ТЕХНИКИИ
ХАВЛИДОРӢ
(ТЕХНИЧЕСКИЙ ПАСПОРТ ДОМОВЛАДЕНИЯ)**

Паҳри (город) _____
Сӯчаи (улица) *Шоҳроҳ* № хона (дом) *61*
Ҳахира (фонд) *201*
Ҳоҳиб (владелец) _____

Ҳистиғодабаранда (пользователь) *Масъудов*

**КАЙД
(Реестровый)** № _____

а рӯйхат гузаронда шуд.
инвентаризация произведена)

“ ” _____ с.

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“ *8* ” _____ с. *201*

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автоматическая регистрация)

“ *14* ” _____ с. *201*


“ ” _____ с.

“Тасдиқ шудааст”
бо фармони КВД “Ҳоҷати
маъмурии коммунал”
№ 265/13 аз 29.10.2002с.

Land Ownership of the total of 8326 m² land plot, including 2008 m² occupied by the buildings and 6318 m² of spare land.

[illegible]

The decree of the MOHSP on allocation of the office building for the IMCH project issued on 22.02.2019. It states about the temporary rental of the RIMP building of 300m² for the purpose of the IMCHP implementation.



**ВАЗОРАТИ ТАНДУРУСТӢ ВА ХИФЗИ ИҶТИМОИИ АҲОЛИИ
ҶУМҲУРИИ ТОҶИКИСТОН**

Ҷумҳурии Тоҷикистон, 734025, ш. Душанбе, к. Шевченко 69. Тел: (992 37) 2 21 18 35, факс: (992 372) 21 75 25

Ф А Р М О И Ш

ш. Душанбе

аз « 22 » 02 с.2019, № 110

Дар бораи чудо намудани бинои маъмурии
Гуруҳи татбики Лоихаи “Хизматрасониҳои маҷмӯӣ
барои модар ва кӯдак” (гранти Бонки осиёии
рушд – 0627-TAJ (SF))-и назди Вазорати тандурустӣ
ва хифзи иҷтимоии аҳолии Ҷумҳурии Тоҷикистон

Бо мақсади фароҳам овардани шароити корӣ барои фаъолияти
Гуруҳи татбики Лоихаи “Хизматрасониҳои маҷмӯӣ барои модар ва кӯдак”
(гранти Бонки осиёии рушд – 0627-TAJ(SF)- назди Вазорати тандурустӣ ва
хифзи иҷтимоии аҳолии Ҷумҳурии Тоҷикистон чихати бехтаркунии сатҳу
сифати хизматрасонии тиббӣ ба модарон ва кӯдакон дар муассисаҳои
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Шамсиддин Шохини вилояти Хатлон дар асоси Фармони Президенти
Ҷумҳурии Тоҷикистон аз 31 декабри соли 2019, №1169 “Дар бораи лоихаи
Созишномаи грантӣ байни Ҷумҳурии Тоҷикистон ва Бонки осиёии рушд
оид ба Лоихаи “Хизматрасониҳои маҷмӯӣ барои модар ва кӯдак” тибқи
банди 10-и Низомномаи Вазорати тандурустӣ ва хифзи иҷтимоии аҳолии
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марти соли 2014 таҳти № 148 тасдиқ шудааст,

ФАРМОИШ МЕДИҲАМ:

1. Коргоҳ (офис)-и Гуруҳи татбики Лоихаи “Хизматрасониҳои
маҷмӯӣ барои модар ва кӯдак” (гранти Бонки осиёии рушд
0627-TAJ (SF))-и назди Вазорати тандурустӣ ва хифзи
иҷтимоии аҳолии Ҷумҳурии Тоҷикистон дар бинои яқошён
маъмурии Муассисаи давлатии “Пажӯҳишгоҳи тиббӣ
профилактикии Тоҷикистон”-и Вазорати тандурустӣ ва хифзи
иҷтимоии аҳолии Ҷумҳурии Тоҷикистон бо тағхона
масоҳати умумии 300м² бо тартиби муқарраргарди
муваққатан ҷойгир карда шавад.

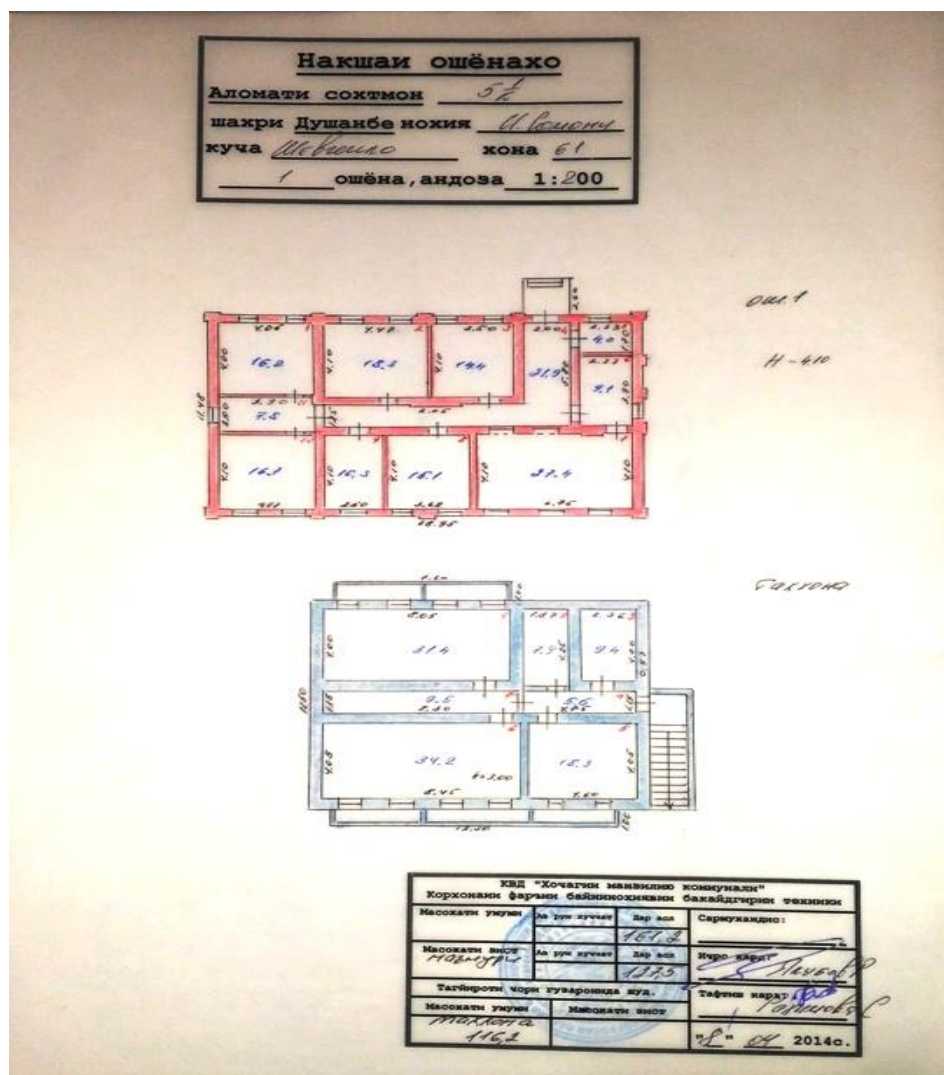
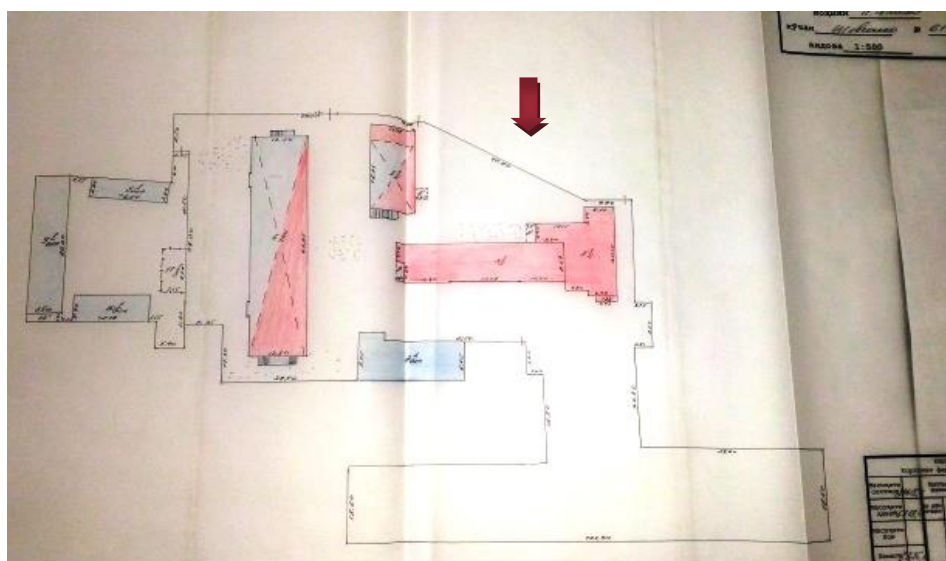
2. Ба директори Муассисаи давлатии “Пажӯҳишгоҳи тибби профилактикии Тоҷикистон”-и Вазорати тандурустӣ ва ҳифзи иҷтимоии аҳолии Ҷумҳурии Тоҷикистон супориш дода шавад, ки тибки тартиби муқарраргардида бинои мазкурро ба Гурӯҳи татбики Лоихаи “Хизматрасониҳои маҷмӯӣ барои модар ва кӯдак” (гранти Бонки осиеӣ рушд – 0627-TAJ (SF)-и назди Вазорати тандурустӣ ва ҳифзи иҷтимоии аҳолии Ҷумҳурии Тоҷикистон ҷудо наояд.
3. Ба директори Муассисаи давлатии “Пажӯҳишгоҳи тибби профилактикии Тоҷикистон”-и Вазорати тандурустӣ ва ҳифзи иҷтимоии аҳолии Ҷумҳурии Тоҷикистон ва менечери Гурӯҳи татбики Лоихаи «Хизматрасониҳои маҷмӯӣ барои модар ва кӯдак» (гранти Бонки осиеӣ рушд – 0627-TAJ (SF)-и назди Вазорати тандурустӣ ва ҳифзи иҷтимоии аҳолии Ҷумҳурии Тоҷикистон супориш дода шавад, ки санадҳои ҳукукиро оид ба қабул ва супоридани бинои мазкур тибки тартиби муқарраргардида омода намуда, ба роҳбарияти Вазорати тандурустӣ ва ҳифзи иҷтимоии аҳолии Ҷумҳурии Тоҷикистон пешниҳод наоянд. Мӯҳлат то 1 марти соли 2019.
4. Ба инobat гирифта шавад, ки таъмир ва муҷахҳазонидани бинои коргоҳи мазкур аз ҳисоби маблағҳои Лоихаи «Хизматрасониҳои маҷмӯӣ барои модар ва кӯдак» (гранти Бонки осиеӣ рушд – 0627-TAJ (SF)-и назди Вазорати тандурустӣ ва ҳифзи иҷтимоии аҳолии Ҷумҳурии Тоҷикистон анҷом дода мешавад.
5. Ба менечери Гурӯҳи татбики Лоихаи «Хизматрасониҳои маҷмӯӣ барои модар ва кӯдак» (гранти Бонки осиеӣ рушд – 0627-TAJ (SF)-и назди Вазорати тандурустӣ ва ҳифзи иҷтимоии аҳолии Ҷумҳурии Тоҷикистон супориш дода шавад, ки заминаи ҳамкориҳо бо директори Муассисаи давлатии “Пажӯҳишгоҳи тибби профилактикии Тоҷикистон”-и Вазорати тандурустӣ ва ҳифзи иҷтимоии аҳолии Ҷумҳурии Тоҷикистон фароҳам оварда ҳуҷҷатҳои заруриро барои мувофиқа ба Кумитаи давлатии сармоягузорӣ ва идораи амволи давлатии Ҷумҳурии Тоҷикистон пешниҳод наояд.
6. Назорати иҷрои фармоиши мазкурро ба зиммаи худ мегузорам.

Вазир




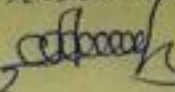

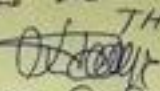
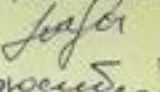


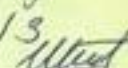

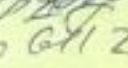

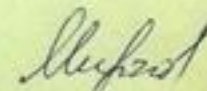
Н. Олимзода

ДУРУСТ



Annex 5. Public Consultation Attendance Sheet

Консултацион
12.03.2019 г. Душанбе

1. Абдосова Мезришо Карамовна Одинаева
ТНЦПМ 918 503 997 
2. Аминов Самирджон, Директор ТНЦПМ 
3. Зокирова Ниссо, Раффош, ТНЦПМ 
4. Саидов Хуршед, Сам. директор по закупкам ТНЦПМ 
5. Мунисаи Абдухалик, Ердешим тобон, Меркоти
Сафаров Абдурашад, соф. мухосиб, ТНЦПМ 
6. Ибрафова Лале, коф. манри ТНЦПМ 
7. Абдурахмоноват, коф. манри ТНЦПМ 
8. Устимоматкунаева Кусай Шевченко 6113 
9. Устимоматкунаева Кусай Шевченко 6114 
10. Устимоматкунаева Кусай Шевченко 6112 
11. Isfandiyor Mubmatzoda, PIC Director
12. Одинов Хуршед, коф. манри ТНЦПМ 
13. Бунатов, зав. лабораторией ТНЦПМ
14. Мангура, лаборант, ТНЦПМ 

Annex 6: Involuntary Resettlement Impact Screening Checklist**TA-9498 TAJ: Maternal and Child Health Integrated Care Project****Project site: Dushanbe PAG Office Area****1. 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Does the proposed activity include upgrading or rehabilitation of existing physical facilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Will it require permanent and/or temporary land acquisition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proposed activities will be within the existing boundaries of the hospital land
4	Is the ownership status and current usage of the land known?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Existing land (0.83 ha) belongs to the stated owned RIPM, land area was verified through the technical passport verified
5	Are there any non-titled people who live or earn their livelihood at the project site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Will there be loss of housing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7	Will there be loss of agricultural plots?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Will there be losses of crops, trees and fixed assets (i.e. fences, pumps, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9	Will there be loss of businesses or enterprises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10	Will there be loss of incomes and livelihoods?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11	Will people lose access to facilities, services, or natural resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There might be temporary loss of access. If this is the case, the Client will make sure alternative accesses are available.
12	Will any social or economic activities be affected by land use-related changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

#	Possible Involuntary Resettlement Effects	Yes	No	Remarks
13	Were there any people being displaced from the assigned land / project site in anticipation of the sub-project activity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14	Are any of the affected persons (AP) from indigenous or ethnic minority groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A

2. 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? [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] Yes If yes, approximately how much? <u> 0 </u> hectares
Information on displaced persons
Any estimate of the likely number of persons that will be displaced (economically and physically) by the Project? [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] Yes If yes, approximately how many?
Any estimate of the likely number of persons that will be physically displaced (relocated) by the Project? [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] 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? [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] Yes If yes, approximately how many?
Are any of them poor, female-heads of households, or vulnerable to property risks? [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] Yes If yes, approximately how many?.....
Are any displaced persons from indigenous or ethnic minority groups? [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] Yes If yes, how many?

3. 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 Isfandiyor Mahmudzoda.....

Position...Project Manager at the PAG.....

Signed and stamped

Dated: 02/04/2019