



Initial Poverty and Social Analysis

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Turkmenistan: Improving Nursing Quality and Capacity Project

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INITIAL POVERTY AND SOCIAL ANALYSIS

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| Country: | Turkmenistan | Project Title: | Improving Nursing Quality and Capacity Project |
| Lending/Financing Modality: | Project loan | Department/Division: | CWRD/ CWSS |

I. POVERTY IMPACT AND SOCIAL DIMENSIONS

A. Links to the National Poverty Reduction Strategy and Country Partnership Strategy

The National Programme for Social and Economic Development of Turkmenistan until 2030 and the Programme of the President of Turkmenistan for Social and Economic Development for the period 2019–2025 aims to achieve sustainable economic growth, strengthen the regional geopolitical situation, and improve the population's living conditions through economic diversification, investment in infrastructure, modernization of institutions, and increasing competitiveness.

The country's social policy, public investment to alleviate poverty is to be prioritized. Part of the strategy includes creating better job opportunities, expanding training and re-training opportunities, creating positions for higher incomes and reducing vulnerable and disadvantaged by more targeted assistance and higher quality of social services.

The project will contribute to the national strategy by improving education and in-service training, creating better job opportunities, and improving the quality of health care mainly in the Ahal region. ADB's country partnership strategy for Turkmenistan, 2017–2021 emphasized the importance of encouraging students into higher education and TVET programs, and noted the importance of developing and diversifying the skills of the labor force. This project would also indirectly improve health indicators such as maternal and child mortality rates by raising quality of health services.

B. Poverty Targeting

General intervention Individual or household (TI-H) Geographic (TI-G) Non-income MDGs

The project is to develop the Ashgabat Medical College located in Ahal region, mainly drawing students from this region unless for advanced studies (nation-wide). The transaction TA will explore if there is a need for expanding pro-poor interventions such as financial support for students from poor households.

In the medium to long term, improving the efficiency of health service delivery by expanding the nursing workforce could also lead to health financing improvements and more effective models of care.

C. Poverty and Social Analysis

1. **Key issues and potential beneficiaries.** The first group of expected beneficiaries of the project are students in nursing at the Ashgabat Medical College, by providing more affordable access to better education and improved job opportunities. Lecturers will also benefit through training and partnerships with external institutions. Patients and the general public will benefit indirectly through better quality of care. According to the United Nations, about 3.9% of the Turkmenistan population is unemployed and 7.6% of the employed earn less than \$1.90 purchasing power parity. In total, it is estimated that about 10% of the population lives in moderate to severe poverty. According to the United Nation's HDI report based on 2015/2016 data, 0.4% of the population (23,000) are considered multidimensionally poor, while an additional 2.4% are classified as vulnerable to multidimensional poverty (139,000).

2. **Impact channels and expected systemic changes.** Higher quality nurses will result in a better quality of health care, and strengthen health services in underdeveloped fields, in particular, reduction of non-communicable diseases such as in family health, health promotion and disease prevention and specialized tertiary hospital services. Training of midwives and paramedics will improve diagnostic capacity and thereby make health services more effective and efficient. Upgrading and professionalizing nursing would also lead to improved education and higher quality jobs for the general public and women in particular.

3. **Focus of (and resources allocated in) the transaction technical assistance or due diligence.** The transaction TA will mainly assess qualifications, demand factors and social and financial hurdles of urban and rural students in the Ahal region to enter and complete the medical college. Depending on the project scope, the transaction TA will also consider postgraduate candidates from the country, and candidates for in-service training through distance learning. A gender study will also be conducted to assess working conditions of the nursing profession and analyze how these relate to or exacerbate existing gender inequalities. The study will identify social norms which are predominantly directing women into nursing, practical challenges and constraints faced by women entering the nursing profession relative to men in similar skill level professions, and aim to enable female nurses to transition into and move up the medical workforce with better professional status.

II. GENDER AND DEVELOPMENT

1. What are the key gender issues in the sector and/or subsector that are likely to be relevant to this project or program?

Turkmenistan's 2018 HDI of 0.710 falls to 0.579 if adjusted for inequality for HDI indices. Infant mortality (36 per 1,000 live births), under-five mortality (42 per 1,000 live births), and maternal mortality rates (42 per 100,000 live births) for Turkmenistan are all high compared to Europe and Central Asia despite progress over the last decades. The main challenge in the health sector is to improve the quality of care at all levels and expand access to affordable care for all segments of the population. The health workforce has serious competency issues as the medical education system has not been upgraded to modern standards, with a shortage of qualified lecturers, an outdated curriculum, limited access to skills training, especially for nurses and other paramedical cadres, and a lack of education quality assurance.

The National Action Plan on Gender Equality, 2015–2020 was developed by the National Institute for Democracy and Human Rights with support from the United Nations Population Fund. Its objectives are to increase women's competitiveness in labor markets, improve maternal and child health outcomes, create gender-responsive legislation, eliminate gender stereotypes, address all forms of gender-based violence, and increase the number of women in top management posts. According to the United Nations Entity for Gender Equality and Empowerment of Women (UN Women), a national gender action plan is being rolled out and there is some progress in health services and education opportunities. While women make up about 70% of the health workforce in Turkmenistan and an even higher percentage of nurses, they are less represented at higher levels and management.

2. Does the proposed project or program have the potential to contribute to the promotion of gender equality and/or empowerment of women by providing women's access to and use of opportunities, services, resources, assets, and participation in decision making? Yes No

The project aims to address the quality of skills and competency of the nursing workforce, predominantly composed of women, and will specifically benefit students at the medical college. Occupational gender segregation in nursing is pronounced—an estimated over 90% of nurses in Turkmenistan are female. Nursing is often perceived as an extension of women's role as caregivers, and nurses are often seen as doctor's assistants rather than health providers in their own right. Improving the nursing curriculum and training facilities and contributing to the government's plan to introduce a bachelor's degree program for nurses will raise the quality of nursing care and the value and respect accorded to nurses while providing higher quality jobs. A gender action plan will be developed during the transaction TA.

3. Could the proposed project have an adverse impact on women and/or girls or widen gender inequality?

Yes No.

4. Indicate the intended gender mainstreaming category:

GEN (gender equity) EGM (effective gender mainstreaming)
 SGE (some gender elements) NGE (no gender elements)

III. PARTICIPATION AND EMPOWERMENT

1. Who are the main stakeholders of the project, including beneficiaries and negatively affected people? Identify how they will participate in the project design.

Medical college lecturers and nursing, midwifery and paramedical students will directly benefit, and patient and the general public will indirectly benefit through better quality staff. Representatives for each group will be consulted during the transaction TA. The persons affected due to economic displacement, if any, will be consulted during the TRTA due diligence.

2. How can the project contribute (in a systemic way) to engaging and empowering stakeholders and beneficiaries, particularly, the poor, vulnerable, and excluded groups? What issues in the project design require participation of the poor and excluded?

Beneficiaries and stakeholders will be consulted on their perceptions of acceptability, range, quality and affordability of health services so as to improve the curriculum. The poor and other potentially excluded groups (e.g. handicapped) will be consulted in terms of access to education (including those, affected due to economic displacement, if any).

3. What are the key, active, and relevant CSOs in the project area? What is the level of civil society organization participation in the project design?

There are no CSOs involved in human resources for health currently.

L: Information generation and sharing Consultation Collaboration Partnership

4. Are there issues during project design for which participation of the poor and excluded is important? What are they and how should they be addressed? Yes No

IV. SOCIAL SAFEGUARDS

A. Involuntary Resettlement Category A B C FI

1. Does the project have the potential to involve involuntary land acquisition resulting in physical and economic displacement? Yes No

The new site for the medical college is government own land without any current use of construction. However, there can be impacts on non-registered users. The transaction TA will be used to conduct proper assessment and confirm the categorization in due course through due diligence.

2. What action plan is required to address involuntary resettlement as part of the transaction TA or due diligence process?

- Resettlement plan Resettlement framework Social impact matrix
 Environmental and social management system arrangement None

This will be confirmed during the TRTA.

B. Indigenous Peoples Category A B C FI

1. Does the proposed project have the potential to directly or indirectly affect the dignity, human rights, livelihood systems, or culture of indigenous peoples? Yes No

Turkmenistan is an ethnically homogeneous state with Turkmen comprising 85% of the population. Other major ethnic groups include 5% Uzbek, 4% Russian. None of these major groups and other ethnic groups have been identified as indigenous peoples as defined by Safeguard Policy Statement 2009.

2. Does it affect the territories or natural and cultural resources indigenous peoples own, use, occupy, or claim, as their ancestral domain? Yes No

3. Will the project require broad community support of affected indigenous communities? Yes No
 No issues identified at the site of the school.

4. What action plan is required to address risks to indigenous peoples as part of the transaction TA or due diligence process?

- Indigenous peoples plan Indigenous peoples planning framework Social impact matrix
 Environmental and social management system arrangement None

This will be confirmed during the transaction TA.

V. OTHER SOCIAL ISSUES AND RISKS

1. What other social issues and risks should be considered in the project design?

- Creating decent jobs and employment Adhering to core labor standards Labor retrenchment
 Spread of communicable diseases, including HIV/AIDS Increase in human trafficking Affordability
 Increase in unplanned migration Increase in vulnerability to natural disasters Creating political instability
 Creating internal social conflicts Others, please specify:

2. How are these additional social issues and risks going to be addressed in the project design?

The project will ensure CLS observance through incorporation into all pertinent project processing documents (RRP, SPRSS, PAM, loan agreement, contract, monitoring), including later stage, the inclusion of CLS requirement in contracts and project to monitor to ensure that all country and international agreement on labor legislations are complied with.

VI. TRANSACTION TA OR DUE DILIGENCE RESOURCE REQUIREMENT

1. Do the terms of reference for the transaction TA (or other due diligence) contain key information needed to be gathered during transaction TA or due diligence process to better analyze (i) poverty and social impact, (ii) gender impact, (iii) participation dimensions, (iv) social safeguards, and (v) other social risks. Are the relevant specialists identified?

- Yes No

2. What resources (e.g., consultants, survey budget, and workshop) are allocated for conducting poverty, social, and/or gender analysis, and participation plan during the transaction TA or due diligence?

Social safeguards consultants and environmental consultants will be mobilized during the transaction TA to develop the gender action plan, participation plan, environmental assessment, and, if required, a resettlement plan.

ADB = Asian Development Bank, CLS = core labor standards, CSO = civil society organizations, HDI = Human Development Index, PAM = project administration manual, RRP = report and recommendation of the President to the Board of Directors, SPRSS = summary poverty reduction and social strategy, TRTA = transaction technical assistance, TVET = technical and vocational education and training.

Source: Asian Development Bank.