

Social Safeguards Due Diligence Report

PUBLIC

Project Number: 59108-001
April 2026

Tajikistan: Integrated Regional Health Security and Primary Healthcare Services

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ABBREVIATIONS

ADB	–	Asian Development Bank
AH	–	Affected household
AP	–	Affected Person
CAREC	-	Central Asia Regional Economic Cooperation
CoD	–	Cut-off-date
CoL	–	Corridor of impact
DDR	–	Due diligence report
DED	–	Detailed engineering design
DHC	-	District Health Polyclinic
DMS	–	Detailed measurement survey
DP	–	Displaced people
EA	–	Executing Agency
FED	–	Feasibility engineering design
FGD	–	Focus group discussion
FS	–	Feasibility study
GoT	–	Government of Tajikistan
GRC	–	Grievance redress committee
GRM	–	Grievance redress mechanisms
GRISH	–	Gender Responsive Integrated Services for Health
HH	–	Household
IA	–	Implementing Agency
IOL	–	Inventory of Loses
IP	–	Indigenous Peoples
IR	–	Involuntary resettlement
LAR	–	Land acquisition and resettlement
LARF	–	Land acquisition and resettlement framework
LARP	–	Land acquisition and resettlement plan
LC	–	Land Code
MOF	–	Ministry of Finance
MOHSP	–	Ministry of Health and Social Protection
M&E	–	Monitoring & evaluation
O&M	–	Operation & management
PAM	–	Project Administration Manual
PMU	–	Project Management Unit
POE	-	Point of Entries
PSC	–	Project Support Consultant
RF	–	Resettlement framework
RHH	-	Rural Health Houses
RoW	–	Right of Way
RP	–	Resettlement Plan
CESS	-	Centers for Epidemiological and Sanitary Surveillance Service
SPS	–	Safeguards Policy Statement (of ADB)
SSDDR	–	Social safeguards due diligence report
ToR	–	Terms of reference
TA	–	Technical assistance
VHC	-	Village Health Centers/Clinics

LOCAL DEFINITIONS

Hukumat	–	District Administration
Jamoat	–	Sub-District, Sub-District Administration
Land committee	–	Responsible body of District for all land related questions
Kolkhoz	–	Soviet time collective farm
Mahalla	–	Village / Neighborhood
Mahalla committee	–	Board of Mahalla Organization (citizens in this area as members)
Oblast	–	Region
Rayon	–	District
Sotih	–	100 sqm

UNITS

ha	–	hectare/s
kg	–	kilogram
km	–	kilometres
km ²	–	square kilometres
m	–	meter
m ²	–	square meter

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DEFINITIONS OF TERMS	
Affected Persons (APs)	Affected persons (APs) who experience full or partial, permanent or temporary physical displacement (relocation) and/or economic displacement (loss of land, assets, access to assets, income sources, or means of livelihoods). An AP indicates any juridical person being as it may an individual, a household, a firm or a private or public institution who, on account of the execution of the project or parts thereof would have their: (i) right, title or interest in any house, land (including residential, agricultural and grazing land), resources or any other fixed or moveable asset acquired, possessed, restricted or otherwise adversely affected; and/or (ii) business, occupation, place of work or residence or habitat adversely affected, with or without physical displacement; or, (iii) standard of living adversely affected.
Affected Household (AH)	An affected household (AH) includes all the affected people who occupy a housing unit. A housing unit can be a house, apartment, dwelling, a group of rooms, a single room, or others, where the one or more affected people (APs) are “living under one roof.” In addition, the APs share meals or living accommodation, and may consist of a family, families or some other grouping of people. An AH may consist of a single, or several families. A single housing unit will be considered to contain multiple households if either meals or living space are not shared. The household is the unit for compensation and all the members in a household are considered as APs.
Below Poverty Line	Households entitled to receive state targeted assistance due to being below the poverty line, or/and those households with a confirmed monthly income per family member at the national poverty line or below which have been considered as 480 TJS or less per month per person based on data of 2023.
Census	Account of the socio-economic data of 100% of project affected persons.
Compensation	Payment made in cash or in kind to APs at replacement cost for assets, resources and/or sources of livelihood and income acquired or adversely affected by the project.
Corridor of Impact (Col)	The Col is the area which is impacted by civil works in the implementation of a project and is important in three particular respects: (i) Legally as the area within which APs will be entitled to compensation and other measures (in general coming under the heading of resettlement) for any loss of land, structures, land use and occupation or livelihoods. (ii) Operationally as the agreed and demarcated area within which construction activities will take place and which must be cleared of all structures and obstructions; (iii) Concerning temporary construction related area (camp, construction material storage, access, others) impacts and associated remedial measures and costs are borne by the contractor at his own expenses.
Cut-off-Date for Eligibility	This date establishes the eligibility of APs. Usually, the cut-off date is the date of the detailed measurement survey (DMS) which is based on the final engineering design in relation with the final day of the census

	of APs and Inventory of Losses (IOL). Persons not covered by that date (census) are not considered eligible for compensation and other entitlements. Persons not covered in said census are not eligible for compensation and other entitlements, unless they can show proof otherwise (inadvertently missed out from survey, process of land acquisition started and will be completed after surveys, etc.). The establishment of a cut-off date for eligibility is intended to prevent the influx of ineligible persons who might take advantage of project entitlements and speculate on land values and to prevent speculation by eligible APs.
Displaced Household	Any household, physically and/or economically directly affected because of land acquisition and involuntary resettlement.
Displaced Persons (DP)	In the context of involuntary settlement, DPs are those who satisfy the condition of “Cut-off Date for Eligibility” and are physically displaced (relocation, loss of residential land or loss of shelter) and/or economically displaced (loss of land, assets, access to assets, income sources, or means of livelihoods) as a result of involuntary acquisition of land, or involuntary restrictions on land use or on access to legally designated parks and protected areas in connection with the project.
Detailed Measurement Survey (DMS)	With the aid of the approved detailed engineering design, this activity involves the finalization and/or validation of the results of the Inventory of Losses (IOL), severity of impacts, and list of APs done earlier during the project’s feasibility studies. It requires coverage of 100% survey coverage of the DPs. The final cost of resettlement for a project will be determined following completion of the DMS. At feasibility study level this can be regarded as a preliminary DMS.
Economic Displacement	Loss of income, access to income and/ or means of livelihoods because of project interventions on land, assets, access to assets, private and/or public services or other adverse impacts.
Eligibility	Any person who resided in the project area before the cut-off date that suffers from (i) loss of house, (ii) loss of assets or ability to access such assets, permanently or temporarily, or (iii) loss of income sources or livelihood, will be entitled to compensation and/or assistance. Non-eligible APs include those making claims based on subsequent occupation after the cut-off date for eligibility.
Encroachers	Encroachers are people who have extended their occupation of land from their titled land into adjacent government or private land to which they are not entitled. If such people arrived before the cut-off-date, they are eligible for compensation for any affected structures, crops or land improvements.
Entitlement	Range of measure comprising the cost of compensation, relocation cost, income rehabilitation assistance, transfer assistance, income/livelihood substitution, relocation support, a business restoration which are due to AH, depending on the type and degree nature of their losses, to restore their social and economic base. All entitlements are given to all affected households as per the entitlement matrix with respect to a particular eligibility category.
Grievance Redress Mechanisms	Refers to an established mechanism to receive and facilitate the resolution of affected persons’ concerns and grievances/complaints about physical and economic displacement and other project impacts.

(GRM)	The grievance mechanism is expected to address concerns promptly and effectively, in a transparent manner that is culturally appropriate and readily accessible to all project-affected parties, at no cost and without retribution, and without preventing access to judicial processes.
Illegal, (Non-legalizable, non-recognizable, non-titled HHs)	Households (HHs) that are not registered by their business, agriculture, residency and those who have no recognizable rights or claims to the land that they are occupying. It includes people using private or state land without permission, permit or grant i.e., those people without legal lease to land and/or structures occupied or used by them. ADB's SPS explicitly states that such people are entitled to compensation for their non-land assets.
Income Rehabilitation	This is the process to re-store APs' income earning capacity, production levels and living standards in a longer term. It is the re-establishment of sources of income and livelihood of the affected households at least to their pre-project levels. It is designed in form of a livelihood income restoration program to address the specific needs of the affected persons based on the socioeconomic survey and consultations.
Information disclosure	The process of disseminating project information to stakeholder to allow them to understand the risks and impacts of the project, and potential opportunities.
Inventory of Losses (IoL)	This is a process in which all fixed assets (i.e., lands used for residence, commerce, agriculture; including primary/main structures (such as houses, commercial buildings, or a combination of both, others as well as agricultural and other production facilities) and secondary/ancillary structures (such separate kitchen, toilets, fences, gates, paved areas and wells, affected trees and crops etc.) with commercial value and sources of income and livelihood inside the project corridor of impact (COI) are identified, measured, their owners identified, their exact location determined, and their replacement costs calculated.
Involuntary Resettlement (IR)	Involuntary resettlement (IR) is the displacement of people, not of their own preference, from their homes, assets, sources of income and livelihood in the project corridor of impact (CoI). Involuntary resettlement may result in any or a combination of the following: loss of land, and other fixed assets, loss of income and/or employment, relocation, separation of family members, disintegration of communities, etc. Unless appropriate and adequate mitigation measures are carried out, IR will result in further hardship and impoverishment among the APs, especially the marginal sectors of society (see definition of "vulnerable groups"). These adverse social impacts are often borne by APs not of their own desire but involuntarily. Literally, this is the situation where the Government takes land, or restricts access to land, that people live or work on, or use for their livelihoods, and where the people affected do not have the right to refuse, by Eminent domain
Land Acquisition	The process whereby an individual, household, firm or private institution is compelled by a public agency to alienate all or part of the land s/he/it owns or is in the process of getting the ownership in favor of the government for the project in return for compensation at replacement costs.

Land Acquisition and Resettlement Framework	A project resettlement framework provides guidance and process on safeguards screening, assessments, consultation and GRM requirements, institutional set-ups, legal analysis, IR budgets, M&E for project components (subprojects) with regard to the preparation of resettlement plans, due diligence reports and other social safeguards reporting requirements.
Land Acquisition and Resettlement Plan	This is a time-bound action plan with budget setting out compensation and resettlement strategies, objectives, entitlement, actions, responsibilities, monitoring and evaluation which are all aimed at helping APs re-establish their pre-project standards of living.
Meaningful Consultation	A process that (i) begins early in the project preparation stage and is carried out on an ongoing basis throughout the project cycle; (ii) provides timely disclosure of relevant and adequate information that is understandable and readily accessible to affected people; (iii) is undertaken in an atmosphere free of intimidation or coercion; (iv) is gender inclusive and responsive, and tailored to the needs of disadvantaged and vulnerable groups; and (v) enables the incorporation of all relevant views of affected people and other stakeholders into decision making, such as project design, mitigation measures, the sharing of development benefits and opportunities, and implementation issues.
Physical Displacement	This is the physical displacement of an AP from her/his pre-project place of residence and/or business.
Rehabilitation Program	This refers to additional support provided to AHs losing productive assets, incomes, employment or sources of living, to supplement payment of compensation for acquired assets, in order to achieve, at a minimum, full restoration of pre-project living standards and quality of life. The process to restore income earning capacity, production levels and living standards in a longer term. Rehabilitation measures are provided in the entitlement matrix as an integral part of the entitlements.
Replacement Costs	Replacement cost is the principle to be complied with in compensating for lost assets. Calculation of which should include: (i) fair market value; (ii) transaction costs; (iii) interest accrued, (iv) transitional and restoration costs; and (v) other applicable payments, if any. Where market conditions are absent or in a formative stage, APs and host populations will be consulted to obtain adequate information about recent transactions and values of assets, cropping patterns and production, and other related information in relation with baseline data to be collected. The amount in cash or in kind needed to replace lost assets at the time of payment of compensation, including cost of transactions.
Replacement Cost Study	This refers to the process involved in determining replacement costs of affected assets based on empirical data.
Resettlement	This includes all measures taken to mitigate any and all adverse social impacts of a project on AP property and/or livelihoods, including compensation, relocation where relevant, and rehabilitation as needed. Meaning, all social and economic impacts that are permanent or temporary and are caused (i) by the acquisition of land and other fixed assets, (ii) by change in the use of land, or (iii) through restrictions imposed on land, as a result of a project.

Resettlement Effects	Resettlement effects mean all negative situations directly caused by the project including loss of land, property, income generation opportunity, and cultural assets as triggered by the project.
Right-of-Way	The right-of-way (ROW) is a publicly available and governmental owned strip of land following a centerline (such as for roads, canals, etc.) providing an area of access. The project will use the complete area where necessary. In case some of the ROW has been encroached upon by informal occupiers/ formal users (for example people now living, doing business, or cultivating land within the ROW), the project may try to adopt a COI within the ROW, but if not possible then the whole Row will be used and eligible resettlement impacts compensated.
Titled	Affected persons who have formal legal rights to land, including any customary or traditional rights recognized under the law of Tajikistan.
Severely Affected Persons	This refers to affected households who will (i) lose 10% or more of their total productive land and/or assets, and/or (ii) have to relocate; and/or (iii) lose 10% or more of their total income sources due to the project
Significant Resettlement Effects (Impacts)	Involuntary resettlement impacts of a project are considered significant if 200 or more persons will experience major impacts, which are defined as (i) being physically displaced from housing, or (ii) losing 10% or more of their productive assets (income generating) [as per OM Section F1].
Social Safeguard Due Diligence Report (DDR)	This report confirms that a project will have no adverse impacts with economic and physical displacements, but has to include resettlement planning requirements, such as public consultation, grievance redress mechanism, and monitoring. The described status is subject of reviews during detailed engineering design and project implementation.
Squatters	Squatters trespassed onto private, government or community land for which they are not authorized to use. If such people arrived before the cut-off-date, they are eligible for compensation for any affected structures, crops or land improvements.
Vulnerable Group	Anyone (individuals and groups) who might suffer disproportionately, may be differentially affected or face the risk of being marginalized from the effects of resettlement by the project because of their disadvantaged or vulnerable status and specifically includes: (i) female-headed households with dependents; (ii) large households with 5 or more children below 18 years old; (iii) disabled heads of household or households with disabled members; (iv) poor households; (v) landless; (vi) elderly households with no means of support; (vii) households without security of tenure; (viii) ethnic minorities; and (ix) small farmers (with landholdings of two hectares or less).

I. EXECUTIVE SUMMARY

A. Overview

1. This Social Safeguards Due Diligence Report (SSDDR) concerns the Integrated Regional Health Security and Primary Healthcare Services for Tajikistan, programmed for 2026. As the project involves civil work within the designated territories of health institutions and government newly allocated lands, there has been a need for a due diligence to document that there are no economic or physical displacements expected, nor any other livelihood impacts that would have triggered ADB safeguard requirements.

2. The proposed project will support the implementation of key components of Tajikistan's national plan for health systems integration in the National Health Strategic Plan (2020-2030). It prioritizes digital health transformation and institutional integration of epidemiological and public health laboratory stakeholders to improve the efficiency, effectiveness, and capacity of overall disease surveillance system. It will upgrade health infrastructure and strengthen the capability of the health workforce to delivery more efficient and patient-centered services.

3. The project will focus on 20 border and rural districts, including their respective 25 jamoats and 30 villages, where underserved, and hard-to-reach groups face the most severe gaps in public health service access. The project will involve construction and/or upgrading of primary and secondary healthcare facilities, including sanitary and epidemiological stations, rural health houses, village health centers/clinics, and district-level health polyclinics.

4. Physical works under the project will primarily consist of small- to medium-scale civil works, including (i) construction of new health facilities on pre-identified land plots, (ii) installation of essential utilities and auxiliary infrastructure. The types of facilities to be supported include sanitary and epidemiological stations and laboratories, rural health houses, village health centers/clinics, district-level primary healthcare polyclinics, and selected facilities at points of entry (POEs).

5. Allocated land plots for construction have already been identified in the selected districts, and their geographic coordinates have been documented. These sites are generally located within or adjacent to existing health facility compounds or on publicly owned land designated for social infrastructure, minimizing the need for land acquisition and resettlement.

B. Social Safeguards Due Diligence

6. The main objective of the SSDDR is to carry out due assessment with regard to social due diligence and early detecting of any LAR impacts for the activities proposed under the Project. The SSDDR reviewed and analyzed the government allocated lands of the proposed construction works. The SSDDR also suggests preventive and mitigation measures for the proposed activities during planning, implementation and operation phases.

7. The social safeguards due diligence was conducted through desk review and verification of documents, including but not limited to project documents and reports, governmental interdepartmental commissions' findings and reports on land plots allotment, allotted lands maps, schemes, conclusion of relevant government institutions such as land committees, environmental, architecture, state property management, communications, communal and housing services, etc. Consultation meetings were conducted with project team particularly the EA representatives in

central and regional levels. Open ended interviews were organized with key informants on district and local level including with relevant government representatives, regional staff of health services centers, community leaders, local residents and other interest groups.

8. Social screening was completed at each proposed site through visit to the project locations, desk review of the provided documentation and evidences (photos, maps, rights establishment documentation, etc.), remote interviews and discussions with the key project stakeholders (for the sites where access was challenging due to the winter). A round of consultations were conducted with a range of stakeholders at different levels at the time of the field visit and remote interviews.

9. The results of the above described examinations and studies undertaken based on the selected districts and project sites in coordination with the project proponents in each district and the representatives of the MOHSP and republican CESS, allowed to determine and confirm the absence of social safeguards impact and propose measures for construction period to be considered in order to avoid any temporary and/or unexpected impact and safety issues.

10. The studies and examinations undertaken by the Consultant confirmed that the project shall not cause any direct and/or indirect impact on privately owned land or assets. Therefore, no cases of physical resettlement or economic displacement is expected within the scope of this project. The social assessment of the proposed project is based on the final selection of lands and territories allotted for the project in each site and confirms complete absence of LAR impacts.

C. SSDDR Findings

11. **No IR impact has been recorded based on ADB SPS 2009 requirements.** Social Due Diligence assessment was conducted to assess whether the project will cause negative impact with respect to involuntary resettlement (IR), land acquisition, loss of income, restrictions on access to private properties and community resources, and impacts on indigenous peoples. As the observations of the selected sites (allocated land plots within premises of the existing hospitals and selected new land lots from the government administered land parcels) confirm, that the project sites have been selected lands administered by local governments having no productive value, not being used by any private user and/or encroached. The selected sites for project intervention will not require land acquisition and resettlement.

12. Therefore, the **Project Category C for Involuntary Resettlement** safeguards is confirmed by the site reconnaissance survey and consultations with key project stakeholders and communities interest groups. Project does not trigger any land/private assets acquisition, physical, economic, permanent or temporary impacts. In accordance with ADB's 2009 Safeguard Policy Statement, the project does not require a land acquisition and resettlement plan.

13. **No other assets affected and related impacts caused.** There are no impacts on productive and residential lands, primary or secondary structures and trees. The project will have no impacts on surrounding properties and the income generating activities of third parties on the surrounding lands. In addition, there is no impact on public land utilized by households and there is no impact on community resources.

14. **No physical displacements.** As no residential land and no primary structures are affected, there is no requirement for physical relocation. It is also confirmed that the project will not cause any relocation of public service-providing buildings. Likewise, there will also be no relocation of settlements. For these reasons, there cannot be cases of physical displacement.

15. **No economic displacements and livelihood impacts.** Therefore, concerning the project construction there is no anticipation for any livelihood restoration activities. On the contrary the project considers that Contractors for different sites will prioritize employment of the local people for skilled and unskilled labor and work based on eligibility for jobs requirements.

16. However, it should be noted that in the process of the project planning and implementation, some selected project sites might require additional or alternative land plot. It is important to note that the project at first hand will apply the approach of fully avoidance of IR impact and nobody will be disadvantaged in such cases. The absence of legal/formal titles to the affected assets will not prevent the affected people from receiving full compensation and assistance as required by ADB SPS (2009) on involuntary resettlement.

17. Criterion for the selection of new and/or alternative land lots shall include but not limited to the following requirements:

- a. Will not involve any temporary or permanent involuntary resettlement impacts;
- b. No physical displacement of private property such as households and economic displacement such as commercial facilities, vendors, etc. involved;
- c. No agriculture, economic, cultivation and business activities are impacted;
- d. No household will lose any part of its land holding;
- e. No adverse impact on surrounding lands and other properties;
- f. No encroachers or informal users are present on the land where civil works are planned;
- g. No or minor physical displacement will result from civil works;
- h. No or minor economic displacement/ loss of livelihood sources will result from civil works;
- i. No vulnerable groups will be adversely affected in the proposed location of civil works;
- j. No past or present concerns related to land acquisition is present on this land.

18. The PSC and PMU will conduct review of social and resettlement issues upon allocation of alternative sites. 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. The Social Due Diligence Report will be updated upon completion of detailed design stage to re-confirm the absence of involuntary resettlement impact as per selection criteria included below. In case of identified impact as a result of change, the LARP document should be elaborated in accordance with SPS 2009 requirements.

19. For any temporary site installation and construction access the contractor will have to propose a site installation and access plan and obtain approval of PSC site engineer. Only public land will be used. The mitigation measures for all such temporary impacts will be the responsibility of the civil works contractor. For using any additional land on a temporary basis will require further assessment on land owners/users (person holding land use right certificate) and the rent shall be agreed between the contractor and the land owner upon mutually agreed terms and conditions and based on the loss of revenue by the land owner/ secondary land user/tenant during the period of its use by the contractor. A Special Contract Condition for release of final payment to the civil works contractors can be the submission of proof that all temporarily used lands have been fully restored to their pre-project conditions and that there are no pending payments and/or compensation issues related to the temporary use of land.

D. Legal Framework

20. The Project follows the ADB's Safeguards Policy Statement (2009) and national legislation of the Republic of Tajikistan. 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.

E. Stakeholders Consultation

21. Provision of information on the Project is a continuous process starting at early stage of project preparations continued throughout implementation and completion. The process of consultations during due diligence assessment included ad hoc discussions during field investigations as well as formal meetings, which were agreed and organized. The asment team collected views of community members on the project activities. Project stakeholders were informed about the project and were consulted on social and environmental safeguards requirements and rights to compensation if they face adverse impact to their lands and properties by the project. Public consultation meetings were held in all project locations during sites reconnaissance visits in November 2025 and January - February 2026.

22. Social, environmental and gender team conducted combined public meetings on 2 to 14 February 2026. Consultation participants demonstrated interest on the project and expressed willingness to cooperate and support the project works in particular the civil works. The consultations included importance of avoiding negative impact of the project and in case if any such unanticipated impact occurrence what will be the remedy procedure and how people can appeal their views and grievances on this. People were informed the procedure of filing their grievance cases and appeals and ensured that the project team will take necessary measures to resolve issues at the project level. At current stage there was no complaint made or expressed during the safeguards consultation meetings.

23. Project stakeholders, the representative communities' members and interest groups participated actively in the discussion. Questions and comments revolved around details of the project activities, including schedule of construction activities, quality controls, information availability, safety issues during construction, etc. Responses and clarifications were provided to the questions and concerns raised by participants. Overall, 236 persons including 51 women and 185 men were consulted in the process of safeguards due diligence asment.

F. Information Disclosure

24. According to the requirements of ADB's Safeguard Policy Statement (SPS), when information is disclosed to the project affected persons, it is considered that meaningful consultation has taken place. The information disclosure process includes:

- Project information brochure
- Community consultations
- Grievance mechanisms with contact details of the focal persons

- SSDDR for the category C projects (ADB/EA sites)
- Bi-annual and annual Monitoring reports on the social and environmental safeguards implementation (ADB/EA sites)

G. Grievance Redress mechanism

25. The Project in its scope foreseen establishment of a responsive, readily accessible, and culturally appropriate grievance redress mechanism (GRM) capable of receiving and facilitating the resolution of people concerns and grievances related to the Project. It offers a forum to the project stakeholder, communities and individuals to voice their concerns, seek clarifications to their queries, or register complaints related to the project's performance. The scope of the GRM addresses issues related to involuntary resettlement, social and environmental performance, and information disclosure.

26. All enquiries/grievances related to the project will be addressed with the participation of the Project safeguards monitoring team. The GRM covers issues related to social, environmental and other safeguard issues under the ADB SPS 2009 and applicable laws of Tajikistan.

27. Establishing a functional GRM involves identifying the capacity gaps within the IA/EA and implementing a capacity building plan designed (when the project PMU, PSC and the Contractors established) to address the capacity deficiencies.

H. Project Implementation and Monitoring

28. Monitoring will document that the proposed outputs keep their features and do not change so that their classification as ADB defined category C remains valid. The project supervision engineer or a health and safety engineer (with prior capacity building and knowledge on ADB safeguards requirements) will report on their safeguards' reviews concerning activities carried out at district or village levels. PMU will that will review and consolidate all reports from sites into a project performance monitoring system. Information from the performance monitoring will be used to prepare safeguards bi-annual monitoring report with support by PSC. Safeguards implementation reports shall also include information on individual and communities appeals and grievances cases, GRC resolutions and pending grievances issues to be resolved with adequate timeline and procedure.

29. The PSC safeguards implementation and monitoring team will conduct regular internal monitoring and the outcomes will be reflected in the progress reports. To maintain the due diligence process and ensure proper monitoring and reporting of social safeguards, the Project shall not require full time staff to be engaged under PMU and/or PSC. Social safeguard specialist might be engaged to conduct project review and report on the project compliance on the interim bases. Alternatively, the environmental safeguards specialist shall perform both social and environmental monitoring and reporting works. And semiannual Environmental safeguards compliance reports will include a section on the project compliance with the social safeguards requirements to be submitted to ADB. These arrangements deemed to be sufficient as the project is Category C for IR/IP requirements.

I. Conclusions

30. The due diligence confirms that the Project will not cause any adverse physical and economic impacts. The due diligence screening confirms none existence of social safeguards

and indigenous peoples impact and as ADB defined IR category C. Therefore, the social safeguards requirements do not trigger. It is recommended that the proposed civil work interventions will be limited to defined sites within existent lands plots and newly allocated lands with sufficient corridors.

31. 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). Community properties, trees, crops, and any other income generating activities will not be affected by the project.

32. Hereby based on the above-stated and the results of social safeguards screening, the proposed construction works has No Resettlement Impact considering the following: a) there will be no acquisition of private land or other assets, there is no territory widening activities in the proposed works, construction area is limited within existing boundaries; and b) there no any tenants or persons who use land unofficially, c) there is no impact on crops and income generating activities. Involuntary resettlement impact checklists based on social safeguard screening conducted in the process of SSDD.

J. Recommendations

33. During construction 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. Any unanticipated and/or accidental safeguards impact due to the fault of Contractor will be fully Contractors' responsibility to remedy prior to informing PMU of MOHSP through a report and mitigation plan followed by restoration/completion report.

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

35. The project buildings designed for construction on the newly allotted lands may require provision of other communication facilities such as water and sewerage networks, electricity supply and etc. These should be provided through streets and road shoulders with minimum disturbance on people movement, provision of temporary access and taking required safety measures during constructions and restoring streets and walkways to the pre-project (or better) conditions.

36. 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.

37. The PSC and PMU shall conduct review of social and resettlement issues upon allocation of alternative sites and the need for additional land. 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. In case of identified impact as a result of change, the LARP document should be elaborated in according with SPS 2009 requirements.

II. DESCRIPTION OF THE PROJECT

A. Overview

38. The objective of the TA is to support the upstreaming technical due diligence, design development, processing and implementation of the ensuing project - Integrated Regional Health Security and Primary Healthcare Services for Tajikistan, programmed for 2026. The project will enable Tajikistan to better respond to cross-border health threats, improve regional health security in Central Asia, and improve the gender responsiveness and climate resilience of primary healthcare (PHC) services in border and remote districts. The project will consolidate fragmented systems, upgrade public health infrastructure, and strengthen the capability of the health workforce to detect, prevent, and manage infectious diseases. The Executive Agency for the ensuing project will be the Ministry of Health and Social Protection of the Population (MOHSPP), in close collaboration with the Committee on Food safety, and other concerned institutions.

39. The proposed project will support the implementation of key components of Tajikistan's national plan for health systems integration in the National Health Strategic Plan (2020-2030). It prioritizes digital health transformation and institutional integration of epidemiological and public health laboratory stakeholders to improve the efficiency, effectiveness, and capacity of overall disease surveillance system. It will upgrade health infrastructure and strengthen the capability of the health workforce to delivery more efficient and patient-centered services.

40. The project will focus on Dushanbe city and 20 border and rural districts, including their respective 25 *jamoats* and 30 villages, where underserved, and hard-to-reach groups face the most severe gaps in public health service access. The project is an integral part of development partners' efforts to strengthen the resilience of Tajikistan's health system. The improved disease surveillance and public health laboratory testing capacity of Tajikistan to be supported through the ensuing project enables timely and effective detection and response to emerging infectious diseases, which is considered a regional public good, as it contributes to improved health security in Central Asia and beyond.

41. The impacts that the proposed project is aligning with are: (i) Equitable access to essential health services improved with rural-urban and gender-related health disparities addressed (National Health Strategy 2021–2030), and (ii) public health threats in Central Asia Regional Economic Cooperation Program (CAREC) region addressed comprehensively, efficiently, and sustainably while safeguarding the needs of the most vulnerable segments of the population in Tajikistan (CAREC Strategy 2030).

42. The project's proposed outcome is "Health security and service delivery of Tajikistan improved with enhanced gender responsiveness and climate resilience." The project has 3 proposed outputs:

Output 1: Disease prevention and public health emergency response capacity at points of entry improved. The output will address crucial investment and capacity gaps in Tajikistan's disease surveillance and response system of human and animal health sectors with special focus on early detection and early response to infectious diseases, especially zoonotic diseases and those emerging or resurging diseases caused by climate change, as well as public health emergencies at points of entry (POEs); antimicrobial resistance; cross-sectoral coordination and collaboration on integrated disease surveillance and response through the One Health approach; health human resource

capacity building; and government stewardship. The output will also integrate climate information to strengthen surveillance and response to climate-aggravated health risks.

Output 2: Capacity and efficiency of laboratories improved. The output will support the government's reforms on integrating diagnostic laboratory and epidemiology services under centers for epidemiology and sanitary services, HIV control program, tuberculosis control program, and tropical disease control program in selected districts along the border with neighboring countries and districts in rural and hard-to-reach areas for efficiency, cost-effectiveness, and quality improvement. The output will also enhance the compliance of biosecurity and biosafety measures as well as the standard operation procedures of laboratory diagnostics. The output will also support institutionalizing laboratory referral pathways by rolling out the laboratory information system and revitalizing 3 Oblast (Provincial) level laboratories. The output will integrate climate and disaster risk considerations using Hydromet data to anticipate climate-sensitive diseases and ensure functioning of laboratories during climate emergencies.

Output 3: Primary health care reforms to manage emerging infectious disease, climate-related health risk, and Sexual and Reproductive Health and Rights supported. The output will support the government's PHC reforms by investing in interventions that can reduce the prevalence of prolonged high-burden notifiable diseases, improve the gender responsiveness of health services, raising the awareness of diseases and health risk factors among and empower vulnerable communities, and integrate gender-based violence prevention and intervention into PHC services, improve the quality of care, expand service provision, improve service accessibility, and strengthen climate resilience and efficiency of health infrastructure, including use of Hydromet data for early warning of climate-sensitive health risks.

Output 4: Responsiveness and Capacity of Primary Health Care Services to Address Gender-based Violence Improved. The output will support expanding the coverage of government shelter services for GBV victims to underserved areas and vulnerable female population. The output will also support institutionalizing the awareness raising, early detection, and timely response to GBV into the service delivery of primary healthcare as part of the primary health care reforms. The referral pathway, SOP for screening and sheltering of victims as well as coordination with CSOs, and vocational training to GBV victims will also be established.

43. The proposed project is expected to be implemented from mid-2026 to mid-2031. The executing agency of the project is MOHSPP, and the implementing agencies are MOHSPP and CFS. A project steering committee chaired by the Minister of Health or any official designated by the Minister of Health will be established and provide strategic guidance, review performance, and take timely strategic measures to achieve the project outputs. MOHSPP will administer the project proceeds and will be responsible for procurement, financial management (FM), and overall project implementation activities. A project management unit (PMU) comprising officials from the ministerial departments concerned and PMU staff financed will be set up under MOHSPP. A division of PMU may be established under CFS to deliver pandemic fund-financed investments and activities related to animal disease surveillance capacity building, training, information system development, and animal health laboratory improvement.

44. The proposed project is consistent with Tajikistan's National Health Strategy 2021–2030, which emphasizes integrated service delivery, health security, digital health innovation, and equitable access to quality healthcare, especially in rural and underserved areas. It also aligns

with the Government of Tajikistan's National Digital Health Roadmap, National Strategy for Health System Preparedness and Response to Pandemics, and One Health Strategic Framework as the project supports above-mentioned strategies' call for modernization of surveillance systems, improved laboratory networks, and stronger coordination across health sectors and with other sectors. The proposed project builds on ADB's long-standing support to the country's health sector by strengthening institutional capacities, enhancing disease surveillance systems, and expanding access to quality health services.

B. Project Location and Key Features

45. The proposed project will be implemented across multiple regions of the Republic of Tajikistan, covering selected districts in Khatlon Region, Sughd Region, the Districts of Republican Subordination (DRS), and the Gorno-Badakhshan Autonomous Oblast (GBAO) and Dushanbe city. Project sites are geographically dispersed and include both lowland and mountainous areas, reflecting the national scope of the health sector intervention. The locations have been identified by the Ministry of Health and Social Protection of the Population (MOHSPP) based on service coverage gaps, population needs, and existing health system capacity.

46. The project will involve construction and/or upgrading of primary and secondary healthcare facilities, including sanitary and epidemiological stations, rural health houses, village health centers/clinics, and district-level health polyclinics.

47. Allocated land plots for construction have already been identified in the selected districts, and their geographic coordinates have been documented. These sites are generally located within or adjacent to existing health facility compounds or on publicly owned land designated for social infrastructure, minimizing the need for land acquisition and resettlement.

48. In Khatlon Region, the project will cover several districts characterized by mixed rural and semi-urban settlements, agricultural land use, and relatively high population density compared to other parts of the country. Sughd Region project sites include districts with both valley and mountainous terrain, while sites in the DRS and GBAO are located in more remote and topographically challenging areas. Climatic conditions, accessibility, and existing infrastructure vary significantly across the project locations, which will be taken into account during design, construction planning, and environmental management measures.

49. Key features of the project include small- to medium-scale civil works, limited footprints of construction activities, and use of standard health facility designs aligned with national norms and ADB requirements. No large-scale industrial activities are envisaged. Construction activities are expected to be confined to clearly defined sites and implemented in phases to reduce disruption to surrounding communities. Operation of the facilities will strengthen access to essential health services, disease surveillance, and primary healthcare delivery, particularly in underserved and remote areas.

50. Overall, the dispersed nature of the project locations, the modest scale of civil works, and the use of pre-allocated land plots suggest that potential environmental impacts are likely to be localized, temporary, and manageable through the application of standard mitigation measures.

C. Project Design and Summary of Physical Works

51. The proposed project is designed to strengthen health security and primary healthcare

service delivery in health infrastructure, disease surveillance capacity, and climate-resilient service delivery systems. The project adopts a decentralized and phased design approach, focusing on upgrading and expanding existing public health and primary healthcare facilities in selected districts, rather than constructing large-scale new facilities. This approach is intended to maximize service coverage, improve operational efficiency, and minimize environmental and social impacts.

52. Physical works under the project will primarily consist of small- to medium-scale civil works, including (i) construction of new health facilities on pre-identified land plots, (ii) installation of essential utilities and auxiliary infrastructure. The types of facilities to be supported include sanitary and epidemiological stations and laboratories, rural health houses, village health centers/clinics, district-level primary healthcare polyclinics, and selected facilities at points of entry (POEs).

53. The scope and scale of works at each site will depend on local service needs, existing infrastructure conditions, and functional requirements defined by the Ministry of Health and Social Protection of the Population (MOHSPP) .

54. New construction activities will generally involve single- or two-story buildings with limited footprints, designed in accordance with national building codes and health facility standards. Where required, facilities will be equipped with climate-resilient features such as improved thermal insulation, energy-efficient lighting, and backup or renewable power supply systems to ensure continuity of services during extreme weather events and power outages.

55. The project will also support installation of medical and laboratory equipment, information and communication technology (ICT) systems, and waste management facilities appropriate to the level of care provided. These activities will largely be confined to building interiors and service areas and will not involve hazardous industrial processes. Healthcare waste management systems will be improved in line with national regulations and good international practice, including segregation, temporary storage, and safe disposal arrangements. Construction activities are expected to be carried out by licensed contractors under the supervision of the project implementing agency and relevant technical authorities.

56. The project will not require land acquisition and resettlement as all works will be carried out within the designated territories of the health institutions with sufficiently wide territories and ROW. No blasting, quarrying, or large-scale earthworks are anticipated. Temporary impacts related to noise, dust generation, waste generation, and worker safety are expected during the construction phase; however, these impacts are considered low to moderate in magnitude and can be effectively managed through standard environmental mitigation measures included in site-specific Environmental Management Plans (EMPs).

57. Overall, the project design emphasizes modest physical works with clear public health benefits, limited land disturbance, and strong integration of environmental, occupational health and safety, and climate resilience considerations. The nature and scale of the proposed physical works indicate that potential environmental impacts will be site-specific, reversible, and manageable through appropriate planning, contractor obligations, and regular environmental monitoring during implementation.

D. Construction Content

58. The construction content of the project comprises targeted small- to medium-scale civil

works intended to strengthen public health infrastructure, improve primary healthcare access, and enhance disease surveillance and diagnostic capacity in selected districts. Construction activities will be implemented on pre-identified land plots allocated for health sector use or within existing health facility premises (normally district – level clinic). The scope of works is limited to essential health infrastructure and associated utilities, with no large-scale industrial or high-risk construction activities envisaged. The physical works will include construction of new buildings and, where applicable, upgrading of existing structures to meet functional, safety, and climate-resilience requirements. Facility designs will follow standardized layouts approved by the Ministry of Health and Social Protection of the Population and comply with national building codes, public health standards, and applicable biosafety and infection prevention requirements. All facilities will be designed with modest building heights (generally one or two stories), limited footprints, and capacities aligned with district- and community-level service demand. Additional works will include internal roads or walkways, boundary fencing, drainage, and connection to utilities such as water supply, sanitation, electricity, and communications.

59. Construction materials will consist of conventional building materials, including reinforced concrete, masonry, steel elements, and prefabricated components. No ACM, quarrying, blasting, or large-scale earthworks are anticipated. The overall construction footprint will remain localized, and environmental impacts are expected to be temporary, site-specific, and manageable through standard mitigation measures and good construction practices.

60. **Construction of Rural Health Houses.** Rural health houses will be constructed to provide basic primary healthcare services at the village level, particularly in remote and underserved communities. These facilities will typically be single-story buildings with a small footprint and an indicative floor area sufficient to support essential outpatient services. A standard rural health house will include one or two consultation and examination rooms, a small treatment or procedure room, storage space for medicines and supplies, and basic sanitation facilities for staff and patients. The capacity of rural health houses is designed to serve a limited local catchment population, focusing on preventive care, maternal and child health services, health education, and early identification and referral of communicable diseases. Buildings will incorporate climate-resilient design features such as thermal insulation, natural ventilation, and energy-efficient lighting to ensure functionality under varying climatic conditions.

61. **Construction of Village Health Centers/Clinics.** Village health centers or clinics will be constructed to provide a higher level of primary healthcare services than rural health houses and to serve larger catchment populations. These facilities will have a larger indicative floor area and greater functional capacity, typically including multiple consultation rooms, basic diagnostic spaces, administrative offices, patient waiting areas, and improved sanitation facilities. Village health centers are intended to deliver outpatient medical services, routine diagnostics, immunization, and referral support to district-level facilities. The buildings are expected to be permanent structures of one story, depending on site conditions and service requirements. Designs will emphasize functional zoning, infection prevention and control, accessibility for patients, and efficient patient flow. External works will be limited to minor site leveling, walkways, and boundary demarcation within the allocated land plots.

62. **Construction of Integrated district CESS Centers.** The project will support construction of integrated district Centers for Epidemiology and Sanitary Surveillance (CESS) (formerly known as Sanitary Epidemiology Stations – SES) CESS to strengthen district-level disease surveillance and diagnostic capacity. These laboratories will be designed as permanent facilities with clearly defined functional zones, including sample reception areas, laboratory testing rooms, cold storage, waste handling and temporary storage rooms, and administrative and staff support

spaces. The capacity of the CESS laboratories will be appropriate for district-level public health operations and will not include high-containment or industrial-scale laboratory functions. Designs will comply with applicable biosafety and biosecurity standards, including controlled access, appropriate ventilation systems, segregation of clean and contaminated areas, and safe handling and disposal of laboratory waste. The primary purpose of the laboratories is to support timely detection, monitoring, and reporting of infectious and climate-sensitive diseases, thereby strengthening public health preparedness and response.

63. Construction of district health polyclinic in Lakhsh district. The project will support the construction of a district health polyclinic to strengthen secondary-level primary healthcare service delivery and referral capacity within the project area. The polyclinic will be designed as a permanent multi-functional healthcare facility serving a large district-level catchment population and providing a broader range of outpatient and diagnostic services than village-level facilities. The building is expected to be a one- or two-story structure with a relatively larger floor area to accommodate multiple specialized consultation rooms, diagnostic and examination spaces, administrative offices, patient waiting areas, and staff support facilities. The polyclinic will function as a referral center for rural health houses and village health centers, supporting early diagnosis, treatment, and follow-up of communicable and non-communicable diseases. Technical design features will include functional zoning to separate patient flow, staff areas, and service spaces, infection prevention and control measures, accessibility provisions, and reliable utility connections for water supply, sanitation, electricity, and communications. The facility will be constructed in accordance with national healthcare infrastructure standards and will incorporate climate-resilient and energy-efficient design elements to ensure safe and continuous operation under varying environmental conditions.

64. Construction of Gender Responsive Integrated Service for Health (GRISH).

The project will support the construction of five (5) gender-based violence (GBV) short-term residential facilities, to serve as Gender Responsive Integrated Service for Health (GRISH) facilities, each of regional centers with an approximate gross floor area of 1,000 square meters, to be located in Sughd, GBAO and Khatlon regions (2 regional centers) and one national GRISH Center with an approximate gross floor area of 2,000 square meters in Dushanbe city. These facilities are intended to provide safe, temporary accommodation and integrated support services for survivors of GBV, including women and children, within a protected and confidential environment. The buildings will be designed as low-rise permanent structures, typically one story, with functional spaces that include short-term residential rooms, private consultation and counseling rooms, basic medical examination space, administrative offices, staff areas, and communal living facilities. The design will prioritize privacy, safety, and dignity of residents, incorporating controlled access points, secure perimeters, and discreet site layouts to minimize visibility and risk. Technical features will include reliable water supply and sanitation systems, heating and ventilation, energy-efficient lighting, and accessibility provisions. Construction will comply with national building standards and social protection facility guidelines, with environmental impacts limited to localized and temporary construction activities that can be effectively managed through standard mitigation measures.

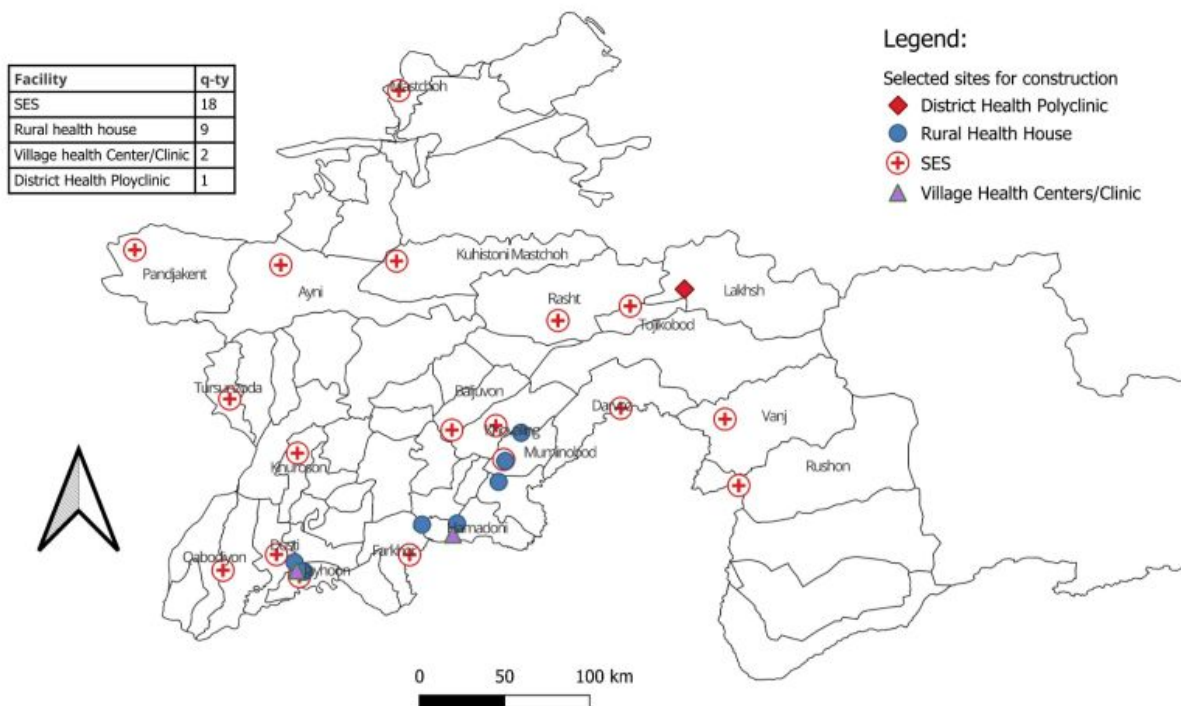
Table1: Summary of construction content under each component

Output	Component	Construction Content	Quantities
Output 1: Disease prevention and public health emergency response capacity improved.			
1		Deploy and install modified 40-ft ISO	9
		Health Containers at POEs	

	Detection and early response to infectious diseases	Renovate and expand the existing CESS facility at the POE of Tursunzoda	1
Output 2: Capacity and efficiency of laboratories improved			
2	Government's reform on integrating diagnostic laboratory and epidemiology services	Design and construct new integrated district CESS laboratories Provide supplementary laboratory, office, and IT equipment, reagents, and test kits to new district CESS laboratories Improve biosecurity and biosafety management of zoonotic pathogens at integrated CESS laboratories	18
Output 3: Primary health care reform to manage emerging infectious disease, climate-related health risk, and Sexual and Reproductive Health and Rights supported			
3	Support Government's PHC reform	Conduct construction district PHC polyclinic in Lakhsh district	1
		Village health clinics (each 220 sqm)	2
		Rural health house (each 70 sqm)	9

65. The Project proposes construction of integrated CCESS centers buildings in 18 districts, PHC facilities in 1 district, RHH in 3 districts and installation of POE containers in 9 border checkpoints and construction of POE attached to existing buildings in Tursunzoda check point area. The project was initially classified as Category C for Involuntary Resettlement Safeguards under ADB's SPS (2009) and the result of this safeguards due diligence report (SDDR) confirms that expected activities will be conducted within existing premises and newly allocated lands administered by government institutions, thus no land acquisition and resettlement (LAR) are expected. Locations are provided in the figure below.

Allocated Sites for Construction of Health Facilities



III. SOCIAL SAFEGUARD DUE DILIGENCE

A. Overview

66. A land acquisition assessment / due diligence is necessary to ascertain whether land needs to be acquired or not. The land acquisition assessment provides some indication of magnitude and scope of the resettlement impact. If the project requires land take, more detailed surveys will be carried out by the Census and Socioeconomic surveys during draft LARP preparation. The Due Diligence can identify the scale and complexities of the resettlement impact. It addresses the following issues:

- How much land area is required for the project?
- Who owns the land?
- In the case of state-owned land, is it subject to customary claim, squatters, or encroachers?
- How is the land, including state-owned land, currently used?
- What is the rough estimate of resettlement impacts to result from acquisition?
- Will it be possible to identify all resettlement impacts in the project before appraisal?

B. SSDDR Objectives

67. In order to capture the project's involuntary resettlement impacts, which may result from the selected sites construction works, the consultant has conducted a thorough social safeguard due diligence for all the project sites. This Social Safeguard Due Diligence Report (SSDDR) has documented all the findings obtained from the due diligence activities.

68. The main objective of the SSDDR is to carry out due assessment with regard to social due diligence and early detecting of any LAR impacts for the activities proposed under the Project. The SSDDR reviewed and analyzed the government allocated lands of the proposed construction works. The SSDDR also suggests preventive and mitigation measures for the proposed activities during planning, implementation and operation phases.

69. The SSDDR describes the screening activities aiming to determine scope of project impact, identify presence and/or absence of potential social and/or economic impacts and determine appropriate mitigation measures and responsibilities of the project stakeholders.

SSDDR Methodology

70. The Social Safeguard Due Diligence study for the project comprised the specific research methods including field visits and consultations with all the key project stakeholders and interest community groups.

71. The social safeguards due diligence was conducted through desk review and verification of documents, including but not limited to project documents and reports, governmental interdepartmental commissions' findings and reports on land plots allotment, allotted lands maps, schemes, conclusion of relevant government institutions such as land committees, environmental, architecture, state property management, communications, communal and housing services, etc. Consultation meetings were conducted with project team particularly the EA representatives in central and regional levels. Open ended interviews were organized with key informants on district

and local level including with relevant government representatives, regional staff of health services centers, community leaders, local residents and other interest groups.

72. Joint environmental, social and gender specialists site visits were conducted and other detailed assessment and observations were undertaken:

- Desk studies of materials of district and state registration authorities on the lands for preliminary determination of the categories of land, existing area, ROW of the allotted land parcels for the project.
- Review of project documents, reports and the design drawings for the sub-projects.
- On site joint consultations with Environmental and Gender Specialists with the project stakeholders and communities to verify and counter-check the initial conclusions on potential impacts.
- Consultation with field level health centers staff involved in planning and implementation of various project components.
- Public wider consultations at project sites with involvement of a wide range of stakeholders, local authorities and other relevant government institutions, community leaders and local residents from concerned communities. Consultations were helpful for the local communities to get acquainted with the location of the project, type of interventions, communications and other facilities. People were provided with information on their rights and grounds for receiving compensation if affected by the project.
- Field research to study the specifics in a direct and in-depth study of the sites, real conditions, signs of any informal use and encroachment cases. Transect walks and observation accompanied by local staff of the health centers to assess the physical condition and the surrounding environment of the sites where works are planned. Primary information was collected by observations and surveys. The obtained data has helped in determining existence or non-existence of resettlement needs (economic and physical movement).
- Assessment of potential impact and temporary disturbance, such as limited accessibility of local roads and pathways, access for local citizens to facilities, potential impact on the local enterprises, such as retail shops and pharmacies which are often located on the territory of health care facilities, etc. Methods to be used are observation, informal (unstructured) interviews, survey and group interviews.

73. Further, field visits and observations included the physical and environmental aspects of each site, and photographic records and notes were made. The main purpose of the field visits was to screen potential impact on land acquisition and resettlement as a result of the proposed project, including permanent and temporary impacts on residences or livelihoods and/or any economic activity or assets (including trees, local infrastructure, and buildings).

74. Social screening was completed at each proposed site through visit to the project locations, desk review of the provided documentation and evidences (photos, maps, rights establishment documentation, etc.), remote interviews and discussions with the key project stakeholders (for the sites where access was challenging due to the winter). A round of consultations were conducted with a range of stakeholders at different levels at the time of the field visit and remote interviews.

C. Due Diligence Assessment of the Project Locations

75. The project will support construction of 18 integrated CESS CESScenters to strengthen district-level disease surveillance and diagnostic capacity. These laboratories will be designed as permanent facilities with clearly defined functional zones, including sample reception areas, laboratory testing rooms, cold storage, waste handling and temporary storage rooms, and administrative and staff support spaces. Eighteen districts in all four regions of Tajikistan were selected for construction of CESS facilities.

76. Nine rural health houses will be constructed to provide basic primary healthcare services at the village level, particularly in remote and underserved communities in 3 remote and needy villages of 3 project districts in Khatlon region. These facilities will typically be single-story buildings with a small footprint and an indicative floor area sufficient to support essential outpatient services. A standard rural health house will include one or two consultation and examination rooms, a small treatment or procedure room, storage space for medicines and supplies, and basic sanitation facilities for staff and patients. Buildings will incorporate climate-resilient design features such as thermal insulation, natural ventilation, and energy-efficient lighting to ensure functionality under varying climatic conditions.

77. Two locations in Hamadoni and Jayhoon districts of Khatlon were selected for the construction of Village Health Centers/Clinics. These facilities will have a larger indicative floor area and greater functional capacity, typically including multiple consultation rooms, basic diagnostic spaces, administrative offices, patient waiting areas, and improved sanitation facilities. The buildings are expected to be permanent structures of one story, depending on site conditions and service requirements. External works will be limited to minor site leveling, walkways, and boundary demarcation within the allocated land plots.

78. Construction of district health polyclinic is planned only in Lakhsh district. The project will support the construction of a district health polyclinic to strengthen secondary-level primary healthcare service delivery and referral capacity within the project area. The building is expected to be a one- or two-story structure with a relatively larger floor area to accommodate multiple specialized consultation rooms, diagnostic and examination spaces, administrative offices, patient waiting areas, and staff support facilities.

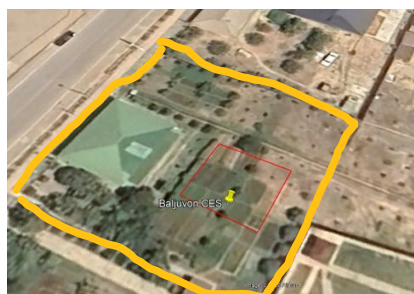
79. Construction of Gender Responsive Integrated Services for Health (GRISH) Centers, each with an approximate gross floor area of 1,000 square meters, to be located in Sughd, Khatlon (Kulob and Bokhtar) . GBAO regions and one with an approximate gross floor area of 2,000 square meters national in Dushanbe. The buildings will be designed as low-rise permanent structures, typically one story, with functional spaces that include short-term residential rooms, private consultation and counseling rooms, basic medical examination space, administrative offices, staff areas, and communal living facilities. The exact location of the GRISH centers will be either within the territory of health facilities belonging to the Ministry of Health and Social Protection or on the lanplots belonging to the local or national Government. Selection criteria of zero social impact will be applied by the PMU and reconfirmed at the detailed design stage.

80. The results of the above described examinations and studies undertaken based on the selected districts and project sites in coordination with the project proponents in each district and the representatives of the MOHSP and republican CCESS, allowed to determine and confirm the absence of social safeguards impact and propose measures for construction period to be considered in order to avoid any temporary and/or unexpected impact and safety issues.

81. The studies and examinations undertaken by the Consultant confirmed that the project shall not cause any direct and/or indirect impact on privately owned land or assets. Therefore, no cases of physical resettlement or economic displacement is expected within the scope of this project. The social assessment of the proposed project is based on the final selection of lands and territories allotted for the project in each site and confirms complete absence of LAR impacts.

District wise assessment of the location of integrated CCESS centers, RHH, VHC and PHC facilities to be newly deployed and/or constructed on allotted lands.

82. **CESSin Baljuvon district, Khatlon region.** Baljuvon existing CESS territory with land area of 0.15 ha has been selected for the project purpose. The CESS compound is neighboring with other government institutions from the left and right and on the back side, there are 2 private land owners. This site will require demolition of the old CESS building, which is old and made of clay walls with metal sheets roofing. The area is sufficient enough to accommodate construction site including area for movement and placement of construction machineries. Private owners and government institutions in the vicinity of CESS shall not have direct impact from the project but construction company has to take additional measures to avoid and/or minimize temporary disturbance, ensure uninterrupted movement of pedestrians and traffic during construction as the front side of the CESS compound is the Baljuvon main street/road with high people and transport movement. The district hospital located at around 600-700 meters distance from the CESS. CESS will require temporary relocation of its staff and equipment for the construction period, which will be resolved in coordination with the government. Alternative locations for temporary CESS shall be discussed at the project implementation detailed planning. Field asCESSment has confirmed absence of negative social safeguards impact as the project will be implemented on the designated CESS territory with sufficient ROW and space to accommodate all construction needs.



83. **CESS in Khovaling district, Khatlon region.** In Khovaling CESS has been issued with land use right Certificate back in December 2011 for a land parcel of an area of 0.2 ha. The location is close to the district's hospital and very fit for constructing CESS facilities and laboratories within the existing land. Existing CESS territory has not been used informally and/or encroached. It is a fenced compound with available communication facilities. CESS is bordering with other government institutions, and from one side public street with RoW as per required norms. There is no any economic activity, shops and vendors, production workshops or agriculture in the surrounding of the allotted land. No physical and/or economic impact is envisaged during construction and operation of the CESS. Khovaling government has issued a letter on none existence of land lot in the territory of the district hospital that makes it impossible to establish the new CESS in the hospital territory. The district hospital is in 300-meter distance from the CESS.



Google earth mapping on the CESS location



Photo of the inside CESS compound in Khovaling

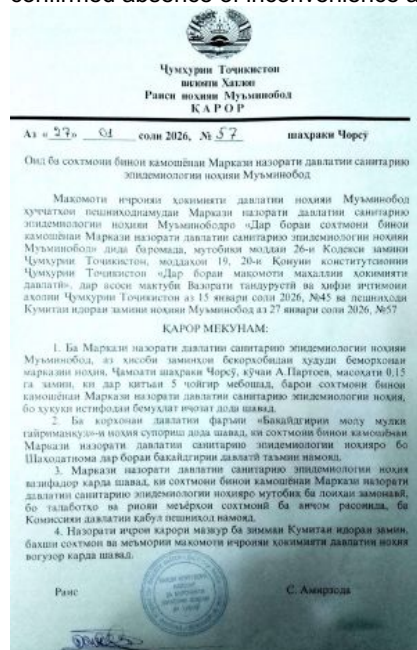


Copy of government issued land use right Certificate with perpetual use right, in formation on Cadastral number and land scheme with neighboring borders.

84. **CESS in Muminobod district, Khatlon region.** 0.15 ha land lot allotted from the district hospital land parcel in A. Partoev street, jamoat Chorsu that fulfills project requirements for the construction of new CESS facilities. The allocated land plot is protected as overall territory of the hospital. The land is not being used, rented or encroached by other private parties. Area adjacent to the territory of selected land is not used for other economic activities, it is barren lot not used by hospital as well. Local roads and connection to grids facilities are available. Two access routes to the allocated land have been assessed, and shall not cause any temporary impact on people around. Streets are sufficiently wide for safe traffic movement. However, the contractor has to take all safety measures and train drivers on safe movement within the town streets. Neither permanent nor temporary impact expected. Right establishing documents for the allotted land provided below. Results of the site reconnaissance assessment informal interview with the community members met during visit and wider consultation meetings confirmed that the project will not have IR impact.



Photos and google earth capture of the selected land in Muminobod for construction of new CESS building in the territory of district hospital. The land is barren, not in use by the hospital and any other parties with separate access roads with no disturbance to the hospital normal functionality. The hospital accountant has been met and confirmed absence of inconvenience and issues for the hospital.



Decree of head of Muminobod district on land allocation for construction of CESS new building in the territory of hospital with an area of 0.15 ha.



Review of the allotted land for CESS construction by the district interagency commission and their consensus on fulfilling construction, safety, environment, etc. requirements.

85. CESS in Farkhor district, Khatlon region. In Farkhor the proposed site for construction of CESS integrated laboratories was assessed during the project pre-fact finding mission in November 2025. The allocated site with an area of 0.25 ha, within the land plot of the district hospital, has been confirmed by the Decree of the head of district, conclusion of the government interdepartmental commission and changes in the landownership certificate of Farkhor central hospital. The location is backyard of the hospital with separate available access, which will not disturb people, patients and normal functionality of the hospital as a whole. The allocated area is sufficient to accommodate the new CESS building and other secondary structures (if required) including a yard or a small garden. Consultations with the CESS staff and other representatives of disinfection and laboratories (the adjacent old building to the selected site) confirmed absence of any informal users, encroachment of the land, etc. as the territory is restricted for an unauthorized entering. Absence of temporary impact during construction as there is an available access road sufficiently wide for movement of heavy load tracks, and other construction required machineries. The project does not require additional communication facilities to be installed outside of the designated territory for the new CESS.



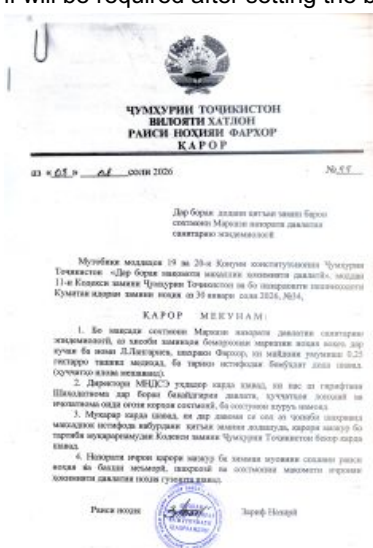
Satellite image of the selected land within the hospital compound with separate access road



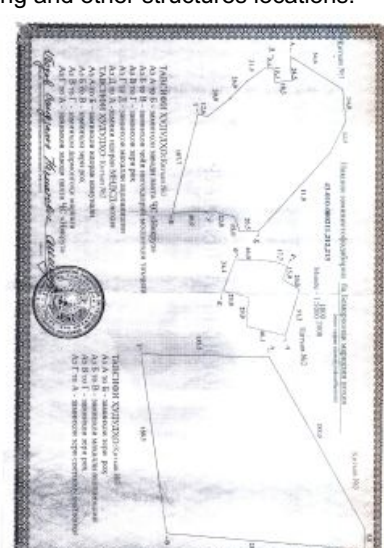
Proposed territory for construction of the new CESS building. Allocated land area with some trees, which will be replanted to another site of the land plot if it will be required after setting the building and other structures locations.



Signed Protocol of the government interdepartmental site suitability assessment. Members are from land committee, architecture, environmental protection, electricity networks, registration of immoveable property, hospital chief doctor, etc.



Decree of the head of Farkhor district on the allocation of land for establishment of CESS facilities on the district hospital unused land with an area of 0.25ha.



Adjustment, revision of Farkhor hospital land use right certificate with inclusion of allocated territory for the new district CESS

86. **CESS in Khuroson district, Khatlon region.** In Khuroson CESS will remain in its original place with the existing 0.20 ha land area. Existing CESS consisting of a yard around 0.10 ha and old soviet era buildings is surrounded by local community roads on its three side and a government institution from one side. All communication means are available however requires renovation. Access to the site is available with minimal disturbance for the movement during construction. The new building is proposed to be constructed on the vacant yard of the CESS compound but if demolition of some old and unfinished structure is required, contractor has to take all required measures to avoid disturbance and inconveniences by reducing dust and noise, simultaneous transportation of construction waste in consideration of all required safety measures. No social and public gathering places is found in the territory of the CESS.



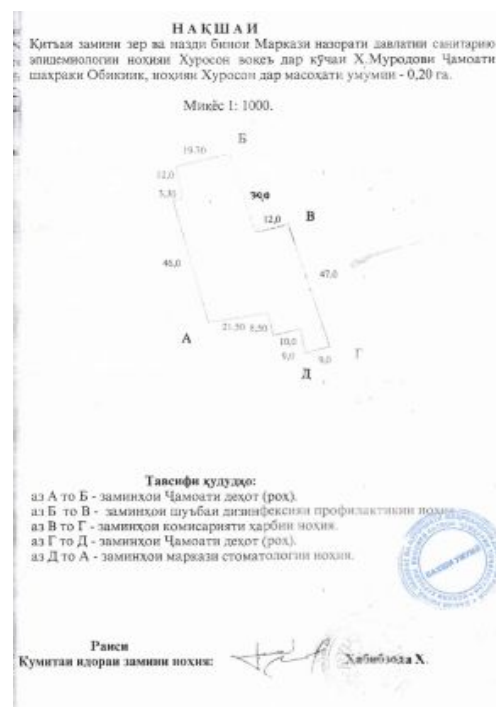
Google Earth snapshot of the CESS compound, old structures and proposed location of new building in red marking



The proposed vacant space within CESS compound for the construction of new integrated CESS Laboratory



Copy of land use right Certificate of Khuroson CESS issued in August 2022 based on the local government Decree No. 43 issued in January 2021



Khuroson CESS land scheme approved by the government interdepartment commission on land allocation in Kh. Murodov street, jamoat Obikiyk of Khuroson

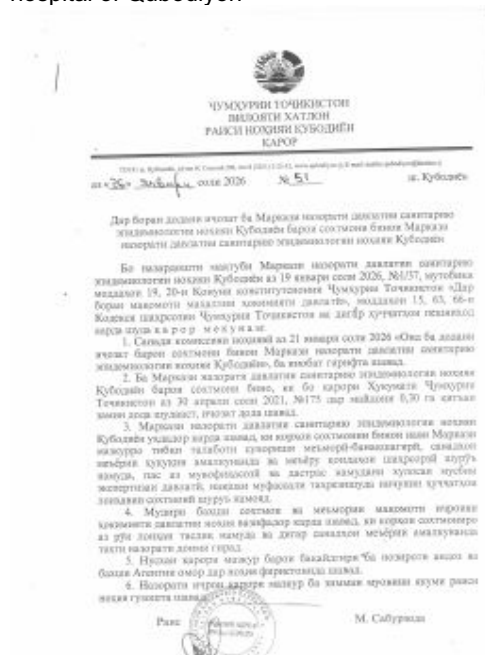
87. CESS in Qubodiyon district, Khatlon region. Construction of CESS facility in Qubodiyon district in the vicinity of the district hospital was the district development plan of 2016 to 2025. Government of Tajikistan has issued a Decree # 175 for allocation of 0.30 ha land in 2021. Land was provided from the balance of district administered land parcel beyond the hospital. All rights establishing documents and a typical design of the CESS building was prepared but due to financial constrains the CESS could not be established since then. As the Project has identified Qubodiyon as one of the needy districts for CESS establishment, the Hukumat of Qubodiyon has issued a Decree on confirmation of allocated land and approval of interdepartmental commission of relevant institutions on land suitability. The commission review and decision on land parcel was positive and meeting all requirements for CESS establishment. Land is vacant, with no sign of informal use and/or encroachment. Communication facilities are available and does not require temporary land take and/or impact on other parties and community. The project location shall not have IR impact.



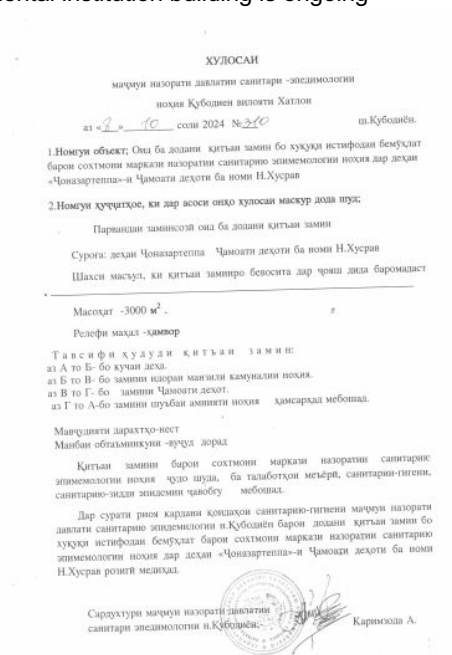
Locatin of the land parcel in the vicinity of the central hospital of Qubodiyon



Poto of the allocated land. In the area construction of other governmental institution building is ongoing



Decree of Qubodiyon government on approval of allocated land



Conclusion of the Commission for suitability of the allocated land, bordering with other government institutions in the area.
There is no any land user or private property in the area

88. **CESS in Jayhoon district, Khatlon region.** Similarly, in Jayhoon 0.12 ha land from the balance of territory of the district central hospital landholding was allocated for construction of the new CESS building. Head of the district issued a Decree on land allotment based on the positive conclusion from the governmental commission. Representatives of the relevant government institutions such as land committee, architecture, electricity networks, housing and communal service, environment, head of the central hospital and others have asCESSED the allocated site and found no any negative impact and/or obstacle for provision of land to the district CESS. Consultations with the CESS staff and other representatives from the central hospital and direct site observation confirmed absence of any informal users, encroachment of the land and concluded the project shall not have negative impact on other community and institutions. The project does not require additional communication facilities to be installed outside of the designated territory for the new CESS.



Project site photos, scheme of the allocated land and copy of the land use right Certificate of the Central Hospital in Jayhoon district

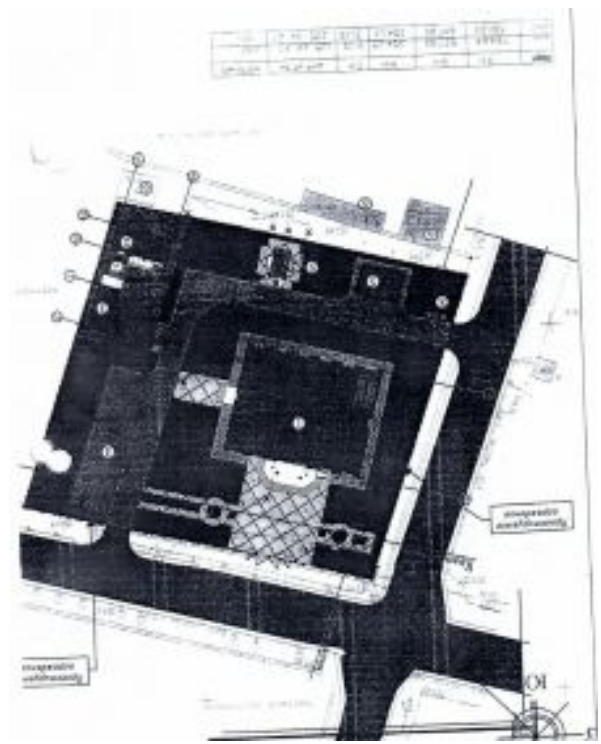
89. **CESS in Dusti district, Khatlon region.** Back in 2013 hukumat of Dusti district has allocated a land plot and issued a land use right Certificate for establishment of the district CESS. The land was provided from the lands under district authority administration with an area of 0.22 ha. Land was not in use by any other individual and/or party. The selected construction site is an empty land with no any other use at current stage. Construction works will not cause negative impact on others. No private entities and/or vendors have been observed in the area of allocated land. Communication facilities, roads and access are sufficient to conduct project works with minimum disturbance. No any temporary impact is envisaged.



Google Earth image of the location of allotted land and photos of the selected area. The land territory is sufficient to allocate project buildings and other secondary facilities.



Copy of issued Land Use right Certificate by hukumat of Dusti district in 2013



Scheme of the allocated land including roads and accesses.

90. **CESS in Tursunzoda, Districts of Republican Subordination.** The existing CESS has land area of 0.46 ha with administrative old buildings and laboratories with a huge yard in front. There are two entrance gates available with separate accesses. Construction on the same plot is beneficial because location of CESS is very convenient for access to other health institutions such as central hospital in around 700 meters distance, hospital of infectious diseases located at approximate of 300 meters and central clinic at 400 meters. All communication facilities such as water, electricity, sewerage system, etc. are available. Construction does not require additional land take and at the same time it will not affect the normal functionality of the CESS. Vacant area of the land will be used for new construction with the main access gate connected to the main street. Administrative building with laboratories located on another side of the land with separate entry gate (which is currently used by the staff). Construction is envisaged not to cause any temporary impact or land take. In the area there are other ongoing construction works and main road is sufficiently wide to accommodate construction machinery without disturbance on access and movement. Project shall not have any IR impact whether permanent and temporary. There is no any other economic activity whether shops, vendors and/or income generating points.



Existing CESS in Tursunzoda and marked location proposed for the new building



Proposed location for the new construction sufficient to accommodate the new building and other secondary structures. Building on the back is existing CESS



Decree of Tursunzoda government on provision of right establishing document for the CESS



Land use right Certificate issued for Tursunzoda CESS



Photos of satellite image capture and territory of the existing CESS with the structures. The buildings are old but in order to keep esthetic view and working condition some miner repair works was done by CESS staff.



Scanned copies of the government interdepartment conclusion on provision of land including map and idemnitions of the land parcel. The hukumat of Rasht issued a Decree based on the report from relevant government institution asCESSment on suitability of selected site.

92. **CESS in Tojikobod Districts of Republican Subordination.** In 2016, 0.10 hectares of land were provided in Tojikobod to establish the district-level CESS in Kal'ai Labi Ob Jamoat. Since then, the CESS has managed to construct a boundary wall and install a container that is used as an office and a laboratory. The land is not being used by third parties and the territory is protected. Allocated land borders with the district hospital, veterinary service department, community road and a residential compound, which shall not have impact by the project. There is sufficient space to accommodate the planned project structures and facilities, including the area required during construction. Communication facilities are available and do not require installation work. Connections to these facilities will be made within the road shoulders and passages administered by the relevant district institutions.



Photos of the allocated land parcel location and territory of Tojikobod CESS.



Copy of the land use right Certificate issued by government in 2016

93. **CESS in Ayni district, Sughd region.** CESS in the Ayni district owns 0.75 hectares of land with registered land use rights and a certification from 2018. Barren land and not intended for agricultural use was provided in the Ayni jamoat. Its proximity to the district hospital makes it very suitable for the project. There is a wide road and two access points to the allotted land, allowing entry without disturbing or inconveniencing others. The land is also very close to the Dushanbe–Khujand highway. The land parcel borders 5–6 small shops, such as chemists and food outlets, on the highway side, but their function will not be interrupted during construction, as there is sufficient protected right of way (around 8 metres) and access to the CESS land, and the construction site, is established from another site via a sufficiently wide local road. No additional land will be required for communication facilities, nor will there be any disturbance to the aforementioned shops and vendors. Since then, the allocated land territory has not been used by any private party nor has it been encroached upon. No permanent or temporary LAR impact is envisaged.

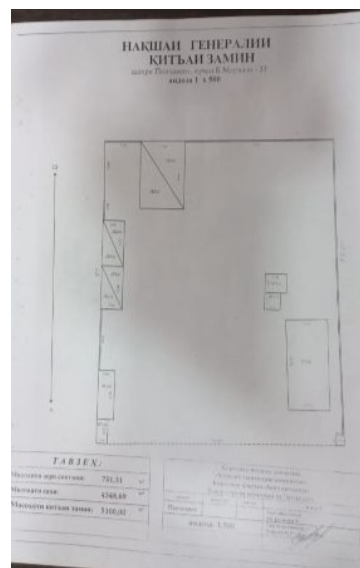
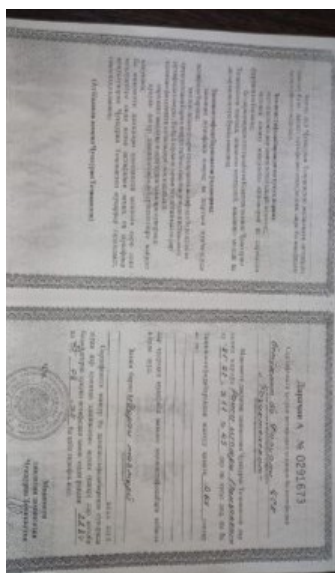


Satellite imagery and a territorial photograph of the land allocated for the establishment of the CESS in Ayni.

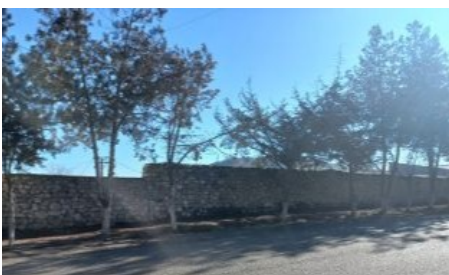


Capture of land use right Certificate and land scheme approved by the government interdepartmental commission on allocation of land for CESS establishment in Ayni district.

94. **CESS in Panjakent district, Sughd region.** 0.25 ha land parcel has been allocated for CESS establishment. The location has been chosen to be at a reasonable distance from other health care institutions as there is no a spare plot and sufficient area available within the hospital territory. Distance to the district central hospital is around 1 km. Current CESS, which is at about 2 km distance from the hospital, will remain on its location until the end of construction works in the new location allotted by the district authority. According to the Panjakent development plan, the current location of the CESS had been provided for construction of multistore building for residential and commercial purposes, meaning that the process of relocation of CESS in Panjakent was a process started before the project initiation. New land to the CESS with an area of 0.25 ha was provided from the land territories of local OJSC 'Tojiktelecom' based on the Decree of the head of Panjakent district. The OJSC 'Tojiktelecom' processes 0.85 ha land in the given territory, and have no objection for withdrawal of 0.25 ha from their local office premises. The district government and land allotment commission such as district architecture department, land committee, environmental protection, etc., has prepared all the required assessments and concluded positive views on overall city architecture and development plan, which includes construction of CESS in the given location. For the whole duration of construction works and establishment of the new compound in the allotted land lot the CESS will remain on its current location.



Shaded area is the provided land for the CESS. Land use right Certificate and Scheme of the allocated land lot



Land area and boundry wall from the main street side. The area is vacant gravel compacted land

95. **CESS in Mastchohi Kuhi, Sughd region.** Land for the establishment of the CESS in Mastchohi Kuhi has been allocated in the district center, in an area designated for administrative institutions. The central hospital is also very close to the allocated land. There are other ongoing constructions in the area, and due to the area being under development, other communication installation works will be planned. These works shall not cause a temporary impact on people or normal movement. The 0.12 ha land is provided from the land parcel for the overall development of the district's government institutions and administrative infrastructure in 2025.



Google Earth image of the location of allotted land and photos of the selected area. The land territory is sufficient to allocate project buildings and other secondary facilities and establish all communication lines.



Positive conclusion of the government interdepartment assessment team on site suitability

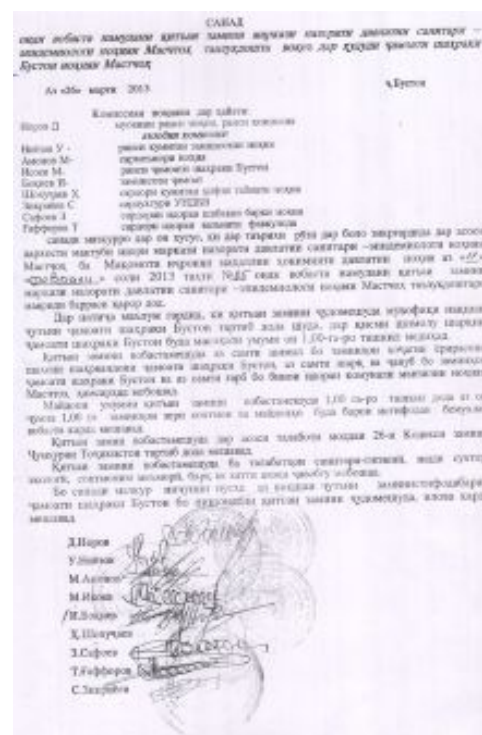


Copy of the land use right Certificate for the use of 0.12 ha land in jamoat Ivan Tojik, Mastchoh town, Mastchohi kuhu issued in 2025

96. **CESS in Mastchohi Naw, Sughd region.** Government has allocated 1 ha land to establish CESS in 2013. However, due to financial difficulties, CESS was unable to build the required facilities and laboratories on the allocated land and has had to function in temporary rented premises. The land is located in the vicinity of the district central hospital. This location is very convenient and accessible for people and entities, with easy access to communication facilities such as water, electricity and roads. There has been no encroachment or informal use of the land because it was under the full control of the district CESS. The project will not have a temporary or permanent impact on people or other entities.

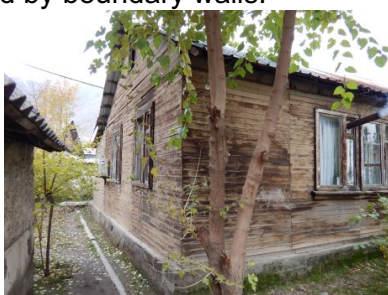
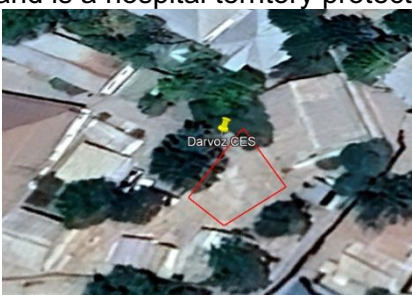


Google Earth image of the location of allotted land and photos of the selected area. The land territory is sufficient to allocate project buildings and other secondary facilities and establish all communication lines.

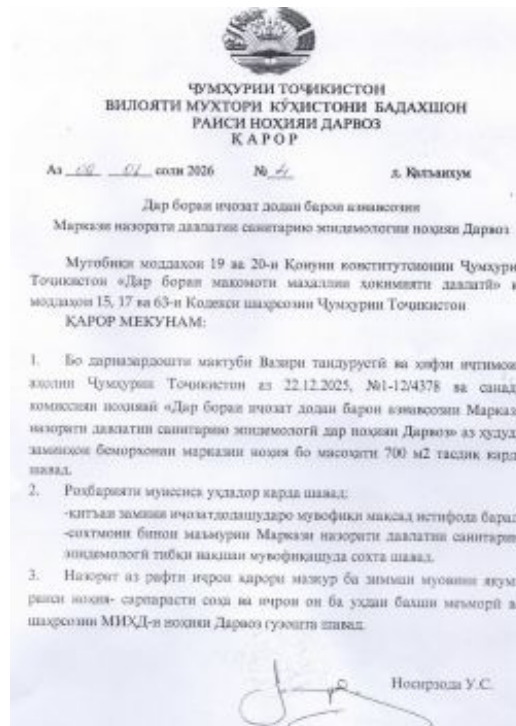
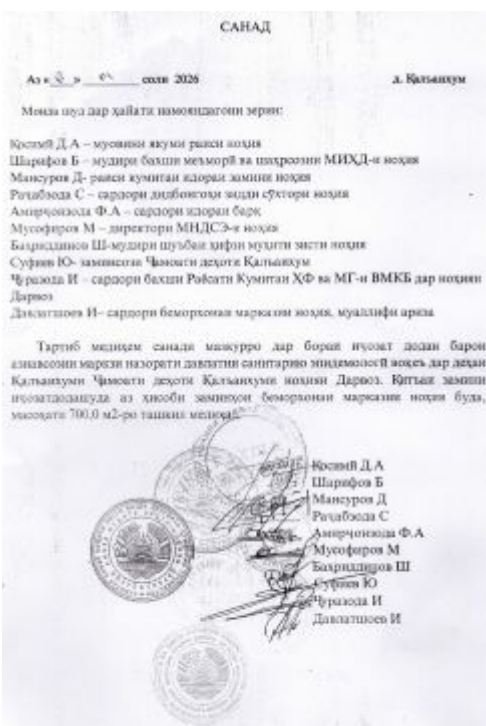


Capture of land use right Certificate and land and assessment conclusion by the government interdepartmental commission on allocation of land for CESS establishment in Mastchohi Naw district

97. **CESS in Darvoz district, GBAO.** In Darvoz, the CESS is currently located within the district hospital, operating in an old wooden structure, as can be seen in the photo below. The current building and the yard attached to it, which together cover an area of 0.07 hectares, have been allocated for the construction of the new CESS and laboratories. The government interdepartmental commission assessed the land and concluded that it is adequate and sufficient for the construction of the new CESS facilities. Accordingly, the head of the district issued a decree in December 2025 for the official allocation of land for the CESS from the central hospital's land balance in the Kal'aikhum jamoat of the Darvoz district. The central hospital's total land area is above 7 ha, so withdrawing 0.07 ha for the CESS will not affect the hospital's normal functioning. The territory is protected, and the land is not being used, rented, or encroached upon by other private parties. There are no economic activities adjacent to the territory of the allotted land. Prior to construction, the existing old and deteriorated structures must be demolished, and the contractor must take relevant measures to avoid and/or minimize disturbance and any unanticipated impact. No social or economic impact is envisaged at this stage, as the allocated land is a hospital territory protected by boundary walls.



CESS current location, currently used structure and the location (google image) in the territory of central hospital

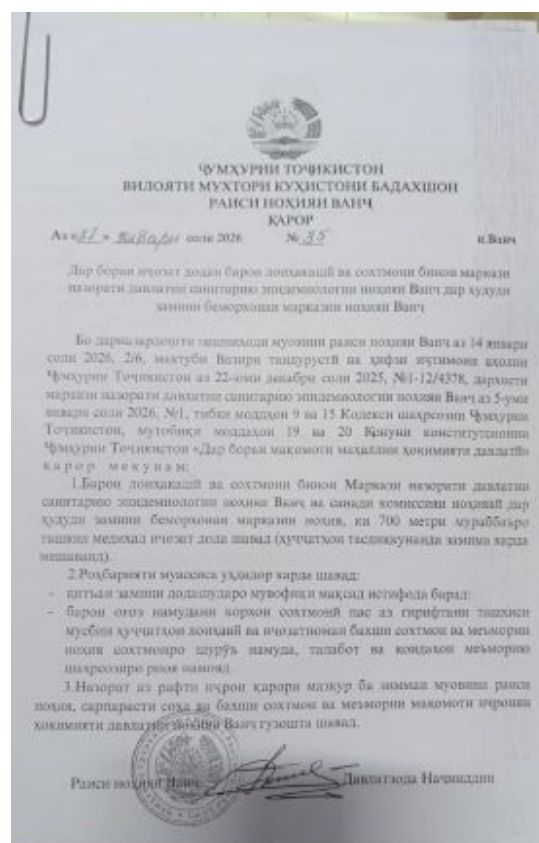
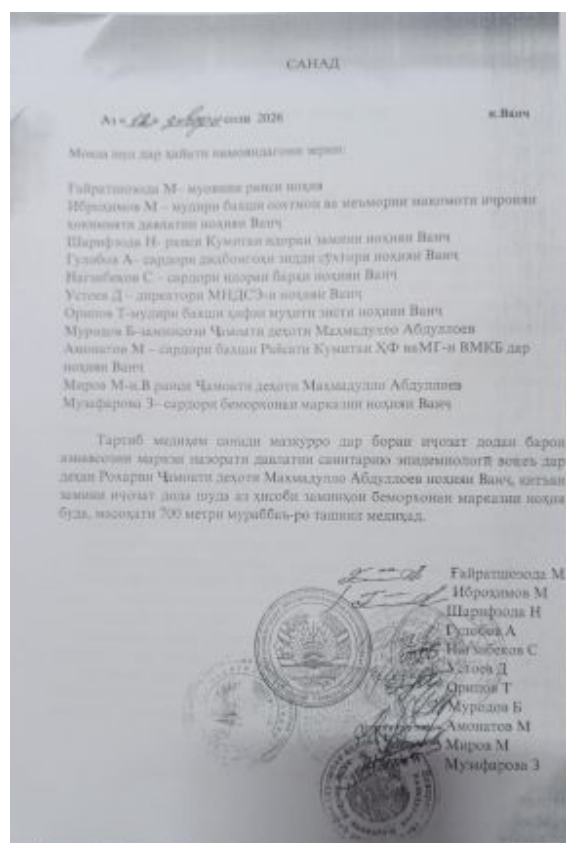


Conclusion of the government interdepartmental review of the location, positive feedback and Decree of the head of Darvoz district on allocation of land from the land balance of the district central hospital

98. **SES in Vanj district, GBAO.** A plot of land measuring 0.07 hectares, taken from the land balance of the district central hospital in Rokharv village in the Mahmaddullo Abdulloev jamoat of Vanj district (the front yard of the hospital), was allocated for the construction of the district CESS. This decision was based on an assessment of the proposed plot of land by various government agencies, after which the head of the district issued a decree in January 2026. The land was not being used by any other parties, except for the central hospital, as evidenced by the land use certificate for the 2 ha landholding issued in 2007. The area is mainly a concrete surface with shed trees planted around the lot. There are no other economic and/or income-generating activities in the area surrounding the allocated land. No permanent or temporary physical or economic impact has been identified; therefore, the project will not have any adverse social impact.



Photos of the selected site from the hospital land balance and copy of Land Use Right Certificate of the hospital

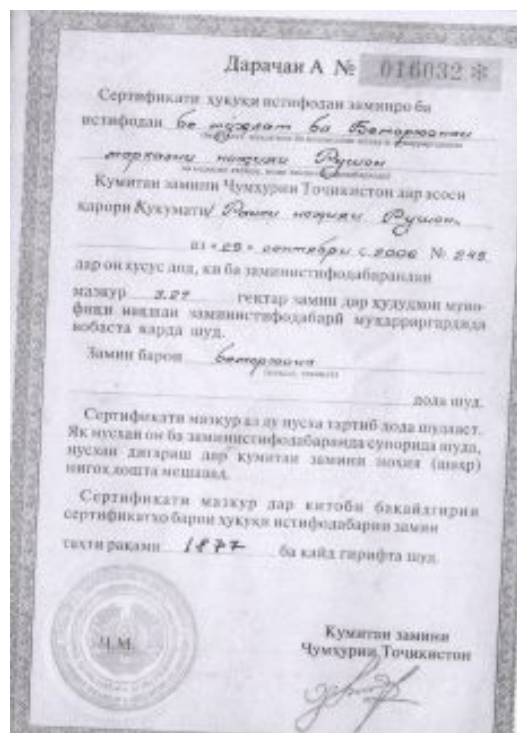


Copy of the conclusion and no objection of the land allotment commission of the different relevant government institutions and Vanj authority issued Decree approving the selected site for CESS facilities dated January 2026

99. **SES in Rushon district, GBAO.** Central hospital in Rushon district poses 3.27 ha land based on the right establishing certificate issued in 2006. The new CESS premises will be allocated in 0.07 ha land lot from the land balance of the hospital. The allocated land is surrounded by the hospital territory and only from one side is bordering village health center. The land has separate access, which will be used during the construction of the new CESS and after the project is complete. The plot has not been used by the hospital or any other parties, and was intended for the future development of health services in response to any emerging needs. There will be no adverse impact on the local community or any other entities, including the hospital and the village health center.



Location map of the allocated land and the area for new CESS



Copy of the central hospital land use right Certificate and approval of the location allocated for establishment of the new CESS, which will be attached to the hospital and village health center

D. Construction of Rural Health Houses (RHH)

100. The project is planning to establish rural health houses (RHH) in 9 villages of 3 project districts such as Hamadoni, Muminobod and Jayhoon in the remote villages with lack of access to the primary healthcare. Preliminary asment of the selected sites has been conducted by visiting the selected 3 villages in each district. The selected lands found to be barren lands with no informal use by communities.

101. **Planned establishment of RHHs in Hamadoni district.** 3 villages with lack of access to health services were identified for project interventions. Among these villages are Kiyonchashma village in jamoat Chubek, which is a remote area with difficult seasonal access to the district center. The land has been allocated back in 2024 with an area of 0.07 ha, on a barren land not used by community. Below information is collected from the project site:



Photos of the selected sites for construction of RHH in Kiyonchashma

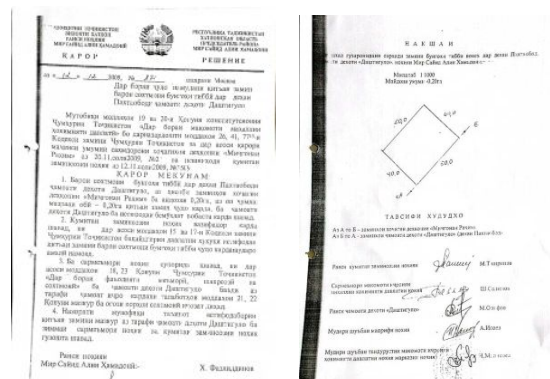


Land user right Certificate and the scheme of the allocated land

102. Second RHH will be constructed in Pakhtaobod village of jamoat Dashtigulo where 0.20 ha land has been allocated through the head of Hamadoni district back in 2009. Land has not been encroached and used by community. According to information from Mr. Rustami Mahmadi the rural feldsher the RHH will provide service for the above 2300 population of Pakhtaobod and another 800 people from neighboring village.



Location of the selected site in Pakhtaobod village



Hukumat Decree and land Scheme

103. Third RHH location is identified in Boghiston village of jamoat Turdi in Hamadoni district. 0.07 ha land from the stony barren land at the entrance of the village. The government commission has completed assessment and has made positive conclusion on the selection of identified land. The case is submitted to the land committee for decision and issue of the Hamadoni authority Decree on land allotment. The RHH in Boghiston will provide service to 750 households of Boghiston and 150 HHs of neighboring village as reported Mr. Ghoziev Azizullo – the feldsher in the area who currently renting a room in local village school. The project does not have adverse physical and economic impact and involuntary resettlement issue for the selected site.



Photos of the allocated land for RHH construction in Boghiston village, jamoat Turdi in Hamadoni

104. **Planned establishment of RHHs in Muminobod district.** 2 remote villages in Childukhtaron, and Darai Havash village in Tutiyaon jamoat were selected for construction of RHHs. All 3 selected site were assessed for any possible land acquisition impact. The two remote villages will have no any permanent and or temporary IR impact as the lands were planned and allocated for the establishment of RHH.



Selected location of RHH in Childukhtaron jamoat



Selected location of RHH in Childukhtaron village



Proposed location of RHH in Darai Havash village

105. In Darai Havash the land allocation process was started in 2016 and land use certificate was obtained for 0.04 ha land. The site has been assessed for suitability and there are some concerns, noting its proximity to a mudflow stream, ongoing soil erosion, and gully formation in one side of the land. At the same time, it is located in a narrow corridor of 13 meter in between two residential house that raises concerns about impacting lands of residents during construction. However, establishment of RHH is important as it will serve to high number of populations in the village with no access to primary health care. Safeguards team recommends identify alternative site that is safer and more accessible to ensure long-term sustainability of the facility and creating access to the people.



Photos of the ongoing soil erosion, and allocation of land very close to the residents' household plots

106. **Planned establishment of RHHs in Jayhoon district.** All proposed location for Rural Health houses in Jayhoon is selected government administered lands, which were previously planned and waited for establishment of the RHHs. The locations were not in use by other parties and individual. Constructions do not require additional land during construction on permanent and/or temporary bases. IR impact shall not be expected for construction of RHHs within the territories of allotted lands.



Selected location of RHH in Navobod village, jamoat Qumsangir of Jayhoon district. It is behind the deteriorated existing RHH. Land is barren near the community mosque

E. Construction of Village Health Centers/Clinics (VHC)

107. Construction of two VHCs are planned in Hamadoni and Jayhoon districts based on the needs assessment and selection criterion done by MOHSP. Main criterion for the selection were highly populated areas, deteriorated and old buildings, none existence of services and priority needs. Both selected locations have been assessed for environmental and social safeguards impacts. In Jayhoon a land parcel under government administration not currently used by any private entities and people has been selected.



Photos of the allotted land for construction of VHC in jamoat Qumsangir of Jayhoon district. Trees were planted by the area hospital No 3 of the jamoat (located on opposite side of the selected land). Trees will be re-planted to other parts of the land when the structures locations will be identified. The structure on the photo is public lavatory not in use. Will require demolition and removal of waste to designated area of construction waste.

108. In Hamadoni Hayoti Naw village of jamoat Chubek was selected for construction of the VHC. The selected location is around 1 ha land protected with boundary wall. Inside the compound there are 3-4 very old buildings (only walls and concrete roofing has remained) left abandoned. But in another portion of land 2 new health facilities of single floor has been

constructed and equipped. However, there is plenty of land within the compound to construct new project planned structures whether on empty space of the area or on the location of the old unused buildings by prior demolition of them. There shall be no impact on communities and neighboring area. The location is sufficiently wide with no requirement for additional land.



Photos of the newly constructed health facilities and old structures of Soviet era in the proposed location for VHC. The purpose of the use of old structures have been changing in its lifetime period such as these were used as a rural club and at some point medical center for the people and border control army, during Soviet time.

F. Construction of District Health Polyclinic (DHP) in Lakhsh district

109. The only Polyclinic establishment in the project has been planned in Lakhsh district. A barren land area in the vicinity of the district hospital (the area initially planned for health service infrastructure has been selected for the project intervention. The area is a long before selected land plot for polyclinic and is barren land no in use by any other third party and/or private entities and people. IR impact screening and assessment did not detect any permanent and temporary impact on entities and people. There is separate access to the area through wide roads. The hospital functionality will not be disturbed unless for some inconveniences. However, the specific construction instructions should be developed for minimized noise, dust, waste management, strict working hours and installation of proper barriers for the construction site. Special instructions should be made by the PSC and regularly monitored for strict implementation by contractor.



G. SSDDR Findings

110. **No IR impact has been recorded based on ADB SPS 2009 requirements.** Social Due Diligence assessment was conducted to assess whether the project will cause negative impact with respect to involuntary resettlement (IR), land acquisition, loss of income, restrictions on access to private properties and community resources, and impacts on indigenous peoples. As the observations of the selected sites (allocated land plots within premises of the existing hospitals and selected new land lots from the government administered land parcels) confirm, that the project sites have been selected lands administered by local governments having no productive value, not being used by any private user and/or encroached. The selected sites for project intervention will not require land acquisition and resettlement.

111. Installation of laboratory and testing equipment at the borders Points of Entries (POEs) are controlled areas with sanitary and buffer zones. No any cases of land use, formal and/or

informal, is observed. The project does not require additional assessment of land use and encroachment for this component of the project. There shall not be physical and economic impact on any other private or communal ownership, as the borders-controlled areas are restricted areas for official and unofficial use by other private and government institutions.

112. Therefore, the project category C for involuntary resettlement safeguards is confirmed by the site reconnaissance survey and consultations with key project stakeholders and communities interest groups. Project does not trigger any land/private assets acquisition, physical, economic, permanent or temporary impacts. See **Annex 1** for the IR impact Screening information. In accordance with ADB's 2009 Safeguard Policy Statement, the project does not require a land acquisition and resettlement plan.

113. Each project site vary in the type of location and surrounding population density. Sites are located within their respective campus compounds with good road access to side entrances. This means that the normal operation of the hospitals and other private pharmacies and vendors operating in the premises of the hospitals will not be impacted during construction.

114. **No other assets affected and related impacts caused.** There are no impacts on productive and residential lands, primary or secondary structures and trees. The project will have no impacts on surrounding properties and the income generating activities of third parties on the surrounding lands. In addition, there is no impact on public land utilized by households and there is no impact on community resources.

115. **No physical displacements.** As no residential land and no primary structures are affected, there is no requirement for physical relocation. It is also confirmed that the project will not cause any relocation of public service-providing buildings. Likewise, there will also be no relocation of settlements. For these reasons, there cannot be cases of physical displacement.

116. **No economic displacements and livelihood impacts.** Therefore, concerning the project construction there is no anticipation for any livelihood restoration activities. On the contrary the project considers that Contractors for different sites will prioritize employment of the local people for skilled and unskilled labor and work based on eligibility for jobs requirements.

H. Indigenous Peoples

117. The project shall not have IR impact on people and communities, however information on indigenous peoples has been considered and is reflected in this section. The majority of people in the project area are Tajik. Other ethnic groups include Uzbeks, Turkmen and Russians, among others. The country's constitution provides its citizens with equal rights, benefits and opportunities. All ethnic groups are fully integrated into institutional, cultural and economic processes in Tajikistan. They do not display sufficient unique features to be classified as distinct minority groups.

118. None of the ethnic minorities belong to separate or distinct cultural or social groups, and they enjoy the same rights and opportunities as other citizens in the country. Therefore, the project will not trigger the ADB Indigenous Peoples Safeguards. Neither are any of the ethnic minorities considered to have a social or cultural identity that is distinct from that of the dominant or mainstream society, nor are they considered to be vulnerable to disadvantage as a result of the proposed development project.

Table 2: Summary information on the location of integrated CESS centers, VHH, PHC facilities and POE containers to be newly deployed and/or constructed by project districts

#	Project location	Location of the land	Land Area	IR Screening Results	Remarks
Allocated land plots for construction of Sanitary and Epidemiological Station Services					
Khatlon region					
1	Baljuvon	Existing CESS facility has been selected for new construction	0.15 ha	Land belongs to the CESS, rights establishing documents are available IR permanent and/or temporary impact shall occur	CESS will require temporary relocation due to construction. District administration will allocate space for interrupted functionality
2	Khovaling	Existing CESS facility has been selected for new construction	0.2 ha	Land belongs to the CESS, rights establishing documents are available IR permanent and/or temporary impact shall not occur	CESS may require temporary relocation due to construction. District administration will allocate space for interrupted functionality
3	Muminobod	Barren land lot from hospital balance in Partoev street jamoat Chorsu was allotted.	0.15 ha	Land belongs to the CESS, under new rights establishing documents. IR permanent and/or temporary impact shall not occur	CESS existing land territory is 0.46 ha. There is possibility to rebuilt on existing land. In both cases no IR impact is expected.
4	Farkhor	Barren land lot from hospital balance was allotted	0.25 ha	Land belongs to the CESS, under new rights establishing documents. IR permanent and/or temporary impact shall not occur	CESS will remain functional on its existing location till the handover of the new CESS facilities.
5	Khuroson	Existing CESS facility has been selected for new construction	0.20 ha	Land belongs to the CESS, rights establishing documents are available IR permanent and/or temporary impact shall not occur	CESS will remain functional on its existing location. The new facility will be constructed on the vacant lot of the CESS compound
6	Qubodiyon	Land was allotted back in 2016 in the vicinity of the hospital	0.30 ha	Land belongs to the CESS, rights establishing documents are available IR permanent and/or temporary impact shall not occur	CESS will remain functional on its existing location till the handover of the new CESS facilities.
7	Jayhoon	Barren land lot from hospital balance was allotted	0.12 ha	Land belongs to the CESS, under new rights establishing documents. IR permanent and/or temporary impact shall not occur	CESS will remain functional on its existing location till the handover of the new CESS facilities.
8	Dusti	Land lot from government administered lot was allotted in 2013	0.22 ha	Land belongs to the CESS, under rights establishing documents since 2013. IR permanent and/or temporary impact shall not occur	CESS will remain functional on its existing location till the handover of the new CESS facilities.
Districts of Republican Subordination					
9	Tursunzoda	Existing CESS facility has been selected for new construction	0.46 ha	Land belongs to the CESS, rights establishing documents are available IR permanent and/or temporary impact shall not occur	The location is close to 3 other health institutions such as central hospital, infectious diseases hospital and central clinic. Proposed to reconsider the size of the building (increased area and number of floors). Current suggestion is insufficient
10	Rasht	Existing CESS facility has been selected for new construction	0.18 ha	Land belongs to the CESS, rights establishing documents are available IR permanent and/or temporary impact shall occur	CESS will require temporary relocation due to construction. District administration will allocate space for interrupted functionality
11	Tojikobod	Existing CESS facility has been selected for new construction	0.10 ha	Land belongs to the CESS, rights establishing documents are available IR permanent and/or temporary impact shall occur	CESS will remain functional in the existing containers. Land was allocated in 2016 but awaited for construction.
Sughd region					

#	Project location	Location of the land	Land Area	IR Screening Results	Remarks
12	Ayni	Land lot from government administered lot was allotted in 2018	0.75 ha	Land belongs to the CESS, under rights establishing documents since 2018. IR permanent and/or temporary impact shall not occur	CESS will remain functional on its existing location till the handover of the new CESS facilities.
13	Panjakent	Land has been allocated by the district government	0.25 ha	The land is provided from the 0.85 ha land parcel of OJSC Tojiktelecom. A vacant area of the land is provided. IR permanent and/ or temporary impact shall not occur	CESS will remain functional on its existing location till the handover of the new CESS facilities. After relocation of the CESS to the new building the existing CESS area will be used as per the city development plan
14	Mastchohi Kuhi	Land lot from government administered lot was allotted in 2018	0.12 ha	Land belongs to the CESS, under rights establishing documents since 2018. IR permanent and/or temporary impact shall not occur	CESS will remain functional on its existing location till the handover of the new CESS facilities.
15	Mastchohi Naw	Land lot from government administered lot was allotted in 2013	1 ha	Land belongs to the CESS, under rights establishing documents since 2013. IR permanent and/or temporary impact shall not occur	CESS will remain functional on its existing location till the handover of the new CESS facilities.
Gorno-Badakhshan Autonomous Oblast					
16	Darvoz	Barren land lot from hospital balance was allotted in 2025	0.07 ha	Land belongs to the CESS, under new rights establishing documents. IR permanent and/or temporary impact shall not occur	CESS will require temporary relocation due to construction. District administration will allocate space for interrupted functionality
17	Vanj	Barren land lot from hospital balance was allotted	0.07 ha	Land belongs to the CESS, under new rights establishing documents. IR permanent and/or temporary impact shall not occur	CESS will remain functional on its existing location till the handover of the new CESS facilities.
18	Rushon	Barren land lot from hospital balance was allotted in 2006	0.07 ha	Land belongs to the CESS, under new rights establishing documents. IR permanent and/or temporary impact shall not occur	CESS will require temporary relocation due to construction. District administration will allocate space for interrupted functionality
Allocated lands plots for construction of Rural Health Houses					
1	Kiyonchashma village, jamoat Chubek, Hamadoni	For construction of RHH land was allotted in 2024	0.07 ha	Rights establishing documents exist. IR permanent and/or temporary impact not expected	Land remains vacant and suitable for construction. Location is accessible
2	Pakhtaobod village, jamoat Dashtigulo, Hamadoni	For construction of RHH land was allotted in 2009	0.20 ha	Rights establishing documents exist. IR permanent and/or temporary impact shall not occur	Land remains vacant and suitable for construction. Location is accessible
3	Boghiston village, jamoat Turdi, Hamadoni	For construction of RHH land was allotted in 2009	0.07 ha	Rights establishing documents exist. IR permanent and/or temporary impact shall not occur	Land remains vacant and suitable for construction. Location is accessible
4	Childukhtaron village, Muminobod	For construction of RHH land was allotted	0.1 ha	Rights establishing documents exist. IR permanent and/or temporary impact shall not occur	Land remains vacant and suitable for construction. Location is accessible
5	Muminobod	For construction of RHH land was allotted	0.1 ha	Rights establishing documents exist. IR permanent and/or temporary impact shall not occur	Land remains vacant and suitable for construction. Location is accessible

#	Project location	Location of the land	Land Area	IR Screening Results	Remarks
6	Darai Havash village, Tutiyoj jamoat, Muminobod	For construction of RHH land was allotted in 2017	0.04 ha	Rights establishing documents exist. IR permanent and impact shall not occur	Land remains vacant but not suitable for construction. Location is prone to mudflow, soil erosion. Very close to neighboring residents. The village highly populated - needs RHH
7	Navobod village, Qumsangir jamoat, Jayhoon	For construction of RHH land was allotted	0.06 ha	IR permanent and/or temporary impact shall not occur	
8	Jayhoon	For construction of RHH land was allotted	0.06 ha	IR permanent and/or temporary impact shall not occur	
9	Jayhoon	For construction of RHH land was allotted	0.06 ha	IR permanent and/or temporary impact shall not occur	
Allocated lands plots for construction of Village Health Centers/Clinics					
1	Hayoti naw village, Chubek, Hamadoni	The location is existing health facility – VHC	1 ha	Rights establishing documents exist. IR permanent and/or temporary impact shall not occur	There are 2 new health facilities of single floor constructed and equipped.
2	Jamoat Qumsangir, Jayhoon	Land lot under government administration was allotted	0.3 ha	Rights establishing documents exist. IR permanent and/or temporary impact shall not occur	
Allocated lands plots for construction of District Health Polyclinic only in Lakhsh district					
1	Lakhsh, Vahdat town, Central Hospital	Land lot was provided from the balance of the district central hospital	0.25 ha	Rights establishing documents exist. IR permanent and/or temporary impact shall not occur	
Testing Laboratories Installation at POE					
1	Jayhoon	Installation of laboratory and testing equipment at the borders Points of Entries (POEs) are controlled areas with sanitary and buffer zones. Only in Tursunzoda an existing building will be renovated	-	There shall not be physical and economic impact on any other private or communal ownership, as the borders-controlled areas are restricted areas for official and unofficial use by other private and government institutions.	The project does not require additional assessment of land use and encroachment for this component of the project.
2	Sh. Shohin				
3	Farkhor				
4	Murghob				
5	Panjakent				
6	Mastchohi naw				
7	Isfara				
8	Zafarobod				
9	Bobojon Gaffurov				
10	Tursunzoda				

I. Requirements For The Cases of Alteration of Pre-selected Locations

119. The full screening and findings under this SSDDR reveal that the identified project sites for intervention are government administered land parcels and desk studies and interviews results confirmed that the project shall not have any impact anticipated. However, it should be noted that in the process of the project planning and implementation, some selected project sites might require additional or alternative land plot. It is important to note that the project at first hand will apply the approach of fully avoidance of IR impact and nobody will be disadvantaged in such cases. The absence of legal/formal titles to the affected assets will not prevent the affected people from receiving full compensation and assistance as required by ADB SPS (2009) on involuntary resettlement.

120. Criteria for the selection of alternative land lots shall include but not limited to the following requirements:

- a. Will not involve any temporary or permanent involuntary resettlement impacts;
- b. No physical displacement of private property such as households and economic displacement such as commercial facilities, vendors, etc. involved;
- c. No agriculture, economic, cultivation and business activities are impacted;
- d. No household will lose any part of its land holding;
- e. No adverse impact on surrounding lands and other properties;
- f. No encroachers or informal users are present on the land where civil works are planned;
- g. No or minor physical displacement will result from civil works;
- h. No or minor economic displacement/ loss of livelihood sources will result from civil works;
- i. No vulnerable groups will be adversely affected in the proposed location of civil works;
- j. No past or present concerns related to land acquisition is present on this land.

121. The PSC and PMU will conduct review of social and resettlement issues upon allocation of alternative sites. 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. In case of identified impact as a result of change, the LARP document should be elaborated in according with SPS 2009 requirements.

Supplementary Measures if Construction Requires Temporary Land for Rent

122. A Construction approach shall be based on the situational analysis and condition of each site with proper site management planning to avoid LAR temporary impacts and supplementary land rent to ensure that construction work avoids impacts on land, assets of people and limits disturbance. Though no need for using any additional land on a temporary basis was confirmed by the project proponents and sites reconnaissance visits, this was noted that, if this happens, the contractor, through PSC and PMU, shall promptly inform ADB of the occurrence of such risks or impacts, with detailed description of the event. This will require further asment on primary and secondary users and the rent shall be agreed between the contractor and the land owner (owner of land use rights) upon mutually agreed terms and conditions and based on the loss of revenue by the land owner/ secondary land user/tenant during the period of its use by the contractor.

123. For any temporary site installation and construction access the contractor will have to propose a site installation and access plan and obtain approval of PSC site engineer. Only public land will be used. Through a transparent and contractual approach, the Employer will provide the contractor with the social safeguards principles such as: (i) In case of temporary acquisition of private land, the contractor must sign a lease agreement or contract with landowner witnessed by PSC site engineer and PMU. (ii) The market rates or above are applied for the rented land and property. (iii) Re-instatement of affected assets contractually defined, such as restore land conditions to the pre-project or better level, including any communication facilities, structures, etc. (iv) regular consultation with the land owner shall be taking place to inform on any terms of temporary use of rented land. (v) grievance mechanism is followed in the cases of any disputes or additional damage occurred to the landowner property, (vi) environmental management plan applied, (vi) and other specified items including but not limited to dust, noise, movement restriction, etc.

124. The mitigation measures for all such temporary impacts will be the responsibility of the civil works contractor. The PMU and PSC will have to monitor this. The item temporary site installation and access roads shall be covered in the General Conditions of Contract. Such a Contract Condition for release of final payment to the civil works contractors can be the submission of proof that all temporarily used lands have been fully restored to their pre-project conditions and that there are no pending payments and/or compensation issues related to the temporary use of land.

J. Envisaged Other Temporary Impacts and Mitigation Measures During Construction

125. Although no privately-owned land will be acquired and no people will be displaced, communities in adjacent neighborhoods may experience temporary disturbance during construction, such as dust, noise, restricted movement and interrupted services. The civil works contractor will be responsible for mitigating such temporary impacts, working with the guidance of the Project Support Consultant (PSC) to reduce the impact of these disturbances. These measures will include, but not be limited to, the following:

- Informing all local communities about the nature and duration of the work well in advance so that they can make necessary preparations if required;
- Placing information billboards about the nature and duration of the work, name of the project contractor and contact information, and the focal point (person) for receipt of appeals and grievances at the site;
- Always keeping the site as clean and organized as possible, including clearly defined and marked areas where construction materials will be stored, which will be away from community movement areas;
- Ensuring access to neighboring houses or businesses is not restricted and if it does occur, be kept to an absolute minimum with prior agreement. If access is restricted for unavoidable reasons, then the owners will be informed well in advance and will be supported to make alternative arrangements. For example, walkways and temporary bridge crossings, etc. will be installed, where necessary, to ensure that community members are not prevented from accessing their homes, businesses, or transport services;
- Ensuring that the work creating disturbances to neighbors and local business is undertaken as expeditiously as possible and is at all times well communicated in

- advance to provide community members time to plan for any disruption and the contractor for mitigation measures;
- Maintenance of services to local communities will be essential, such as water, sewerage, power, and communications;
 - Apply measures, such as watering and dampening of access roads, to reduce dust and timing of deliveries to non-peak periods for children, such as going to and coming home from school;
 - The PSC and the civil works contractor will need to implement not only workplace health and safety procedures recognized under Tajik law for their workforce, but also for the community. For example, any open ditches or temporary openings leading to the work site will need to be properly marked and provided with signages and protected to ensure that no injury occurs to community members. The civil works contractor, in particular, will ensure that child protection measures are in place to ensure that children are not exposed and allowed to access machinery during and after hours and are not in any way exploited by the on-site workforce. Moreover, measures to protect women, elderly, and disabled from physical and emotional harm will need to be in place and monitored by the PSC supervision engineer and Contractors' health and safety specialists.
 - The PSC will monitor the identification of temporary impacts related to construction and ensure that the grievance redress mechanism (GRM) is fully functional and accessible to the communities for any inconvenience resulting from construction.

Table 3: Other Envisaged Potential impacts of the proposed activities and mitigation measures

No	Impact Description	Risk Receptor description	Risk Value / sensitivity	Mitigation Measures
1	Impact on land acquisition and community assets such as loss of community assets and damage to properties	Local communities' properties and residents	Low and not Significant	Construction on State owned land. Access roads will be designed to the minimum necessary width within the right of way (ROW) when feasible.
2	Impact on historical and archaeological sites such as damage to relics and artefacts during the conduct of the works	Archaeological artefacts and cultural heritage sites	Low and not Significant	The contractor will ensure that the workforce is briefed that in the event of accidental finds of relics, they should immediately cease any works in the area and promptly report the find to their supervisor.
3	Temporary disruption of existing roads, pathways, and access	Local communities and road maintenance departments	Low and not Significant	Particular attention will be given to ensuring safety along roads and paths such as the main road and the feeder road. Contractors will be required to immediately rehabilitate excavated areas and any damaged road and path sections.
4	Air pollution from dust (PM10 and less) and air emissions from earthworks and movement of vehicles posing nuisance and health risk to nearby communities.	Surrounding residential, commercial and institutional areas	Medium and not Significant if the Mitigation measures are in place	Contractors will be required to cover materials with tarpaulin or other suitable materials while in transit to avoid spillage of materials. Earthen roads, particularly roads near residences and through the town core area, will be moistened during dry and dusty conditions. Speed limits will be imposed on construction vehicles. Construction equipment and vehicles will be regularly maintained to control air emissions during vehicle operation.
5	Noise and Vibration from operation of construction	Workers and nearby residential,	Medium and not Significant if the Mitigation	Construction activities, particularly operation of noise generating equipment, will be limited to the daytime. Noise suppression devices

No	Impact Description	Risk Receptor description	Risk Value / sensitivity	Mitigation Measures
	equipment causing excessive noise, resulting in nuisance to the communities.	commercial and institutional areas	measures are in place	will be installed in noise generating equipment. Drivers will be required to minimize blowing of horns and to comply with speed limits.
6	Contamination of the soil and nearby water courses may result from the utilization of hazardous materials. Improper handling, storage or utilization of hazardous materials poses a significant health risk to the workers and residents of nearby settlement areas;	Workers and nearby residential areas, aquatic and terrestrial ecosystems	Medium and not Significant if the Mitigation measures are in place	Ensure that safe storage of fuel, other hazardous substances consistent with national and local regulations to prevent soil and water contamination. Fuel storage tanks to be on impervious surface with bund to catch spills, bund shall have capacity of 110% of tank capacity. Fuel tanks etc. shall not be located within 50 m of a water course. Ensure all storage containers are in good condition with proper labeling; Used oil and other residual toxic and hazardous materials shall be disposed of in an authorized facility off-site; Ensure availability of spill clean-up materials (e.g., absorbent pads, etc.) specifically designed for petroleum products and other hazardous substances where such materials are being stored; Spillage, if any, will be immediately cleared with utmost caution to leave no traces, Spillage waste will be disposed of at approved disposal sites.
7	Generation of construction waste such as excavated soil	Project site land	Low	Surplus excavated material/cut soil from construction will be used as backfill material for low lying portions per site development plan
8	Generation of construction wastes such as solid waste and inert construction waste during construction will result in the pollution of land and receiving water bodies.	Land and any nearby receiving body of water (drainage channels) Exceedance of local capacity to treat or dispose of such waste	Low	Contractor to develop and implement Waste Management Plan Surplus excavated material/cut soil from construction will be used as backfill material for low lying portions per site development plan
9	Impacts on community health and safety such as from accidents risks to surrounding communities from vehicles transiting the main highway	Local residents	Medium	Contractor to develop a Traffic Management Plan. Signage and appropriate speed limits Requiring suppliers that delivery vehicles transporting construction materials are maintained in a safe operating condition, loads are to be secured and all loads with fugitive materials (e.g. excavated soil and sand) are to be covered with tarpaulins. All drivers and machinery operators act responsibly
10	Occupational health and safety hazards from operating and using heavy machinery, refueling hazards, traffic accident hazards	Construction workers, contractors, suppliers	Medium	The contractor will be required to implement the construction health and safety plan in accordance with the minimum standard. Contractor will appoint an EHS officer to ensure implementation of the plan. Workers will be provided with a safe working environment including safety training, safety equipment appropriate for the task in which they are employed, medical and first aid facilities provided together with a person qualified in first aid.

No	Impact Description	Risk Receptor description	Risk Value / sensitivity	Mitigation Measures
11	Occupational health and safety hazards working at height	Land and any nearby receiving body of water (drainage channels) Exceedance of local capacity to treat or dispose of such waste	Local / Low	Use of Personal Protective Equipment (PPE) - Equip workers with appropriate PPE, such as harnesses, helmets, and non-slip footwear. - Ensure that all PPE is regularly inspected and maintained. Fall Protection Systems - Implement guardrails, safety nets, and personal fall arrest systems (PFAS) where applicable. - Use scaffolding that meets safety standards and is properly erected and maintained. Safe Work Practices - Establish and enforce safe work procedures for tasks performed at height. - Limit the number of workers who need to work at height at any given time.
12	Impact on community health and safety from access and intrusion of unauthorized personnel.	Local people	Medium	Watchmen/security personnel will be hired to secure the facilities on a 24- hour basis. This will minimize the safety risks to the community.

126. All necessary steps should be taken during construction to avoid temporary impacts like loss of access leading to impact on livelihoods or any other kinds of restrictions and risks as cited above.

IV. LEGAL FRAMEWORK

A. National Law, Regulations and Provisions Relating to LAR

127. In the legislation of Tajikistan, there is no special law or policy, which regulates the issues of involuntary resettlement and/or land acquisition or expropriation of rights to land and immovable property for state or public needs. The key legislative references regulating land management relations and the ownership rights to immovable properties in the Republic of Tajikistan are the following:

- (i) Constitution of the Republic of Tajikistan (November 6, 1994, as amended on 22 June 2003).
- (ii) Land Code (the Law No.327 as of December 13, 1996), then in 2008, on 01 August 2012 and on 22.06.2023).
- (iii) Civil Code (as amended by August 6, 2001, N 41; May 3, 2002, ?5; March 1, 2005, N 85; April 29, 2006, ?180; May 12, 2007. ?247; and as Law No. 1918 as of December 24, 2022).,
- (iv) Housing Code (the Law No. 1852 as of March 18, 2022);
- (v) Law on State Registration of and Rights to Real Estate (No. 375 as of March 20, 2008), last amended 2020);
- (vi) Law on Valuation Activities (No. 1720 as of August 7, 2020);
- (vii) 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" (approved by the Decree of Government of Republic of Tajikistan, 30 December 2011. N? 641).
- (viii) Regulation "On Establishing Public (Involuntary) Easement".

128. The Constitution of the Republic of Tajikistan is the main legal document guaranteeing the rights of citizens. According to the Constitution, land is the exclusive property of the State, and the State guarantees its effective use in the interests of the people. Individuals have lifelong inherited rights to use land. The legal basis for the acquisition of private property by the State for public works is set out in article 32, which states that the property of an individual is withdrawn only on the basis of the law, with the consent of the owner and to meet the requirements of the State and society, and the State pays full compensation.

129. Compensation for land acquisition and other impacts related to projects of public interest are also regulated by other laws, such as the Land Code of the Republic of Tajikistan (LC), the Civil Code of the Republic of Tajikistan (CC), and various regulations that regulate land acquisition, land acquisition, and compensation for impacts on citizens. Land acquisition and resettlement in Tajikistan are based on the following principles:

- (i) Land users have the right to compensation for losses in connection with the deprivation of the right of land use for State and public needs (Articles 41, 43 of the LC).
- (ii) The property rights of a person who built a structure without proper legal permission may be recognized by a court if the land plot allocated to this person was intended for construction purposes, in accordance with the procedure established by the legislation of the Republic of Tajikistan (Article 246 of the Civil Code).
- (iii) Termination of ownership of property by a decision of a state body, including the acquisition of a land plot on which a house, other buildings, structures or planted vegetation are located, is possible only in cases and in accordance with the procedures established by legal acts, when providing the owner with equivalent

- property and compensation for other expenses incurred losses caused by the termination of property rights (Article 263 Civil Code).
- (iv) Upon termination of rights to property, it will be evaluated based on its market value (Article 265 of the Civil Code).
- (v) The land user or user of other registered rights related to land must be notified in writing of the land withdrawal by the local land management authority at least one year before the upcoming land withdrawal procedure (Article 40 of the LC).
- (vi) If, in accordance with international agreements recognized by the Republic of Tajikistan, rules other than those specified in the Land Code of the Republic of Tajikistan are established, the rules of international agreements will be adopted (Article 105 of the LC).

130. The Project follows the ADB's Safeguards Policy Statement (2009) and national legislation of the Republic of Tajikistan.

B. ADB Regulations

Safeguards Policy Statement 2009

131. The objectives of the ADB's SPS with its three safeguard requirements - environment, involuntary resettlement (IR) and indigenous peoples - are to avoid adverse impacts on people and environment. The SPS requirement No. 2 concerns Involuntary Resettlement.

132. 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.

133. 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:

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

Policy on Indigenous Peoples

134. The objective of SPS requirements on Indigenous Peoples is to design and implement projects in a way that fosters full respect for indigenous peoples' identity, dignity, human rights, livelihood systems, and cultural uniqueness as defined by the indigenous peoples themselves so that they (i) receive culturally appropriate social and economic benefits, (ii) do not suffer adverse impacts as a result of projects, and (iii) can participate actively in projects that affect them.

Policy on Gender and Development 2006

135. The ADB Policy on Gender and Development (2006) adopts gender mainstreaming as a key strategy for promoting gender equity, and for ensuring women participation and that their needs are explicitly addressed in the decision-making process for development activities. For projects that have the potential to have substantial gender impacts, a GAP is prepared to identify strategies to address gender concerns and the involvement of women in the design, implementation and monitoring of a project. The Project includes the following specific actions to address gender issues:

- (i) Both men and women participated in public meetings during consultation on the LARP, and the same approach will continue throughout the project cycle.
- (ii) Women will be given equal chance in getting hired for skilled or unskilled work and receive equal remuneration for the same work by the men.
- (iii) FGDs with women and vulnerable groups must be conducted during the preparation of the LARP.
- (iv) A separate GAP has been prepared for the Project and will be updated.

Other Related Policies

136. Other ADB policies on resettlement planning and implementation are the Access to Information Policy (2018) and Accountability Mechanism Policy (2012).

V. INFORMATION DISCLOSURE, CONSULTATION AND PARTICIPATION

A. Background

137. According to ADB SPS (2009), meaningful consultation is a process that (i) begins early in the project preparation stage and is carried out on an ongoing basis throughout the project cycle; (ii) provides timely disclosure of relevant and adequate information that is understandable and readily accessible to affected people; (iii) is undertaken in an atmosphere free of intimidation or coercion; (iv) is gender inclusive and responsive and tailored to the needs of disadvantaged and vulnerable groups; and (v) enables the incorporation of all relevant views of affected people and other stakeholders into decision making.

138. The objective of the stakeholder consultation process is to disseminate information on the project and its expected impact and outcome among 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.

139. The MOHSP and safeguards team met repeatedly with local governments and other project stakeholders who will benefit from the proposed medical facilities construction and equipment and kits provision activities during preparation and planning of the project and this due diligence assessment works. The assessment team collected views of community members on the project activities. Project stakeholders were informed about the project and were consulted on social and environmental safeguards requirements and rights to compensation if they face adverse impact to their lands and properties by the project. Public consultation meetings were held in all project locations during sites reconnaissance visits in February 2026. The flow of information is a two-way communication between the clients and project beneficiaries, communities where all relevant information is taken into consideration in project planning and implementation phases. See **Annex 2** for the detailed minutes of the Stakeholder Consultation Meetings.

140. Another aim of the consultations was to explore measures necessary to safeguard the concerns of the people in the Project area including the points listed below.

- (i) disseminate information to the people about the Project in terms of its activities and the scope of the works;
- (ii) examine local communities' opinions on health safety issues during the construction period and on potential areas of concern such as the handling of construction waste and other pollution issues;
- (iii) identify levels and extent of community participation in Project implementation and monitoring;
- (iv) establish an understanding for identification of overall developmental goals and benefits of the Project;
- (v) assess the local people's willingness to get involved with the Project and enumerate the measures to be taken during the implementation of the Project;
- (vi) discuss grievance mechanisms available to the affected people during the Project implementation phase.

141. 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 construction works. Further, the local people

were made aware of the proposed project and its intended scope. Construction works impacts in the project 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.

142. Communities consultations is a continuous process during project preparation and implementation. Additional consultation meetings with communities will be conducted in the process of design finalization and before commence of construction works.

B. Communities Consultations Process

143. Project stakeholders, the representative communities' members and interest groups participated actively in the discussion. Questions and comments revolved around details of the project activities, including schedule of construction activities, quality controls, information availability, safety issues during construction, etc. Responses and clarifications were provided to the questions and concerns raised by participants. Overall, 236 persons including 51 women and 185 men were consulted in the process of safeguards due diligence assessment.

Table 4: Overview on public meetings and participation

Type of Meeting	Involved Key-Project Partner	Location	Date	Number of Participants		
				Female	Male	Total
Public Consultation on Project and Safeguards						
Coordination	Head of State Sanitary and Epidemiological Surveillance Service and Head of State Center for Sanitary and Epidemiological Expertise and Control in Transport and at Borders	Office of head of State CESS in Dushanbe	28.01.26	0	6	6
	Heads of CESS of the project intervention districts	State CESS in Dushanbe	28.01.26	3	21	24
Public consultations by physical visit to the project locations	Stakeholders and community consultation in Baljuvon	CESS office	4.02.26	3	10	13
	Stakeholders and community consultation in Khovaling	CESS office	4.02.26	6	16	22
	Stakeholders and community consultation in Muminobod	CESS office	5.02.26	6	18	24
	Stakeholders and community consultation in Darai Havash village Muminobod (RHH)	Darai Havash	5.02.26	2	4	6
	Stakeholders and community consultation in Hayoti naw village (VHC) Bahoriston village (RHH) Pakhtaobod village (RHH) Hamadoni district	Hayoti naw, Bahoriston, Pakhtaobod	6.02.26	2	6	8
	Stakeholders and community consultation in Rasht district	CESS of Rasht	9.02.26	2	12	14
	Stakeholders and community consultation in Tojikobod district	CESS of Tojikobod	10.02.26	2	9	11
	Stakeholders and community consultation in Tursunzoda	CESS of Tursunzoda	11.02.26	2	9	11
	Stakeholders and community consultation in Farkhor	Health center of Farkhor	28.11.25	3	10	13

Type of Meeting	Involved Key-Project Partner	Location	Date	Number of Participants		
				Female	Male	Total
	Stakeholders and community consultation in Khuroson	CESS of Khuroson	26.11.25	4	24	28
	Stakeholders and community consultation in Qubodiyon	CESS of Qubodiyon	26.11.25	5	7	12
	Stakeholders and community consultation in Jayhoon	CESS of Jayhoon	27.11.25	4	6	10
	Stakeholders and community consultation in Navobod village, Jayhoon	Navobod village	27.11.25	2	5	7
Virtual consultations over phone	CESS of Dusti district	Virtual / Remote consultation with interest groups	20.01.26	5	22	27
	CESS of Panjakent district					
	CESS of Ayni district		20.02.26			
	CESS of Mastchohi Kuhi district					
	CESS of Mastchoni Naw district					
	CESS of Darvoz district					
	CESS of Vanj district					
	CESS of Rushon district					
Health center in Lakhsh district						
Total				51	185	236

144. The concerns and enquiries of the meetings participants were responded with detail and comprehensive information, project management and grievance resolution process if there will be any unanticipated impact due to the project need or negligent work of the contractor. See **Annex 3** for Minutes of Wider Stakeholder and Public Consultations.

Table 5: Stakeholders enquiries and concerns raised during consultation meetings

Questions and Remarks from attendees	Answers by TA Consultants
Concerns about period of the construction works, start and duration?	The project requires adequate amount of time and procedures before the commencement. All the preparation, design works, tender process, resource allocation require time. Once all works accomplished as per required procedures the project will start construction. It might be approximately by quarter 4 of this year or next year.
Will there be any controlling party to ensure the quality and usability of the project inputs such as construction works, testing equipment and other materials?	The project will establish a project management unit under the MOHSP and most probably there will be PSC who will have required personal to control over the contractor works and supplies. You are also always in the project location and the primary user of the facilities and equipment and can be involved in the design, quality control and other project inputs works.
A comment was made by the CESS specialist about interior design of the rooms and laboratories spaces in the new building and requested to involve local specialists in the design process. Because sometimes it happens that rooms within buildings are not sufficiently spaced to accommodate equipment and working space and sometimes too wide and there is useless area in the rooms	CESS specialists were encouraged to get involved in the process of the project implementation and review design when the specialists arrive in their district to allocate the building and design laboratories and administrative rooms within the building. If there is any question and/or concern they have to raise it and get more information about the structural design. Also, the laboratory will be designed by specialized engineer and specialists, who will consider the equipment and machinery to be placed in the building. It is always good to get information from the project specialists and comment, raise ideas and concerns as they are the one who will use the project facilities.
Concerns were raised for the need of other required secondary structures such as barns, garages, fencing and overall CESS territory improvement works	The project design of the facilities, main and secondary structures and area improvement works is not known by us at this stage. However, your concerns will be mentioned in our reports for concerned specialists to review and

Questions and Remarks from attendees	Answers by TA Consultants
	consider. When the design and engineering team arrives to your place, get as much information as possible and suggest all your needs and requirement to the design team.
The Head of Jamaot raised a practical question regarding the availability of detailed information about the building layout and its specific location within the allocated land plot. She inquired whether the architectural design and site positioning had already been finalized, reflecting the community's interest in understanding the concrete plans for the facility.	Project representatives explained that while the land allocation has been confirmed, the detailed architectural drawings, building layout, and precise positioning within the plot will be developed during the project implementation phase. This approach allows for technical refinement based on site-specific assessments and stakeholder input gathered during the consultation process.
Concerns were raised for the need of other required secondary structures such as barns, garages, fencing and overall CESS territory improvement works	The project design of the facilities, main and secondary structures and area improvement works is not known by us at this stage. However, your concerns will be mentioned in our reports for concerned specialists to review and consider. When the design and engineering team arrives to your place, get as much information as possible and suggest all your needs and requirement to the design team.
Participants raised an important planning question regarding whether the building design will be standardized across all districts or tailored to address local specifics and operational requirements in each target district.	Project representatives acknowledged that this design decision has not yet been finalized and will be determined during the detailed assessment and architectural design phase. The response indicated that the design approach will balance standardization for efficiency and cost-effectiveness with site-specific adaptations to address local conditions, service demands, and available land area.

145. Wider community consultation meetings will be continued at the different stages of project preparation and implementation. This will include wider representation of the community, specific groups who want to work in the project as skilled and/or unskilled laborer. Focus group discussions will be conducted with representatives of local authorities, civil society organizations working in health sector, community groups such as women groups to discuss specific project related issues and gather participants suggestions and concerns.

C. Information Disclosure

146. According to the requirements of ADB's Safeguard Policy Statement (SPS), when information is disclosed to the project affected persons, it is considered that meaningful consultation has taken place.

147. At project preparation stage information disclosure is of vital importance. For this purpose, a comprehensive project information brochure shall be prepared and distributed to the affected persons and communities.

148. The information disclosure process includes:

- Project information brochure
- Community consultations
- Grievance mechanisms with contact details of the focal persons
- SSDDR for the category C projects (ADB/EA sites)
- Bi-annual and annual Monitoring reports on the social and environmental safeguards implementation (ADB/EA sites)

VI. GRIEVANCE REDRESS MECHANISM

A. Objectives

149. The Project in its scope foreseen establishment of a responsive, readily accessible, and culturally appropriate grievance redress mechanism (GRM) capable of receiving and facilitating the resolution of people concerns and grievances related to the Project. It offers a forum to the project stakeholder, communities and individuals to voice their concerns, seek clarifications to their queries, or register complaints related to the project's performance. The scope of the GRM addresses issues related to involuntary resettlement, social and environmental performance, and information disclosure.

150. Although no adverse impact on people and their assets is anticipated, the Social Due diligence Report briefly outlines the main GRM procedure and institutional arrangements which will ensure that all necessary procedures are in place in case any impact of private assets, access disruption, safety issues and any other unanticipated impact as a result of lack of access or disruption occur during the project implementation.

151. Establishing a functional GRM involves identifying the capacity gaps within the IA/EA and implementing a capacity building plan designed (when the project PMU, PSC and the Contractors established) to address the capacity deficiencies. The elements of the capacity building plan include:

- (i) assessment of an existing grievance mechanism, if relevant, and capacity needs of the IA/EA;
- (ii) developing the mechanisms or procedures designed to bridge the capacity gaps within the IA/EA;
- (iii) delivering a briefing for the GRM members so they can manage implementation of the mechanisms or procedures;
- (iv) coaching the GRM members across the entire Project processing and implementation cycle.

152. The affected persons will have the right to file complaints and/or queries on any aspect of the project. Under the adopted grievance mechanism, communities and persons may appeal any decision, practice or activity related to the project. PMU and MOHSP will ensure that grievances and complaints on any aspect of the project are addressed in a timely and effective manner.

153. The fundamental objectives of the GRM are:

- (i) to reach mutually agreed solutions satisfactory to both, the project team and the affected persons, and to resolve any grievances locally, in consultation with the aggrieved party;
- (ii) to facilitate the smooth implementation of the Project, particularly to cut down on lengthy litigation processes and prevent delays in project implementation;
- (iii) to facilitate the development process at the local level, while maintaining transparency as well as to establish accountability to the local people.

154. The designated persons/ positions, members of the GRCs will be active for the duration of the Project. The PMU and PSC will ensure effective handling of any environmental and social enquiries related to the project. The PMU will monitor functionality of the GRM and reporting on the appeals and issues and their resolution status will be through semiannual social and environmental safeguard monitoring report.

155. All enquiries/grievances related to the project will be addressed with the participation of the Project safeguards monitoring team. The GRM covers issues related to social, environmental and other safeguard issues under the ADB SPS 2009 and applicable laws of Tajikistan.

B. Grievance Resolution Process

156. The project will establish a National Grievance Redress Committee (NGRC) at the MOHSP/PMU level who will be reviewing the grievance redress procedure on a monthly basis. NGRC will be involved in a more complex cases and appeals/issues processing that are directly approached to it. Local Grievance Redress Committees (LGRC) will be established in each district and will report to the NGRC. The LGRC members of each district appointed person within CESS and other health institutions within the project intervention.

157. Social and/or environmental specialist or health and safety engineer of the project 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. To enable the communities' accessibility to the GRM contacts of grievance receiving focal person for each site will be shared to communities in the consultation process pre-commence of construction works. PMU under MOHSP will issue a Decree on the establishment of the GRM with detailed grievance redress procedures. Sample Decree with more detailed information about GRM procedures and its functions is provided in the **Annex 4** of the SSDDR.

158. Grievances can be lodged with any of the GRC member. The GRC member receiving a complaint, will register the complaint, issue a receipt of the complaint and inform the aggrieved person about the expected timeframe for the complaint review. The received complaint will be screened for eligibility. If the complaint is: (i) not related to the project; (ii) needs to be reviewed by a separate, more appropriate procedures (e.g. issues of fraud and corruption); (iii) nature of the issue is beyond the official mandate of the GRM or (iv) complainant has no standing to lodge a grievance, the focal person will inform the complainant in writing about the eligibility and inform about other appropriate avenues for addressing the complaint. This should be done within 14 calendar days of the grievance lodgment.

159. If the complaint is found eligible, it should be assigned one of the following categories:

- (i) A - inquiry, clarification, suggestion, request;
- (ii) B - complaint regarding alleged improper implementation of social and environmental requirements;
- (iii) C - allegation of fraud or corruption.

160. The complaint registered with the GRM should be reviewed, addressed and a decision made on its relevancy to the project within 14 calendar days of lodgment. If the case is complex or requires more detailed investigation (e.g., inspection by technical experts or legal opinion from the state or certified private entities) the complaint review period may be extended to 30 calendar days or more, if necessary. In such cases, written notification should be sent to the complainant explaining the reasons for extension, describing the process, and indicating the expected dates for the delivery of the results of the revision.

161. The PMU under MOHSP will maintain overall complaint register. This will include a record of all complaints and appeals for regular monitoring and follow up on the redressal process as well as for periodic review by ADB. **See Annex 5** for a sample Grievance registration logbook and sample databased for monitoring.

162. Complaints and appeals received during the construction period shall be addressed through the following steps and actions:

- First step: Complaints shall be lodged at the district level an appointed CESS officer (focal point). A Complaints Registration Book will be kept available at the CESS office for registration of written, verbal or over phone appeals. The focal point will inform project representative such as social and environmental specialist and/or health and safety engineer about the case. The team will review case and documents all review process with the involvement of the aggrieved person (or his/her representative) GRC member from the Contractor and any other relevant specialist from the local government institutions depending on the case subject. The period fixed for resolution of complaint is 14 calendar days.
- Second Step: If the Project Level Grievance Redress Committee is not able to resolve the grievance, or the aggrieved person is not satisfied with the GRC resolution, the case shall be lodged to the NGRC at the PMU MOHSP. The focal person at PMU MOHSP shall initiate the grievance review and convene the GRC meeting no later than 5 days since the complaint was registered as eligible. All supporting documents - photo and video materials, legal opinions, technical expert opinions (if practicable), outcome of the district level GRC meetings report shall be prepared prior to the meeting. The minutes of each meeting should be agreed and signed by all members of the GRC no later than 3 days following the gathering. The National GRC has an obligation to attempt to resolve the issue within 14 calendar days.

163. Once the complaint is resolved, the GRC will prepare a complaint closure note, where the complainant confirms the closure of the complaint and confirms his/her satisfaction or dissatisfaction on the resolution.

164. All efforts will be made to settle issues at the project level. All complaints and resolutions will be properly documented by the PMU and made available for review, monitoring and evaluation purposes. PMU social and environmental specialist will keep in regular contact with the GRCs in the project districts and will have a database for the whole project's grievances cases and their status. This report will be regularly included in quarterly project progress reports as well as in the semi-annual safeguard monitoring reports.

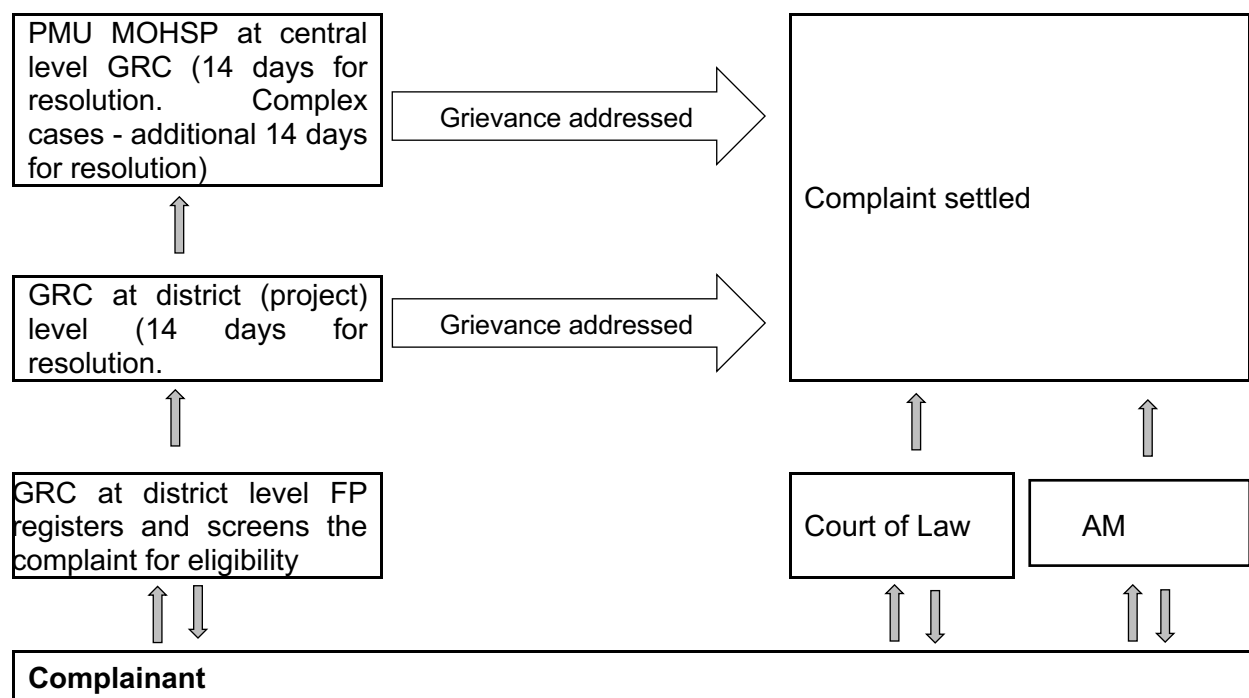
165. The affected persons will have the right to submit their cases to a court of law at any point of time of the grievance redress process, regardless of the outcome of the GRM. All efforts will be made to settle the issues at the project level in a consultative manner to avoid/minimize litigation as much as possible. The following persons at the Project level will be responsible for the Project related inquiries, appeals and grievances:

Table 6: Grievance Redress Committee Members at project sites

#	Name	Position and Institution	Phone number
1	Zikirov Zikrullo	Head of CESS of Baljuvon	987 99 31 11
	Dustov Ne'matullo	Head of mahala Baljuvon	205355544
2	Mirzosharifov Manuchehr	Head of CESS of Khovaling	949 65 90 90
3	Ruzadorova Gurnora	Head of CESS of Rushon	93 552 63 39
4	Ustozoda Davlatali	Head of CESS of Vanj	900 05 88 40
5	Sharafzoda Abdusattor	Head of CESS of Jaihoon	93 101 09 55
6	Sangimamadzoda Qurbonali	Head of CESS of Dusti	93 533 33 83
7	Musofirov Mirzovali	Head of CESS of Darvoz	93 514 79 97

#	Name	Position and Institution	Phone number
	Zaripov Shoramazon	Deputy head of jamoat Qalaikhum, Darvoz	880880830
	Amirkhudoev Dodikhudo	Head of community (mahala) Darvoz	888778787
	Odinaeva Shohzoda	Secretary of Darvoz CESS	937551832
8	Latifov Abduvali	Head of CESS of Kuhi Mastchoh	93 353 75 05
9	Obidov Mahmadsaid	Head of CESS of New Mastchoh	93 600 74 70
10	Saidzoda Mizrob	Head of CESS of Tursunzoda	909 66 69 25
11	Malikov Husein	Head of CESS of Ayni	118 08 45 45
12	Atokhujaev Burhon	Head of CESS of Panjakent	92 855 56 66
13	Namozov A'zam	Head of CESS of Khuroson	904 56 66 65
14	Homidov Khushnud	Head of CESS of Rasht	93 530 59 00
	Yunusova Sh.	Head of mahalai Usmon, Rasht	93 889 49 11
	Andalibova A.	Deputy head of jamoat Garm, Rasht	000 88 01 61
15	Mirzomuddinova Nigora	Head of CESS of Tojikobod	93 783 31 45
	Boboev Y	Deputy head of jamoat, Tojikobod	93 190 30 00
	Mizrobov Ibrohim	Logistician of CESS of Tojikobod	931304528
16	Jurazoda Muhtarama	Head of CESS of Farkhor	907 23 98 98
17	Yusupov Jobirkhon	Head of CESS of Muminobod	918 92 62 49
	Ghoibov Saidjafar	Head of mahala Muminobod	985494915
	Sirojov Abdullo	Head of mahala Darai Havash	988744804
18	Buriev Abdurashid	Head of CESS of Qubodiyon	
19	Mullozoda Murodbek	Head of Health Center in Hamadoni	111157790
	Rustami Mahmad	Feldsher in Pakhtaobod village Hamadoni	985614116
	Ghoziev Azizullo	Feldsher in Boghistonn village Hamadoni	

The following figure schematically presents the grievance redress process:



166. 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.

167. At each level of appeal, the GRC will be assisted, as required, by the professional capacity needed to solve specific cases. This may include among others:

- (i) Jamoat and/or hukumat and mahalla representatives
- (ii) Related land committee
- (iii) Representatives of the Agency for Architecture
- (iv) Agency for Environment and Forestry
- (v) Unitary Enterprise for Housing and Communal Services
- (vi) Technical expertise from professional water and sanitation engineers
- (vii) Representatives of Women's Affairs
- (viii) Other specialized organizations as necessary
- (ix) Representatives of NGOs/CSOs active in the area.

168. In addition, the complainants (minimum 2 persons) can appeal the decision and bring the case to the ADB Accountability Mechanism (AM) for any violation of ADB's policy requirements. The GRM at the project level does not in any way impede the affected persons' access to the ADB Accountability Mechanism (AM). However, the complainant will be encouraged to go through the project GRM first, as well as to address their complaint through the relevant operation department of ADB. The ADB regional department (RD) tries to resolve grievances and appeals, if not resolved at project level, at country and RD level. If unresolved at country/RD level, the complainant has the option to escalate it to AM through CRO through the contact information below:

Complaint Receiving Officer (CRO), Accountability
Mechanism Email: amcro@adb.org

C. Monitoring and Reporting

169. The due diligence assessment confirmed very low possibility and significance, none existence of involuntary resettlement impact of the project that suggests only internal monitoring procedure concerning both compliance and performance. The objective is to ensure that the project outputs comply with the agreed safeguards requirements as well as to verify the performance against planned schedules of activities.

170. The purpose of internal monitoring is to evaluate availability of resources and efficient and effective use of resources to avoid impacts and minimize disturbances; identify issues/problems and propose remedial actions. Monitoring allows the project client to ensure smooth project implementation in relevance with Tajikistan National Laws requirements and ADB Safeguards Policy Statement 2009. PMU under the MOHSP assisted by the Project Support Consultant (PSC) shall perform monitoring of the project implementation, and will ensure that procedures and methods are established and carried out to conduct internal monitoring of the project compliance with the ADB safeguards requirements.

171. The PSC safeguards team will closely monitor the implementation stage and help PMU to ensure compliance with the ADB social safeguard requirements as well as the national legislation. The PSC safeguards implementation and monitoring team will conduct regular internal monitoring and the outcomes will be reflected in the progress reports. To maintain the due diligence process and ensure proper monitoring and reporting of social safeguards, the Project shall not require full time staff to be engaged under PMU and/or PSC. Social safeguard specialist might be engaged to conduct project review and report on the project compliance on the interim bases. Alternatively, the environmental safeguards specialist shall perform both social and environmental monitoring and reporting works. And semiannual Environmental safeguards compliance reports will include a section on the project compliance with the social safeguards requirements to be submitted to ADB. These arrangements deemed to be sufficient as the project is Category C for IR/IP requirements.

172. Monitoring will document that the proposed outputs keep their features and do not change so that their classification as ADB defined category C remains valid. The project supervision engineer or a health and safety engineer (with prior capacity building and knowledge on ADB safeguards requirements) will report on their safeguards' reviews concerning activities carried out at district or village levels. PMU will review and consolidate all reports from sites into a project performance monitoring system. Information from the performance monitoring will be used to prepare safeguards bi-annual monitoring report with support by PSC. Safeguards implementation reports shall also include information on individual and communities appeals and grievances cases, GRC resolutions and pending grievances issues to be resolved with adequate timeline and procedure.

173. While effective institutional arrangements can facilitate implementation, effective monitoring ensures that the course of implementation continues as originally planned and safeguards requirements are effectively implemented, unanticipated negative impacts are identified and appropriate measures to address any incompliance can be taken in a timely manner. The process shall be carried out by the project safeguards monitoring team through preparation of a corrective action plan to address safeguards compliance issues. Such planning document shall be approved and disclosed before proceeding for the implementation of the project specific components and sites for which social and environmental impacts are identified.

VII. CONCLUSIONS AND RECOMMENDATIONS.

A. Conclusions

174. This social safeguard due diligence assessment and report covers ADB social safeguards requirements with respect to involuntary resettlement (IR) and verifies that the proposed project will not incur land acquisition and compensation of private assets and lands and will not require complementary mitigation measures.

175. The SDD included field assessments such as LAR impact assessment, collaboration and consultation with local authorities and project targeted health institutions, stakeholder engagement and meaningful consultations. Physical observation of the land lots for the construction sites, review of documentation of the allotted lands and feedback for the construction approach of proposed construction works were used for screening.

176. The result of the study suggests that the proposed construction 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 districts hospitals (on vacant lot) in some cases and on government allocated lands with no sign of official use and/or encroachment in other cases. During engineering design of the constructions by the Contractor, potential impacts on structures and lands will be avoided since the existing territory of hospitals and allocated new lands is sufficiently wide.

177. The hospitals territories allocated for CES buildings have 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 hospitals. The contractor will not require additional land and/or territory for temporary camps and barns for construction materials.

178. 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). Community properties, trees, crops, and any other income generating activities will not be affected by the project.

179. Hereby based on the above-stated and the results of social safeguards screening, the proposed construction works has No Resettlement Impact considering the following: a) there will be no acquisition of private land or other assets, there is no territory widening activities in the proposed works, construction area is limited within existing boundaries; and b) there no any tenants or persons who use land unofficially, c) there is no impact on crops and income generating activities. For additional information, refer to **Annex 1**. Involuntary resettlement impact checklists based on social safeguard screening conducted in the process of SSDD.

180. Additionally, in consideration to the above stated the proposed project 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 the territories allotted for the project. Construction area is limited within existing RoW;

3. There no any tenants or persons who use land unofficially, etc. In case any claims or complaints are submitted during the construction period, an effective and efficient Grievance Redress Mechanism, will enhance provision of timely and sensible hearings and facilitate solutions.

181. The screening results classify the project under category C for IR at TA stage based on the information on new land allotment for the project purposes from the land parcels administered by local governments and vacant land lots within health institutions of the districts. Based on a detailed engineering design, this will have to be reviewed in the implementation stage as part of the preparation of an updated SSDDR, in the cases when the allocated land plots or project intervention district is going to be changed.

B. Recommendations

182. 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.

183. During construction 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. Any unanticipated and/or accidental safeguards impact due to the fault of Contractor will be fully Contractors' responsibility to remedy prior to informing PMU of MOHSP through a report and mitigation plan followed by restoration/completion report.

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

185. The project buildings designed for construction on the newly allotted lands may require provision of other communication facilities such as water and sewerage networks, electricity supply and etc. These should be provided through streets and road shoulders with minimum disturbance on people movement, provision of temporary access and taking required safety measures during constructions and restoring streets and walkways to the pre-project (or better) conditions.

186. 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.

187. The PSC and PMU shall conduct review of social and resettlement issues upon allocation of alternative sites. 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. In case of identified impact as a result of change, the LARP document should be elaborated in according with SPS 2009 requirements.

188. The PSC and PMU safeguards specialist shall conduct regular monitoring visits of each project site upon proposed construction schedule. This should be done to ensure project negative impact is fully avoided and/or mitigated. All necessary steps should be taken during construction

to avoid temporary impacts like loss of access leading to impact on livelihoods or any other kinds of restrictions, as cited above. Mitigation measures will be taken following the ADB SPS 2009 for smooth implementation of the project. The PSC safeguards team will closely monitor the implementation stage and help PMU to ensure compliance with the ADB social safeguard requirements as well as the national legislation. The internal monitoring findings will be reflected in the progress reports, and semiannual Environmental safeguards compliance reports will include a section on the project compliance with the social safeguards requirements to be submitted to ADB. These arrangements deemed to be sufficient as the project is Category C for IR/IP requirements.

189. For any temporary site installation and construction access the contractor will have to propose a site installation and access plan and obtain approval of PSC site engineer. Only public land will be used and this shall be under strict monitoring of the project PSC and PMU. The item temporary site installation and access roads shall be covered in the General Conditions of Contract. Such a Contract Condition for release of final payment to the civil works contractors can be the submission of proof that all temporarily used lands have been fully restored to their pre-project conditions and that there are no pending payments and/or compensation issues related to the temporary use of land.

190. This SSDDR shall be updated in the Project implementation stage based on the additional assessments, in case of change in locations, scope of works and the need of additional land. In case of identified impact as a result of change, LARP document should be elaborated according with SPS 2009 requirements.

APPENDIXES

Annex 1: Involuntary Resettlement Impact Screening Checklist

A. Project Name: **Integrated Regional Health Security Project**

IR impact screening of the project locations and allotted lands for construction of CESS facilities in Baljuvon, Khovaling, Muminobod, Farkhor, Hamadoni, Khuroson, Qubodiyon, Dusti and Jaihoon districts in Khatlon region

Possible Involuntary Resettlement Effects	Yes	No	Remarks
Involuntary Acquisition of Land			
1. Is the site for land acquisition known?		✓	All land plots allocated for the project are from the land parcels administered by the local governments.
2. Will there be any land acquisition?		✓	The Project does not require additional lands rather than those that have been allocated by the local government institutions.
3. Is the ownership status and current usage of land to be acquired known?	✓		All sites for intervention are designated land parcels for the project under local government health institutions CESSs control with no case of use by others and have not been encroached or used informally
4. Will subproject be implemented within an existing Right of Way (ROW)?	✓		Allocated lands identified with the sufficient space and ROW with no requirement for additional area.
5. Will there be loss of shelter and residential land due to land acquisition?		✓	None
6. Will there be loss of agricultural and other productive assets due to land acquisition?		✓	Lands are not used for any other purposes, barren, no cultivated lands
7. Will there be losses of crops, trees, and fixed assets due to land acquisition?		✓	None
8. Will there be loss of businesses or enterprises due to land acquisition?		✓	No business and/or economic activity has been identified within the allotted lands
9. Will there be loss of income sources and means of livelihoods due to land acquisition?		✓	None
Involuntary restrictions on land use or on access to legally designated parks and protected areas			
10. Will people lose access to natural resources, communal facilities and services?		✓	None

Possible Involuntary Resettlement Effects	Yes	No	Remarks
11. If land use is changed, will it have an adverse impact on social and economic activities?		✓	None
12. Will access to land and resources owned communally or by the state be restricted?		✓	None. Districts land allotment commission report did not identify any restriction cases to the resources owned commonly or by the state.
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 In none of the above mentioned project districts Project does not require additional land If yes, approximately how much? ____ 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 The Project shall not cause any economic and/or physical displacement of people 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? ____			

Faizullo Kudratov



Date: 17/02/2026

Annex 1: Involuntary Resettlement Impact Screening Checklist

A. Project Name: Integrated Regional Health Security Project

IR impact screening of the project locations and allotted lands for construction of CESS facilities in Ayni, Panjakent, Mastchohi Kuli and Mastchohi Naw districts of Sugd region

Possible Involuntary Resettlement Effects	Yes	No	Remarks
Involuntary Acquisition of Land			
1. Is the site for land acquisition known?		✓	All land plots allocated for the project are from the land parcels administered by the local governments.
2. Will there be any land acquisition?		✓	The Project does not require additional lands rather than those that have been allocated by the local government institutions.
3. Is the ownership status and current usage of land to be acquired known?	✓		All sites for intervention are designated land parcels for the project under local government health institutions CESSs control with no case of use by others and have not been encroached or used informally
4. Will subproject be implemented within an existing Right of Way (ROW)?	✓		Allocated lands identified with the sufficient space and ROW with no requirement for additional area.
5. Will there be loss of shelter and residential land due to land acquisition?		✓	None
6. Will there be loss of agricultural and other productive assets due to land acquisition?		✓	Lands are not used for any other purposes, barren, no cultivated lands
7. Will there be losses of crops, trees, and fixed assets due to land acquisition?		✓	None
8. Will there be loss of businesses or enterprises due to land acquisition?		✓	No business and/or economic activity has been identified within the allotted lands
9. Will there be loss of income sources and means of livelihoods due to land acquisition?		✓	None
Involuntary restrictions on land use or on access to legally designated parks and protected areas			
10. Will people lose access to natural resources, communal facilities and services?		✓	None
11. If land use is changed, will it have an adverse impact on social and economic activities?		✓	None
12. Will access to land and resources owned communally or by the state be restricted?		✓	None. Districts land allotment commission report did not identify any restriction cases to

Possible Involuntary Resettlement Effects	Yes	No	Remarks
			the resources owned commonly or by the state.
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 In none of the above mentioned project districts Project does not require additional land If yes, approximately how much? ____ 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 The Project shall not cause any economic and/or physical displacement of people 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? ____			

Faizullo Kudratov



Date: 17/02/2026

Annex 1: Involuntary Resettlement Impact Screening Checklist

A. Project Name: Integrated Regional Health Security Project

IR impact screening of the project locations and allotted lands for construction of CESS facilities in Darvoz, Vanj and Rushon districts of GBAO region

Possible Involuntary Resettlement Effects	Yes	No	Remarks
Involuntary Acquisition of Land			
1. Is the site for land acquisition known?		✓	All land plots allocated for the project are from the land parcels administered by the local governments.
2. Will there be any land acquisition?		✓	The Project does not require additional lands rather than those that have been allocated by the local government institutions.
3. Is the ownership status and current usage of land to be acquired known?	✓		All sites for intervention are designated land parcels for the project under local government health institutions CESSs control with no case of use by others and have not been encroached or used informally
4. Will subproject be implemented within an existing Right of Way (ROW)?	✓		Allocated lands identified with the sufficient space and ROW with no requirement for additional area.
5. Will there be loss of shelter and residential land due to land acquisition?		✓	None
6. Will there be loss of agricultural and other productive assets due to land acquisition?		✓	Lands are not used for any other purposes, barren, no cultivated lands
7. Will there be losses of crops, trees, and fixed assets due to land acquisition?		✓	None
8. Will there be loss of businesses or enterprises due to land acquisition?		✓	No business and/or economic activity has been identified within the allotted lands
9. Will there be loss of income sources and means of livelihoods due to land acquisition?		✓	None
Involuntary restrictions on land use or on access to legally designated parks and protected areas			
10. Will people lose access to natural resources, communal facilities and services?		✓	None
11. If land use is changed, will it have an adverse impact on social and economic activities?		✓	None
12. Will access to land and resources owned communally or by the state be restricted?		✓	None. Districts land allotment commission report did not identify any restriction cases to

Possible Involuntary Resettlement Effects	Yes	No	Remarks
			the resources owned commonly or by the state.
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 In none of the above mentioned project districts Project does not require additional land If yes, approximately how much? ____ 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 The Project shall not cause any economic and/or physical displacement of people 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? ____			

Faizullo Kudratov



Date: 16/02/2026

Annex 1: Involuntary Resettlement Impact Screening Checklist

A. Project Name: Integrated Regional Health Security Project

IR impact screening of the project locations and allotted lands for construction of CESS facilities in Tursunzoda, Rasht, Tojikobod and Larkhsh districts of Districts of State Subordination.

Possible Involuntary Resettlement Effects	Yes	No	Remarks
Involuntary Acquisition of Land			
1. Is the site for land acquisition known?		✓	All land plots allocated for the project are from the land parcels administered by the local governments.
2. Will there be any land acquisition?		✓	The Project does not require additional lands rather than those that have been allocated by the local government institutions.
3. Is the ownership status and current usage of land to be acquired known?	✓		All sites for intervention are designated land parcels for the project under local government health institutions CESSs control with no case of use by others and have not been encroached or used informally
4. Will subproject be implemented within an existing Right of Way (ROW)?	✓		Allocated lands identified with the sufficient space and ROW with no requirement for additional area.
5. Will there be loss of shelter and residential land due to land acquisition?		✓	None
6. Will there be loss of agricultural and other productive assets due to land acquisition?		✓	Lands are not used for any other purposes, barren, no cultivated lands
7. Will there be losses of crops, trees, and fixed assets due to land acquisition?		✓	None
8. Will there be loss of businesses or enterprises due to land acquisition?		✓	No business and/or economic activity has been identified within the allotted lands
9. Will there be loss of income sources and means of livelihoods due to land acquisition?		✓	None
Involuntary restrictions on land use or on access to legally designated parks and protected areas			
10. Will people lose access to natural resources, communal facilities and services?		✓	None
11. If land use is changed, will it have an adverse impact on social and economic activities?		✓	None
12. Will access to land and resources owned communally or by the state be restricted?		✓	None. Districts land allotment commission report did not identify any restriction cases to

Possible Involuntary Resettlement Effects	Yes	No	Remarks
			the resources owned commonly or by the state.
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 In none of the above mentioned project districts Project does not require additional land If yes, approximately how much? ____ 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 The Project shall not cause any economic and/or physical displacement of people 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? ____			

Faizullo Kudratov



Date: 16/02/2026

Annex 1: Involuntary Resettlement Impact Screening Checklist

A. Project Name: Integrated Regional Health Security Project

IR impact screening of the project locations and allotted lands for construction of Rural Health Houses in Muminobod, Hamadoni and Jaihoon districts in Khatlon region

Possible Involuntary Resettlement Effects	Yes	No	Remarks
Involuntary Acquisition of Land			
1. Is the site for land acquisition known?		✓	All land plots allocated for the project are from the land parcels administered by the local governments. Required right establishing documents have been issued.
2. Will there be any land acquisition?		✓	The Project does not require additional lands rather than those that have been allocated by the local government institutions.
3. Is the ownership status and current usage of land to be acquired known?	✓		All sites for intervention are designated land parcels for the project under local government health institutions control with no case of use by others and have not been encroached or used informally
4. Will subproject be implemented within an existing Right of Way (ROW)?	✓		Allocated lands identified with the sufficient space and ROW with no requirement for additional area.
5. Will there be loss of shelter and residential land due to land acquisition?		✓	None
6. Will there be loss of agricultural and other productive assets due to land acquisition?		✓	Lands are not used for any other purposes, represent barren, no cultivated lands
7. Will there be losses of crops, trees, and fixed assets due to land acquisition?		✓	None
8. Will there be loss of businesses or enterprises due to land acquisition?		✓	No business and/or economic activity has been identified within the allotted lands
9. Will there be loss of income sources and means of livelihoods due to land acquisition?		✓	None
Involuntary restrictions on land use or on access to legally designated parks and protected areas			
10. Will people lose access to natural resources, communal facilities and services?		✓	None
11. If land use is changed, will it have an adverse impact on social and economic activities?		✓	None

Possible Involuntary Resettlement Effects	Yes	No	Remarks
12. Will access to land and resources owned communally or by the state be restricted?		✓	None. Districts land allotment commission report did not identify any restriction cases to the resources owned commonly or by the state.
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 In none of the above mentioned project districts Project does not require additional land If yes, approximately how much? ____ 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 The Project shall not cause any economic and/or physical displacement of people 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? ____			

Faizullo Kudratov



Date: 20/02/2026

Annex 1: Involuntary Resettlement Impact Screening Checklist

A. Project Name: Integrated Regional Health Security Project

IR impact screening of the project locations and allotted lands for construction of Village Health Centers/Clinics in Hamadoni and Jaihoon districts in Khatlon region

Possible Involuntary Resettlement Effects	Yes	No	Remarks
Involuntary Acquisition of Land			
1. Is the site for land acquisition known?		✓	All land plots allocated for the project are from the land parcels administered by the local governments. Required right establishing documents have been issued.
2. Will there be any land acquisition?		✓	The Project does not require additional lands rather than those that have been allocated by the local government institutions.
3. Is the ownership status and current usage of land to be acquired known?	✓		All sites for intervention are designated land parcels for the project under local government health institutions control with no case of use by others and have not been encroached or used informally
4. Will subproject be implemented within an existing Right of Way (ROW)?	✓		Allocated lands identified with the sufficient space and ROW with no requirement for additional area.
5. Will there be loss of shelter and residential land due to land acquisition?		✓	None
6. Will there be loss of agricultural and other productive assets due to land acquisition?		✓	Lands are not used for any other purposes, represent barren, no cultivated lands
7. Will there be losses of crops, trees, and fixed assets due to land acquisition?		✓	None
8. Will there be loss of businesses or enterprises due to land acquisition?		✓	No business and/or economic activity has been identified within the allotted lands
9. Will there be loss of income sources and means of livelihoods due to land acquisition?		✓	None
Involuntary restrictions on land use or on access to legally designated parks and protected areas			
10. Will people lose access to natural resources, communal facilities and services?		✓	None
11. If land use is changed, will it have an adverse impact on social and economic activities?		✓	None

Possible Involuntary Resettlement Effects	Yes	No	Remarks
12. Will access to land and resources owned communally or by the state be restricted?		✓	None. Districts land allotment commission report did not identify any restriction cases to the resources owned commonly or by the state.
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 In none of the above mentioned project districts Project does not require additional land If yes, approximately how much? ____ 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 The Project shall not cause any economic and/or physical displacement of people 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? ____			

Faizullo Kudratov



Date: 20/02/2026

Annex 1: Involuntary Resettlement Impact Screening Checklist

A. Project Name: Integrated Regional Health Security Project

IR impact screening of the project locations and allotted lands for construction of District Health Polyclinic in Lakhsh district

Possible Involuntary Resettlement Effects	Yes	No	Remarks
Involuntary Acquisition of Land			
1. Is the site for land acquisition known?		✓	The land plot allocated for the project is from the land parcels administered by the local government. Required right establishing documents have been issued.
2. Will there be any land acquisition?		✓	The Project does not require additional land rather than those that have been allocated by the local government institutions.
3. Is the ownership status and current usage of land to be acquired known?	✓		The project site for intervention is designated land parcels for the project under local government health institution control with no case of use by others and have not been encroached or used informally
4. Will subproject be implemented within an existing Right of Way (ROW)?	✓		Allocated land identified with the sufficient space and ROW with no requirement for additional area.
5. Will there be loss of shelter and residential land due to land acquisition?		✓	None
6. Will there be loss of agricultural and other productive assets due to land acquisition?		✓	Land is not used for any other purposes, represent barren, no cultivated land
7. Will there be losses of crops, trees, and fixed assets due to land acquisition?		✓	None
8. Will there be loss of businesses or enterprises due to land acquisition?		✓	No business and/or economic activity has been identified within the allotted land
9. Will there be loss of income sources and means of livelihoods due to land acquisition?		✓	None
Involuntary restrictions on land use or on access to legally designated parks and protected areas			
10. Will people lose access to natural resources, communal facilities and services?		✓	None
11. If land use is changed, will it have an adverse impact on social and economic activities?		✓	None
12. Will access to land and resources owned communally or by the state be restricted?		✓	None. District's land allotment commission report did not identify any restriction cases to

Possible Involuntary Resettlement Effects	Yes	No	Remarks
			the resources owned commonly or by the state.
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 In none of the above mentioned project districts Project does not require additional land If yes, approximately how much? ____ 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 The Project shall not cause any economic and/or physical displacement of people 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? ____			

Faizullo Kudratov



Date: 20/02/2026

Annex 2: Minutes of stakeholder / Public Consultation

Project: Integrated Regional Health Security Project Key Stakeholder consultation meeting

Date: 28.01.2026, Wednesday **Time:** 8:30 to 9:00 am

Venue: Office of State Sanitary and Epidemiological Surveillance Service of the Ministry of Health. (MOHSP building, 8th floor)

Participants:

Qurbonzoda Shamsiddin	Head of the State Sanitary and Epidemiological Surveillance Service
Akobirov Idibek	Director of the State Center for Sanitary and Epidemiological Expertise and Control in Transport and at Borders
Odinaev Salim	
Karimov Emomad	MOHSP representatives

The meeting took place in the office of head of State CESS with participation of director for SES expertise and control in transport and borders where we have informed about the project components in the selected districts and POEs. Purpose of the TA consultants visit, required consultations with the CESS representatives at project districts level and communities interest groups in early stage of project planning and continued consultation in the process of project implementation were discussed. ADB safeguards policy requirements on social and environmental provisions were explained.

The head of State CESS who is overall in charge of the regional and central CESSs operations and management has showed gratitude to the project and expressed readiness in supporting the project because he is aware of the current conditions of deteriorated buildings, lack of laboratory testing equipment and transportation that causes difficulties in the operation and quality of the services provided by CESS institution at local and central levels.

The head and Mr Akobirov, who manages control and services at border POEs, mentioned the almost non-existent existence of CESS services at the Points of Entry (POEs) due to the unavailability of buildings, laboratories and testing equipment. There were particular difficulties and shortages during the pandemic.

The head expressed that such projects would provide a valuable opportunity to improve the quality of CESS services, including building the capacity of specialists at local and central levels.

He fully supports the project and is ready to coordinate and collaborate at all stages of implementation. However, he also mentioned the lack of coordination, as, being the head of the State CESS, which is responsible for the overall operations and management of CESSs throughout the country, he has insufficient information about the project. He requested to include into the Project the central CESS office and laboratory in Dushanbe, as there are many shortfalls and difficulties due to a lack of laboratory testing equipment, despite the fact that many sampling and testing works are carried out through the central CESS.

Additional comments that the head of State Central CESS made were on the selecting locations of the CESS buildings in each district. He expressed that allocating CESS buildings in the territories of hospitals might be a good idea but we have to consider availability of land and territory within hospitals with feasibility of construction works without disturbance of the normal functionality of the hospital, there should be possibility of a separate access road to the CESS facilities, in the cases of closeness of the existing CESS to the hospitals and other health services, consider development and establishment of new CESS on the existing location.

Another important note made by Mr. Qurbonzoda, was that the tuberculosis (TB) laboratory should not be integrated into the main SES facility. He provided a strong technical rationale based on Soviet-era practices and biosafety principles such as TB laboratories require separate, isolated locations to ensure proper sanitary buffer zones. Historically, TB laboratories have operated in separate, dedicated facilities. Continued separation is necessary to meet infection prevention and control standards. Regulations and requirements about TB laboratory testing and treatment and the level of separation and/or integration with other health services and facilities, should be further studies. This recommendation will be incorporated into the facility design considerations to ensure appropriate functional separation and biosafety compliance. including TB tests services in line with other laboratories tests within the CESS facilities.



Discussion process with the Head of State CESS and Director of CESS Expertise and Control in transport and at borders

Annex 2: Minutes of stakeholder / Public Consultation

Stakeholder consultation meeting with the CESS representatives from the project districts and central offices

Date: 28.01.2026, Wednesday **Time:** 9:00 to 12 am

Venue: Office of State Sanitary and Epidemiological Surveillance Service of the Ministry of Health. (MOHSP building, 8th floor)

Participants:

- Head of the State Sanitary and Epidemiological Surveillance Service
- Director of the State Center for Sanitary and Epidemiological Expertise and Control in Transport and at Borders
- Heads of the 18 project districts Sanitary and Epidemiological Surveillance Service
- MOHSP representatives

Agenda

- Opening remarks
 - Introduction to the project
 - Introduction to the ADB social and environmental safeguards policy requirements
 - Introduction to the Grievance Redress Mechanism
 - Discussions on the allocated lands for the construction of CESS in each district
 - Questions & Answers CESSion
-

The project stakeholder consultation aimed to share information on the project's objectives, planned interventions, construction work, capacity-building programs, outcomes, environmental and social safeguards requirements, and the receipt and resolution of community appeals and grievances. The discussion was very open, with participants showing a high level of interest in the safeguards requirements, which they considered to be as important as other project deliverables, such as quality control of construction and supply works.

The consultation achieved its aim of increasing the main project stakeholders' awareness of the procedures and requirements of the ADB safeguards policy, particularly the avoidance and, if not possible, the mitigation of the project's negative social and environmental impact, the disclosure of project information to communities, the involvement of communities in project implementation and the work with contractors to hire skilled and unskilled labourers from the local labour market.

GRM procedure was one of the main discussion topics and envisaged GRM procedures and reporting was discussed. It is a bit early on establishment of the GRM as there is no PMU established for the project at this stage, but the districts CESSs representatives views were collected about GRC representation at the project sites level, involvement of other relevant government institutions in the GRC.

The head of State Sanitary and Epidemiological Surveillance Service - Mr. Shamsiddin Qurbonzoda opened the meeting and provided general information on the overall issues, difficulties faced by the districts and border services offices. Expressed gratitude and support for the project initiatives and confirmed high relevancy and importance of the project intervention. Social and environmental consultants discussed objectives of the consultation meeting and urged the participants feel comfortable to raise any concerns, issues and any required additional information about the project. The main objectives of consultations were to

- disseminate information to the stakeholders about the Project in terms of its activities and the scope of the works
- understand the views and perceptions of the participants with reference to safeguards requirements.
- discuss on the issues and special requirements if there is any public institution, community property other private facility in the vicinity of the project allocated lands that could be affected (directly and/or indirectly) by the project.
- examine the participants opinions on health safety issues during the construction period and on potential areas of concern such as the handling of construction waste and other pollution issues.
- identify levels and extent of community participation in Project implementation and monitoring
- establish an understanding for identification of overall developmental goals and benefits of the Project

- disclosure process of the project information to other government, non-government and public private sector stakeholders.
- discuss grievance redress mechanisms, how effectively and efficiently the GRM could be functional in the implementation phase, etc.

Dr. Salim provided overall information about the project, planned activities mainly on construction, equipment and supply, machinery support and other skills and capacity development initiatives of the project.

Social and Environmental Aspects and Policy Framework

The TA consultants explained to the audience the social and environmental aspects of the Project during the construction and operation phases. The potential effects to the local population and the environment were discussed.

Policy Framework of the Project in line with local laws, the Constitution of the Republic of Tajikistan and ADB's safeguards policy was explained to participants. As environmental and social safeguards are a cornerstone of ADB's support to inclusive economic growth and environmentally sustainable growth, ADB's safeguard policy aims to manage and reduce the environmental and social risks in development projects and minimize and mitigate, if not avoid, adverse project impacts on people and the environment. The Safeguards Policy applies to all ADB-supported projects. ADB works with borrowers to put policy principles and requirements into practice through project review and supervision, and capacity development support. The Safeguards Policy also provides a platform for participation by affected people and other stakeholders in project design and implementation. The suggested mitigation measures to the foreseen impacts were discussed.

Grievance Redress Mechanism

Although it is an early stage of project preparation, the PMU for the project has not been established, GRM as a reviewing and resolving communities and other stakeholders' issues and concerns was introduced to the participants. Envisaged steps to address the complaints of the local population were explained to the meeting participants in line with the drafted Grievance Redress Mechanism (GRM). Consultants accentuated the attention of the audience on the necessity of the creation of the Grievance Redress Committee that will be functioning within the project with a representation and a focal person in each project site for receipt, registration and further processing of the appeals and grievances cases. Participants suggested that it will be rationale to have the CESS representatives for collecting and further processing of the grievances and appeals. Jamoat office and other communities' representatives (villages leaders) shall be important members of the GRC as well. The contractor also should have a person who will be closely involved in the resolution process and decision making of the appeals cases.

Questions and discussions

The consultation meeting participants were actively involved in the discussion. Questions and comments revolved around details of the project activities, including schedule of construction activities, supervision over the quality of construction works, required land documentations. Responses and clarifications were provided to the questions and concerns raised by participants. They were also informed that the TA consultants will develop social and environmental impact assessment report based on the information collected during these kinds of discussions and sites reconnaissance visits. The project information will be disclosed at local level and they will be duly consulted throughout all the process and the project stages throughout of preparation, implementation and completion.

Other supporting documents

1. List of participants.

#	Name Surname Имя фамилия	Position and organization Должность, организация	Email/phone number Эл. адрес, номер телефона
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2	Mirzosharifov Manuchehr	Head of CESS of Khovaling	949 65 90 90 dady95@mail.ru
3	Ruzadorova Gurnora	Head of CESS of Rushon	93 552 63 39 gulnora.ruzadorova@mail.ru
4	Ustozoda Davlatali	Head of CESS of Vanj	900 05 88 40 vanj.ses@mail.ru
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7	Musofirov Mirzovali	Head of CESS of Darvoz	93 514 79 97, 917 14 79 97 mndse.darvoz@mail.ru
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16	Jurazoda Muhtarama	Head of CESS of Farkhor	907 23 98 98 mndsefarkhor2@mail.ru
17	Yusupov Jobirkhon	Head of CESS of Muminobod	918 92 62 49 mndsemuminobod@mail.ru
18	Buriev Abdurashid	Head of CESS of Qubodiyon	abdurashit.buriyev@mail.ru
19	Akobirov Idibek	Director of the State Center for Sanitary and Epidemiological Expertise and Control in Transport and at Borders	88 777 09 55 akobirov26@mail.ru
20	Odinaev Salim	Project representative from the MOHSP	918 61 40 21 odinaevsalim@gmail.com
21	Kurbonzoda Shamsiddin	Head of the State Sanitary and Epidemiological Surveillance Service	
22	Karimov Emomad	TA procurement and financing consultant MOHSP	karimovacc@mail.ru
23	Isaev Davron	TA Environmental consultant, ADB	917 50 90 10 disaev.consultant@adb.org
24	Kudratov Faizullo	TA Social safeguards consultant, ADB	918 98 56 24 faizullo_kudratov@mail.ru

Scanned copies of the Stakeholder Consultation meetings participants registration

Project TA-10884

Integrated Regional Health Security Project

People and Outlets Visit in

Contact information for project

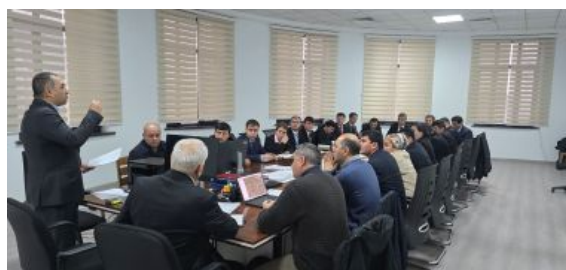
Date: 16 January 2016

#	Name Surname	Position and organization	Telephone number	Signature
1	Shanapet A. A.	Director, ARHCC	988 59 41 11	
2	V. Badalyan	2160400000		
3	Shanapet A. A.	Director, ARHCC	988 59 41 11	
4	Shanapet A. A.	Director, ARHCC	988 59 41 11	
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2. Key Stakeholders Consultation process photos



Consultation process with the heads of districts CESSs and POEs of all project intervention sites.

Annex 3: Minutes of Wider Stakeholder Consultation Meetings in the Project Districts

Overview

The project stakeholder consultation was designed to share information on the project aim with planned interventions, construction works, capacity building programs and outcomes. Information on ADB environmental and social safeguards requirements were explained in more details and message was given that the safeguards requirements to be equally considered as other project deliverables such as quality control of the construction and supply works.

In accordance with the Asian Development Bank's Safeguard Policy Statement (ADB SPS, 2009), stakeholder consultation meetings were conducted during the project preparation stage to ensure meaningful consultation with affected people and other stakeholders. The objectives of the consultations were to (i) inform stakeholders about the proposed project activities and implementation schedule; (ii) disclose potential environmental and social impacts and associated risks during construction and operation; (iii) introduce the project Grievance Redress Mechanism (GRM); and (iv) collect feedback, concerns, and suggestions from stakeholders.

The consultation achieved its aim of increased level of informativity of the project stakeholders and communities about procedures and requirements of the ADB safeguards policy, specially avoidance, (if not possible) mitigation of social and environmental negative impact of the project, disclosure of the project information to the communities, involve communities in the project implementation, work with contractor on hiring skilled and unskilled labor from the locally available laborers, etc.

GRM procedure was one of the main discussion topics and envisaged GRM procedures and reporting was discussed. ADB SPS 2009 requires establishment of the GRM at early stage of project, hence with the establishment of PMU for the project, GRCs will be active to provide a platform for the communities and project workers to file their appeals and issues through GRM. At this stage, districts CESSs representatives and communities' views were collected about GRC representation at the project sites level and involvement of other relevant government institutions in the GRC.

The main objectives of consultations were to

- disseminate information to the stakeholders about the Project in terms of its activities and the scope of the works
- understand the views and perceptions of the participants with reference to safeguards requirements.
- discuss on the issues and special requirements to be considered in the construction process if there is any public institution, community property other private facility that could be affected (directly and/or indirectly) by the project.
- examine the participants opinions on health safety issues during the construction period and on potential areas of concern such as the handling of construction waste and other pollution and noise issues.
- identify levels and extent of community participation in Project implementation and monitoring
- establish an understanding for identification of overall developmental goals and benefits of the Project
- disclosure of the project information to other government, and public private sector and communities.

- discuss grievance redress mechanisms, how effectively and efficiently the GRM could be functional in the implementation phase, etc.

Social and Environmental Aspects and Policy Framework

The TA consultants explained to the audience the social and environmental aspects of the Project during the construction and operation phases. The potential effects to the local population and the environment were discussed. As environmental and social safeguards are a cornerstone of ADB's support to inclusive economic growth and environmentally sustainable growth, ADB's safeguard policy aims to manage and reduce the environmental and social risks in development projects and minimize and mitigate, if not avoid, adverse project impacts on people and the environment. The Safeguards Policy applies to all ADB-supported projects. ADB works with borrowers to put policy principles and requirements into practice through project review and supervision, and capacity development support. The Safeguards Policy also provides a platform for participation by affected people and other stakeholders in project design and implementation. The suggested mitigation measures to the foreseen impacts were discussed.

Grievance Redress Mechanism

Although it is an early stage of project preparation, the PMU for the project has not been established, GRM as a reviewing and resolving communities and other stakeholders' issues and concerns was introduced to the participants. Information on ways and steps to address the complaints of the local population were explained to the meeting participants in line with the drafted Grievance Redress Mechanism (GRM). Consultants accentuated the attention of the audience on the necessity of the creation of the Grievance Redress Committee that will be functioning within the project with a representation and a focal person in each project site for receipt, registration and further processing of the appeals and grievance cases. Participants suggested that it will be rationale to have the CESS representatives for collecting and further processing of the grievances and appeals. Jamoat office and other communities' representatives (villages leaders) shall be important members of the GRC as well. The contractor also should have a person who will be closely involved in the resolution process and decision making of the appeals cases.

Questions and discussions

The consultation meeting participants were actively involved in the discussion. Questions and comments revolved around details of the project activities, including schedule of construction activities, supervision over the quality of construction works, involvement of CESS specialist in the design of the internal communication and rooms of different designation within the building, etc.

Responses and clarifications were provided to the questions and concerns raised by participants. They were also informed that the TA consultants will develop social and environmental impact assessment report based on the collected information in the process of such consultation meetings and sites reconnaissance visits, which shall support the project in any relevant issue in early stage of the project and propose mitigation measures.

The project information will be disclosed at local level and stakeholders and communities will be duly consulted throughout all the process and the project stages throughout of preparation, implementation and completion. In General, the social and environmental consultants provided similar information in the process of the community meaningful consultations in all project districts as per the social and environmental thematic concerns and requirements.

Information on the Communities/Stakeholders Consultation Meetings

Baljuvon district

Project	Integrated Regional Health Security Project
Subject	Key Stakeholder / Community Meaningful Consultation
Planned and organized by	Zikirov Zikrullo – Head of CESS of Baljuvon district Faizullo Kudratov – Social Safeguards Consultant, TA, Davron Isaev – Environmental Safeguards Consultant, TA
Venue	Office of the head of CESS in Baljuvon District
Date	4 February 2026
Time	From 10:30 to 12:30
Participants	13 attendants (3 female, 10 male)

Opening Remarks

- Head of CESS - Introduction of inviting persons to attendees
- Consultants - Purpose of the public consultation and participation.
- Agenda.

Information Provision/Presentations

- Overall brief information about the project – aims, objectives, activities.
- Brief Introduction to the ADB social and environmental safeguards policy requirements
- Explaining whether adverse social and negative environmental impacts are expected and the types and scale of such potential impacts.
- Introducing compensation approach in the cases of unanticipated and/or temporary impact occurrence.
- Introducing environmental protection and impact mitigation approach.
- Introduction to the Grievance Redress Mechanism
- Others, Question and Answers Session.

Photos of the Consultation Process



Discussions/Comments by attending representatives

Stakeholders reported that the existing SES building, constructed in the 1990s, is in poor condition and does not comply with current sanitary standards. Participants emphasized that the new facility design should include auxiliary premises, such as storage areas for chlorine and other hazardous substances, as well as a garage. Community representatives proposed prioritizing the employment of local labor during construction. Additional concerns included ensuring adequate access for vehicles and heavy equipment and arranging a temporary facility to maintain uninterrupted SES operations during construction. Sensitive receptors in the vicinity include residential areas, district central road and government facilities. The demolition of the existing building and the presence of asbestos-containing materials were identified as issues requiring careful management.

Questions and Remarks from attendees	Answers by TA Consultants
Concerns about period of the construction works, start and duration?	The project requires adequate amount of time and procedures before the commencement. All the preparation, design works, tender process, resource allocation require time. Once all works accomplished as per required procedures the project will start construction. It might be approximately by quarter 4 of this year or next year.
Will there be any controlling party to ensure the quality and usability of the project inputs such as construction works, testing equipment and other materials?	The project will establish a project management unit under the MOHSP and most probably there will be PSC who will have required personal to control over the contractor works and supplies. You are also always in the project location and the primary user of the facilities and equipment and

can be involved in the design, quality control and other project inputs works.

List of Participants

Project TA – 10004

Integrated Regional Health Security Project

People met during field visit on: 24 February 2026

Country programme management support

Date: 24/02/26

#	Name Surname Name (English)	Position and organization Dorilov, D. (English)	Qualification number 24. 0000000000000000	Signature Dorilov, D.
1	Mirzosharifov Manuchehr	Head of CESS	846782459	
2	Faizullo Kudratov	Social Safeguards Consultant	166334657	
3	Davron Isaev	Environmental Safeguards Consultant	166271820	
4	Shahmurov B.	Head of CESS	853006359	
5	Shahmurov B.	Head of CESS	853006359	
6	Shahmurov B.	Head of CESS	853006359	
7	Shahmurov B.	Head of CESS	853006359	
8	Shahmurov B.	Head of CESS	853006359	
9	Shahmurov B.	Head of CESS	853006359	
10	Shahmurov B.	Head of CESS	853006359	
11	Shahmurov B.	Head of CESS	853006359	
12	Shahmurov B.	Head of CESS	853006359	
13	Shahmurov B.	Head of CESS	853006359	
14	Shahmurov B.	Head of CESS	853006359	
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18	Shahmurov B.	Head of CESS	853006359	
19	Shahmurov B.	Head of CESS	853006359	
20	Shahmurov B.	Head of CESS	853006359	
21	Shahmurov B.	Head of CESS	853006359	
22	Shahmurov B.	Head of CESS	853006359	

Khovaling district

Project	Integrated Regional Health Security Project
Subject	Key Stakeholder / Community Meaningful Consultation
Planned and organized by	Mirzosharifov Manuchehr – Head of CESS of Khovaling district Faizullo Kudratov – Social Safeguards Consultant, TA, Davron Isaev – Environmental Safeguards Consultant, TA
Venue	Office of the head of CESS in Khovaling District
Date	4 February 2026
Time	From 14:30 to 16:30
Participants	22 Attendants (6 Female, 16 Male)

Opening Remarks

- Head of CESS - Introduction of inviting persons to attendees
- Consultants - Purpose of the public consultation and participation.
- Agenda.

Information Provision/Presentations

- Overall brief information about the project – aims, objectives, activities.
- Brief Introduction to the ADB social and environmental safeguards policy requirements
- Explaining whether adverse social and negative environmental impacts are expected and the types and scale of such potential impacts.
- Introducing compensation approach in the cases of unanticipated and/or temporary impact occurrence.
- Introducing environmental protection and impact mitigation approach.
- Introduction to the Grievance Redress Mechanism
- Others, Question and Answers ion.

Photos of the Consultation Process



Discussions/Comments by attending representatives

In the process of discussion SES staff and local stakeholders highlighted the importance of functional and needs-based design of the new SES facility. It was recommended that designers closely coordinate with medical personnel to ensure appropriate laboratory layouts, adequate ventilation systems, and measures to prevent cross-contamination. Sensitive receptors around the proposed site include residential areas and government buildings. No demolition works or asbestos-related issues were identified. There was no any other major issue and/or concern raised by the participants.

Questions and Remarks from attendees

A comment was made by the CESS specialist about interior design of the rooms and laboratories spaces in the new building and requested to involve local specialists in the design process. Because sometimes it happens that rooms within buildings are not sufficiently spaced to accommodate equipment and working space and sometimes too wide and there is useless area in the rooms

Answers by TA Consultants

CESS specialists were encouraged to get involved in the process of the project implementation and review design when the specialists arrive in their district to allocate the building and design laboratories and administrative rooms within the building. If there is any question and/or concern they have to raise it and get more information about the structural design. Also, the laboratory will be designed by specialized engineer and specialists, who will consider the equipment and machinery to be placed in the building. It is always good to get information from the project specialists and comment, raise ideas and concerns as they are the one who will use the project facilities.

Concerns were raised for the need of other required secondary structures such as barns, garages, fencing and overall CESS territory improvement works

The project design of the facilities, main and secondary structures and area improvement works is not known by us at this stage. However, your concerns will be mentioned in our reports for concerned specialists to review and consider. When the design and engineering team arrives to your place, get as much information as possible and suggest all your needs and requirement to the design team.

List of Participants

Project TA - 10064

Integrated Regional Health-Security Project

People met during field visit in Lheraling

Gender programme strategy/research outputs

Date: 9/2/2026

#	Name Surname (Last Name)	Position and organization (Director, supervisor)	Mobile/Phone number (Cell, home, office)	Signature (Printed)
1	Umarov M.	Director	985-10-48-48	[Signature]
2	Canjov M.	Supervisor	985-10-48-48	[Signature]
3	Shaymova P.	Supervisor	985-10-48-48	[Signature]
4	Taibov A.	Supervisor	985-10-48-48	[Signature]
5	Shaymova P.	Supervisor	985-10-48-48	[Signature]
6	Shaymova P.	Supervisor	985-10-48-48	[Signature]
7	Shaymova P.	Supervisor	985-10-48-48	[Signature]
8	Shaymova P.	Supervisor	985-10-48-48	[Signature]
9	Shaymova P.	Supervisor	985-10-48-48	[Signature]
10	Shaymova P.	Supervisor	985-10-48-48	[Signature]
11	Shaymova P.	Supervisor	985-10-48-48	[Signature]
12	Shaymova P.	Supervisor	985-10-48-48	[Signature]
13	Shaymova P.	Supervisor	985-10-48-48	[Signature]
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19	Shaymova P.	Supervisor	985-10-48-48	[Signature]
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23	Shaymova P.	Supervisor	985-10-48-48	[Signature]
24	Shaymova P.	Supervisor	985-10-48-48	[Signature]

Muminobod district

Project	Integrated Regional Health Security Project
Subject	Key Stakeholder / Community Meaningful Consultation
Planned and organized by	Yusupov Jobirkhon – Head of CESS of Muminobod district Sirojov Abdullo – Head of Darai Havash village, jamoat Tutiyaon Faizullo Kudratov – Social Safeguards Consultant, TA, Davron Isaev – Environmental Safeguards Consultant, TA
Venue	Office of the head of CESS in Muminobod District Darai Havash village, Tutiyaon jamoat, Muminobod District
Date	5 February 2026
Time	From 09:30 to 12:30 in Muminobod town From 14:00 to 15:30 in Darai Havash village, Tutiyaon jamoat, Muminobod
Participants	24 Attendants (6 Female, 18 Male) in Muminobod town 6 Attendants (2 Female, 4 Male) in Darai Havash village, Muminobod

Opening Remarks

- Head of CESS - Introduction of inviting persons to attendees
- Consultants - Purpose of the public consultation and participation.
- Agenda.

Information Provision/Presentations

- Overall brief information about the project – aims, objectives, activities.
- Brief Introduction to the ADB social and environmental safeguards policy requirements
- Explaining whether adverse social and negative environmental impacts are expected and the types and scale of such potential impacts.
- Introducing compensation approach in the cases of unanticipated and/or temporary impact occurrence.
- Introducing environmental protection and impact mitigation approach.
- Introduction to the Grievance Redress Mechanism
- Others, Question and Answers Session.

Photos of the Consultation Process with the CESS and Community in Muminobod town



Photos of the Consultation Process with the Community and jamoat representatives in Darai Havash village, jamoat Tutiyaon of Muminobod district (location of Rural Health House (RHH))



Discussions/Comments by attending representatives during consultation in the CESS location

Stakeholders discussed potential alternative sites and noted that the existing SES building was constructed in the 1980s. Participants raised concerns regarding inadequate medical waste management, particularly the absence of a proper incineration facility, and emphasized the need to improve waste handling practices under the project. An alternative construction site with a larger land area was proposed; however, this site is currently occupied by an operational SES facility, limiting its immediate feasibility. The surrounding area includes residential neighborhoods and government facilities. No demolition activities or asbestos-containing materials were reported for the proposed site.

Discussions/Comments by attending representatives during consultation in the RHH location

Consultations in Darai Havosh Village were conducted on 5 February 2026 regarding the proposed construction of a Rural Health House. Safeguards team expressed concerns about the suitability of the selected site, noting its proximity to a mudflow stream, ongoing soil erosion, and gully formation. The site was also considered difficult to access for the local population. Selected site is very close to the residential plots of neighboring villagers that increases risk of entering to the neighboring lands (although those are empty lands with no solid structures). This could raise community members quarrel misunderstandings with the construction workers. Territory is near to the livestock shelters and not very pleasant and adequate sanitation. Safeguards team recommended selecting an alternative site that is safer and more accessible to ensure long-term sustainability of the facility and easier accessibility. Village has other alternative locations that could accommodate the facility without any impact to others lands.

List of Participants/Consultation in CESS

Project: TA – 10556

Integrated Regional Health Security Project

People met during field visit in *Darai Havosh*

Список участников консультативной встречи

Date: *5/02/2026*

#	Name Surname (last, first, middle)	Position and organization (Должность, организация)	Emakphone number (Зн. адрес, номер телефона)	Signature (Подпись)
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5	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
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7	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
8	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
9	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
10	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
11	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
12	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
13	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
14	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
15	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
16	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
17	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
18	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
19	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
20	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
21	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
22	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
23	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
24	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>

List of Participants/Consultation in Darai Havosh

Project: TA – 10556

Integrated Regional Health Security Project

People met during field visit in *Darai Havosh*

Список участников консультативной встречи

Date: *5/02/2026*

#	Name Surname (last, first, middle)	Position and organization (Должность, организация)	Emakphone number (Зн. адрес, номер телефона)	Signature (Подпись)
1	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
2	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
3	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
4	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
5	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
6	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>
7	<i>Erkashov, Erkin</i>	<i>Chairman</i>	<i>981124815</i>	<i>[Signature]</i>

Hamadoni district

Project	Integrated Regional Health Security Project
Subject	Key Stakeholder / Community Meaningful Consultation
Planned and organized by	Murodzoda Murodbek Head of KATS of Hamadoni district Zaituna – Gender Integration Consultant, TA Faizullo Kudratov – Social Safeguards Consultant, TA, Davron Isaev – Environmental Safeguards Consultant, TA
Venue	District Health Center (DHC) of Hamadoni district Hayoti Naw village of Hamadoni district Bahoriston village of Hamadoni district Pakhtaobod village of Hamadoni district
Date	6 February 2026
Time	From 09:00 to 9:30 in Central DHC of Hamadoni district From 10:00 to 11:30 in Hayoti Naw village, Hamadoni district From 13:00 to 14:00 in Bahoriston village of Hamadoni district From 14:30 to 16:00 in Pakhtaobod village of Hamadoni district
Participants	8 Attendants (2 Female, 6 Male)
Opening Remarks	- Head of KATS - Introduction of inviting persons to attendees - Consultants - Purpose of the public consultation and participation. - Agenda.
Information Provision/Presentations	

- Overall brief information about the project – aims, objectives, activities.
- Brief Introduction to the ADB social and environmental safeguards policy requirements
- Explaining whether adverse social and negative environmental impacts are expected and the types and scale of such potential impacts.
- Introducing compensation approach in the cases of unanticipated and/or temporary impact occurrence.
- Introducing environmental protection and impact mitigation approach.
- Introduction to the Grievance Redress Mechanism
- Others, Question and Answers Session.

Photos of the Consultation Process with the KATS representative in Hayoti Naw (location of Village Health Center (VHC))



Tow new single storey buildings health facilities available on site

The old deteriorated structures

Photos of the Consultation Process in Bahoriston village Rural Health House location



Photos of the Consultation Process in Pakhtaobod village Rural Health House location



Discussions/Comments by attending representatives during consultation in the VHC location

It was identified by safeguards team that the currently selected site already hosts an operational village health center in good working condition. The site was reported to have sufficient land area to accommodate additional facilities if required in the future. No significant environmental or social concerns were raised during the consultation.

Discussions/Comments by attending representatives during consultation in the RHH location

A consultation meeting was conducted on 6 February 2026 in Boghiston Village. Stakeholders supported the proposed site, noting that it has sufficient land area, appropriate documentation, and good accessibility for the population. The site is located near a secondary school (in approximate 700 meters) and was considered suitable for service delivery. Heald of current RHH highlighted the lack of a permanent rural health facility in the village, as current services are provided from a small rented premise. The proposed construction was therefore strongly supported. The school representative – head teacher and village leader were requested to control construction works, movement of heavy machinery at the periods of children going and coming back from the school. Head teacher was requested to inform children about safety measures and not entering construction territory, use opposite road side while working in the area during the school assemblies with children.

Discussions/Comments by attending representatives during consultation in the RHH location

Consultations in Pakhtaobod Village were held on 6 February 2026. Stakeholders confirmed that the selected site meets all technical, environmental, and social requirements. The site has sufficient land area, proper documentation, and good access for the local population. No concerns or objections were raised during the

meeting. In this location similarly middle school is located in the vicinity of the project site. Teacher and the head feldsher were asked to raise safety concerns and carefulness of children, not enter to the construction site, etc.

List of Participants/Consultation

Project: TA – 10594

Integrated Regional Health Security Project

People met during field visit in Rasht district

Список участников консультативной встречи

Date: 06/02/26

#	Name Surname Имя фамилия	Position and organization Должность, организация	Email/phone number Эл. адрес, номер телефона	Signature Подпись
1	Абдуллоев Абдухамид	МТМУ №39	900717874	[Signature]
2	Рустам махмуд	МБС Бактиабдуллоев	985614119	[Signature]
3	Мухомедов М	Рабобат Косе	111-57-790	[Signature]
4	Абдуллаев Абдулло	МБС Бактиабдуллоев		[Signature]

Rasht district

Project	Integrated Regional Health Security Project
Subject	Key Stakeholder / Community Meaningful Consultation
Planned and organized by	Homidov Khushnud – Head of CESS of Rasht district Faizullo Kudratov – Social Safeguards Consultant, TA, Davron Isaev – Environmental Safeguards Consultant, TA
Venue	Office of the head of CESS in Rasht District
Date	9 February 2026
Time	From 12:30 to 14:30
Participants	14 Attendants (2 Female, 12 Male)

Opening Remarks

- Head of CESS - Introduction of inviting persons to attendees
- Consultants - Purpose of the public consultation and participation.
- Agenda.

Information Provision/Presentations

- Overall brief information about the project – aims, objectives, activities.
- Brief Introduction to the ADB social and environmental safeguards policy requirements
- Explaining whether adverse social and negative environmental impacts are expected and the types and scale of such potential impacts.
- Introducing compensation approach in the cases of unanticipated and/or temporary impact occurrence.
- Introducing environmental protection and impact mitigation approach.
- Introduction to the Grievance Redress Mechanism
- Others, Question and Answers Session.

Photos of the Consultation Process



Discussions/Comments by attending representatives

The consultation meeting in Rasht District brought together local government representatives, community leaders, and Jamoat workers to discuss the proposed construction of the Sanitary and Epidemiological Station (SES) facility. The meeting was characterized by strong community support and active participation from local authorities, demonstrating effective stakeholder engagement at the early stage of project preparation.

The consultation meeting generated full support from all participants, including Mahalla leaders and Jamoat workers, for the construction of the new SES building. Participants acknowledged the critical need for modern health infrastructure in the district and expressed their commitment to facilitating the project implementation. Community leaders offered to assist in coordinating with local residents during the construction phase to minimize disruptions and ensure smooth project delivery.

Land allocation and current status of CESS. The allocated land area for the Rasht District SES facility measures 0.17 hectares. The site currently contains several obsolete buildings dating from the 1950s, which are no longer functional and do not meet modern health facility standards. These existing structures will require demolition prior to the construction of the new facility.

Facility operations. The current SES facility serves both Gharm city and the broader Rasht district, with 25 full-time employees providing essential public health services to the population. The existing operational capacity highlights the importance of upgrading infrastructure to support the growing service delivery demands.

Infrastructure Considerations: Centralized sewage pipeline located approximately 5 meters from the land plot, facilitating connection to municipal wastewater infrastructure

Access road challenges: The current two-lane access road is frequently used by local shop customers and residents for parking, which may create logistical difficulties for heavy construction vehicles and material delivery. Even current situation is observed being not regulated and there are many difficulties for movement. Situation will require regulated traffic movement on the access road by identifying other parking area. Road signs do not allow for parking on this road but requirements are not obeyed.

Questions and Remarks from attendees	Answers by TA Consultants
Interest on soonest start of construction works	The project requires adequate amount of time and procedures before the commencement. All the preparation, design works, tender process, resource allocation require time. Once all works accomplished as per required procedures the project will start construction. It might be approximately by quarter 4 of this year or next year.
Concerns were raised for the need of other required secondary structures such as barns, garages, fencing and overall CESS territory improvement works	The project design of the facilities, main and secondary structures and area improvement works is not known by us at this stage. However, your concerns will be mentioned in our reports for concerned specialists to review and consider. When the design and engineering team arrives to your place, get as much information as possible and suggest all your needs and requirement to the design team.
The Head of Jamoat raised a practical question regarding the availability of detailed information about the building layout and its specific location within the allocated land plot. She inquired whether the architectural design and site positioning had already been finalized, reflecting the community's interest in understanding the concrete plans for the facility.	Project representatives explained that while the land allocation has been confirmed, the detailed architectural drawings, building layout, and precise positioning within the plot will be developed during the project implementation phase. This approach allows for technical refinement based on site-specific assessments and stakeholder input gathered during the consultation process.

List of Participants

Project TA - 18584

Integrated Regional Health Security Project

People met during field visit in 14 February, 5 mahalla, Gharm

Geographic coordinates of the site: 39° 00' 00" N, 69° 00' 00" E

Date: 2/02/2026

#	Name Surname (last name)	Position and organization (District, mahalla)	Mobilephone number (TA, other, home)	Signature (Подпись)
1	Khaydarov, Khaydar	Director, SES	998955300000	[Signature]
2	Khaydarov, Eduard	Deputy Director, SES	9989551090	[Signature]
3	Khaydarov, Javohir	Deputy Director, SES	9989551090	[Signature]
4	Khaydarov, Khaydar	Deputy Director, SES	101017035	[Signature]
5	Khaydarov, Khaydar	Deputy Director, SES	020 3418 19	[Signature]
6	Khaydarov, Khaydar	Deputy Director, SES	00144 66 50	[Signature]
7	Khaydarov, Khaydar	Deputy Director, SES	157227229	[Signature]
8	Khaydarov, Khaydar	Deputy Director, SES	998955300000	[Signature]
9	Khaydarov, Khaydar	Deputy Director, SES	998955300000	[Signature]
10	Khaydarov, Khaydar	Deputy Director, SES	998955300000	[Signature]
11	Khaydarov, Khaydar	Deputy Director, SES	998955300000	[Signature]
12	Khaydarov, Khaydar	Deputy Director, SES	00144 66 50	[Signature]
13	Khaydarov, Khaydar	Deputy Director, SES	00144 66 50	[Signature]
14	Khaydarov, Khaydar	Deputy Director, SES	998955300000	[Signature]

Tojikobod district

Project	Integrated Regional Health Security Project
Subject	Key Stakeholder / Community Meaningful Consultation
Planned and organized by	Mirzomuddinova Nigora – Head of CESS of Tojikobod district Faizullo Kudratov – Social Safeguards Consultant, TA, Davron Isaev – Environmental Safeguards Consultant, TA
Venue	Office of the head of CESS in Tojikobod District
Date	10 February 2026
Time	From 9:30 to 11:30
Participants	11 Attendants (2 Female, 9 Male)

Opening Remarks

- Head of CESS - Introduction of inviting persons to attendees
- Consultants - Purpose of the public consultation and participation.
- Agenda.

Information Provision/Presentations

- Overall brief information about the project – aims, objectives, activities.
- Brief Introduction to the ADB social and environmental safeguards policy requirements
- Explaining whether adverse social and negative environmental impacts are expected and the types and scale of such potential impacts.
- Introducing compensation approach in the cases of unanticipated and/or temporary impact occurrence.
- Introducing environmental protection and impact mitigation approach.
- Introduction to the Grievance Redress Mechanism
- Others, Question and Answers Session.

Photos of the Consultation Process



Discussions/Comments by attending representatives

The consultation meeting in Tojikobod District involved direct engagement with SES laboratory staff and health workers who provided valuable technical insights based on their operational experience. The meeting demonstrated strong buy-in from facility staff who will be the primary users and beneficiaries of the improved infrastructure.

The Head of Laboratory expressed full and enthusiastic support for the construction of the new SES building. Staff members emphasized that the currently used temporary wooden sheds are no longer suitable for laboratory operations, lack proper biosafety features, and do not meet minimum infrastructure standards for public health facilities. They highlighted the urgent need for modernized, purpose-built laboratory space to effectively conduct disease surveillance and testing activities.

Land Allocation and Current Infrastructure: The allocated land area for the SES is 0.10 hectares. Despite the limited area, the site is strategically located in close proximity to the district hospital and polyclinic, facilitating coordination and sample referral between health facilities.

Current Facility Conditions: The existing SES facility operates from two mobile wooden containers, which represent highly substandard and temporary infrastructure. Both structures lack proper insulation, sanitation, climate control, and biosafety features. The temporary nature of these facilities severely limits operational capacity and poses occupational health risks to staff.

Waste Management Practices: Medical waste is currently managed through burning in a self-made furnace, which lacks emission controls, operator safety features, and compliance with waste management standards. This practice poses environmental and health risks and requires immediate improvement under the project.

Infrastructure Requirements: The consultation confirmed the critical need to transition from temporary, makeshift facilities to a permanent, properly designed SES building that meets modern public health laboratory standards and provides a safe working environment for health personnel.

Questions and Remarks from attendees	Answers by TA Consultants
SES workers raised a critical technical question regarding the building layout and design, specifically requesting that the facility design incorporate measures to avoid cross-contamination between clean and contaminated areas. This reflects professional awareness of biosafety principles and the importance of proper laboratory zoning.	The project team acknowledged this essential requirement and confirmed that the facility design will adhere to national and international biosafety standards, including: - Functional separation of clean and dirty zones - Unidirectional workflow to minimize contamination risks - Appropriate ventilation and air pressure differentials - Designated waste handling and decontamination areas - Proper laboratory layout to ensure staff safety and sample integrity
Concerns were raised for the need of other required secondary structures such as barns, garages, fencing and overall CESS territory improvement works	The project design of the facilities, main and secondary structures and area improvement works is not known by us at this stage. However, your concerns will be mentioned in our reports for concerned specialists to review and consider. When the design and engineering team arrives to your place, get as much information as possible and suggest all your needs and requirement to the design team.

List of Participants

Project: TA – 18594

Integrated Regional Health Security Project

People met during field visit in *Турсунзод, м. 29.02.2026*

Список участников консультативной встречи *Абдул О.*

Date: *10/02/26*

#	Name Surname Имя фамилия	Position and organization Должность, организация	Emel/phone number Эл. адрес, телефон	Signature Подпись
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2	<i>Абдул Рахмон Рахмонов НУБЭЗ</i>	<i>НУБЭЗ</i>	<i>935242482</i>	<i>[Signature]</i>
3	<i>Абдул Рахмон Рахмонов НУБЭЗ</i>	<i>НУБЭЗ</i>	<i>931305036</i>	<i>[Signature]</i>
4	<i>Абдул Рахмон Рахмонов НУБЭЗ</i>	<i>НУБЭЗ</i>	<i>77100450</i>	<i>[Signature]</i>
5	<i>Абдул Рахмон Рахмонов НУБЭЗ</i>	<i>НУБЭЗ</i>	<i>937823610</i>	<i>[Signature]</i>
6	<i>Абдул Рахмон Рахмонов НУБЭЗ</i>	<i>НУБЭЗ</i>	<i>30404599</i>	<i>[Signature]</i>
7	<i>Абдул Рахмон Рахмонов НУБЭЗ</i>	<i>НУБЭЗ</i>	<i>931305036</i>	<i>[Signature]</i>
8	<i>Абдул Рахмон Рахмонов НУБЭЗ</i>	<i>НУБЭЗ</i>	<i>311304522</i>	<i>[Signature]</i>
9	<i>Абдул Рахмон Рахмонов НУБЭЗ</i>	<i>НУБЭЗ</i>	<i>930139121</i>	<i>[Signature]</i>
10	<i>Абдул Рахмон Рахмонов НУБЭЗ</i>	<i>НУБЭЗ</i>	<i>717755864</i>	<i>[Signature]</i>
11	<i>Абдул Рахмон Рахмонов НУБЭЗ</i>	<i>НУБЭЗ</i>	<i>934945422</i>	<i>[Signature]</i>
12				

Tursunzoda district

Project	Integrated Regional Health Security Project
Subject	Key Stakeholder / Community Meaningful Consultation
Planned and organized by	Saidzoda Mizrob – Head of CESS of Tursunzoda district Faizullo Kudratov – Social Safeguards Consultant, TA, Davron Isaev – Environmental Safeguards Consultant, TA
Venue	Office of the head of CESS in Tursunzoda district
Date	11 February 2026
Time	From 12:30 to 14:30
Participants	11 Attendants (2 Female, 9 Male)
Opening Remarks	
▪ Head of CESS - Introduction of inviting persons to attendees ▪ Consultants - Purpose of the public consultation and participation. ▪ Agenda.	
Information Provision/Presentations	

-
- Overall brief information about the project – aims, objectives, activities.
 - Brief Introduction to the ADB social and environmental safeguards policy requirements
 - Explaining whether adverse social and negative environmental impacts are expected and the types and scale of such potential impacts.
 - Introducing compensation approach in the cases of unanticipated and/or temporary impact occurrence.
 - Introducing environmental protection and impact mitigation approach.
 - Introduction to the Grievance Redress Mechanism
 - Others, Question and Answers Session.
-

Photos of the Consultation Process



Discussions/Comments by attending representatives

The consultation meeting featured substantive technical discussions with the Head of SES and facility staff, who demonstrated detailed knowledge of operational requirements and provided specific recommendations for facility design and project implementation approach. The meeting reflected strong institutional engagement and professional expertise among participants.

Proposals and Recommendations from Participants

1 Adherence to Sanitation and Safety Standards: The Head of SES emphasized the critical importance of ensuring that the building layout meets all relevant national and international standards for sanitation and safety, with particular focus on avoiding cross-contamination between different functional zones of the laboratory.

2 Exclusion of Tuberculosis Laboratory: SES staff proposed that the tuberculosis (TB) laboratory should not be integrated into the main SES facility. They provided a strong technical rationale based on Soviet-era practices and biosafety principles:

- TB laboratories require separate, isolated locations to ensure proper sanitary buffer zones
- Integration of TB testing within general SES facilities could compromise biosafety
- Historically, TB laboratories have operated in separate, dedicated facilities
- Continued separation is necessary to meet infection prevention and control standards

This recommendation will be incorporated into the facility design considerations to ensure appropriate functional separation and biosafety compliance.

3 Training on New Equipment: SES workers proposed that upon completion of the new building and installation of modern laboratory equipment, all facility staff must receive comprehensive training on the operation, maintenance, and safety protocols for the new diagnostic instruments and systems. This reflects awareness of the capacity-building requirements for effective technology transfer and sustainable operations.

4 Phased Construction Approach: The Head of SES proposed a pragmatic implementation strategy to ensure continuity of services:

- The existing SES building should remain operational throughout the construction period
- The new facility should be constructed and fully equipped first
- Only after the new building is ready for occupancy should the old building be demolished
- The allocated land area is sufficient to accommodate both structures simultaneously during the transition period. This phased approach would prevent service interruptions, maintain disease surveillance capacity during construction, and ensure a smooth transition for staff and operations.

Baseline Site Information

Land Allocation and Current Facility: The allocated land area for SES is 0.44 hectares, providing sufficient space for the proposed phased construction approach. The existing facility, constructed in the 1960s, is a single-story carcass building in very poor condition that requires constant renovation and maintenance. Despite its deteriorated state, the building continues to serve both Tursunzoda city and the broader district.

Facility Operations: The current CESS facility employs 43 full-time staff members, making it one of the larger facilities among those assessed. The substantial workforce underscores the importance of maintaining uninterrupted service delivery during the construction and transition period.

Environmental and Social Baseline:

Sensitive Receptors:

- Asbestos-containing materials (ACM) present in the existing building roofing
- Adjacent residential houses and populated areas
- Centralized sewage system located in close proximity to the site, enabling connection to municipal wastewater infrastructure

Waste Management Practices:

Medical waste is currently managed through burning in a Soviet-era incinerator that is in very poor condition. The outdated equipment lacks modern emission controls, safety features, and operational reliability. Urgent improvement of waste management practices is required under the project to meet environmental and occupational health standards.

Infrastructure Condition:

The 1960s-era building suffers from structural deterioration, inadequate ventilation, poor insulation, and obsolete utility systems. The facility's poor physical condition compromises both service quality and staff working conditions, reinforcing the urgent need for replacement infrastructure that meets contemporary health facility standards.

Questions and Remarks from attendees	Answers by TA Consultants
Participants raised an important planning question regarding whether the building design will be standardized across all districts or tailored to address local specifics and operational requirements in each target district.	Project representatives acknowledged that this design decision has not yet been finalized and will be determined during the detailed assessment and architectural design phase. The response indicated that the design approach will balance standardization for efficiency and cost-effectiveness with site-specific adaptations to address local conditions, service demands, and available land area.
Concerns were raised for the need of other required secondary structures such as barns, garages, fencing and overall CESS territory improvement works	The project design of the facilities, main and secondary structures and area improvement works is not known by us at this stage. However, your concerns will be mentioned in our reports for concerned specialists to review and consider. When the design and engineering team arrives to your place, get as much information as possible and suggest all your needs and requirement to the design team.

List of Participants

Project: TA – 10594

Integrated Regional Health Security Project

People met during field visit in Республика Татарстан

Список участников консультативной встречи

Date: 11/02/2026

#	Name Surname Имя Фамилия	Position and organization Должность, организация	Email/phone number Эл. адрес, номер телефона	Signature Подпись
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2	Балашова Ирина	Министр здравоохранения	919 55 38 31	[Signature]
3	Ибрагимов Азамат	Министр здравоохранения	752 000 60	[Signature]
4	Башаров Александр	Министр здравоохранения	418-56-19-81	[Signature]
5	Башаров Александр	Министр здравоохранения	939 04 04 51	[Signature]
6	Башаров Александр	Министр здравоохранения	904 10 74 74	[Signature]
7	Башаров Александр	Министр здравоохранения	904 46 11 14	[Signature]
8	Башаров Александр	Министр здравоохранения	987 57 38 31	[Signature]
9	Башаров Александр	Министр здравоохранения	908 66 19 28	[Signature]
10	Башаров Александр	Министр здравоохранения	918 78 56 29	[Signature]
11	Башаров Александр	Министр здравоохранения	939 94 54 22	[Signature]
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CROSS-CUTTING THEMES AND RECOMMENDATIONS

Common Issues Identified Across Districts:

1. **Asbestos-Containing Materials (ACM):** All assessed CESS facilities contain ACM in roofing materials, requiring careful handling, proper disposal, and worker safety measures during demolition activities.
2. **Proximity to Residential Areas:** All facilities are located in or adjacent to densely populated residential neighborhoods, necessitating careful management of construction-related impacts (noise, dust, traffic, vibration) and community engagement throughout implementation.
3. **Inadequate Waste Management:** Current waste management practices across all sites rely on primitive, self-made incinerators that lack safety features, emission controls, and environmental compliance. Urgent upgrading of waste handling, treatment, and disposal systems is required.
4. **Poor Utility Infrastructure:** Existing facilities experience frequent power interruptions and unreliable water supply, particularly during winter months. New facilities must incorporate backup power systems, water storage, and connections to centralized sewage networks where available.
5. **Continuity of Services:** Stakeholders emphasized the importance of maintaining disease surveillance and laboratory services during construction, requiring phased implementation approaches or temporary facility arrangements.

Key Recommendations for Project Design

1. **Community Engagement:** Continued consultation with local authorities, community leaders, and adjacent residents throughout implementation to ensure awareness of construction activities and mitigation measures.
2. **Phased Implementation:** Where feasible and space permits, adopt phased construction approaches that allow existing facilities to remain operational until new buildings are ready for occupancy, ensuring continuity of essential public health services.
3. **Biosafety and Infection Prevention:** Facility designs must incorporate proper zoning, unidirectional workflow, appropriate ventilation systems, and measures to prevent cross-contamination, as recommended by technical staff.
4. **Capacity Building:** Comprehensive training programs must be developed for CESS staff on the operation and maintenance of new laboratory equipment, biosafety protocols, and waste management systems.
5. **Environmental Management:** Site-specific Environmental Management Plans must address ACM removal, waste management improvement, construction-related impacts, and occupational health and safety measures.

Annex 4: Decree by MOHSP for GRM establishment

(The nature of the Decree is the same as GRM procedures in the SSDDR main text.)

ФАРМОИШ

аз «__» _____ соли 2026, № _____

«Оид ба механизми баррасии арзу шикоятҳо»

Бо мақсади бо муваффақият татбиқ намудани Лоихаи «_____», ки тибқи Созишномаҳои грантӣ байни Ҳукумати Ҷумҳурии Тоҷикистон ва Бонки Осиёи Рушд азсоли 2025, аз ҷониби Бонки Осиёи Рушд маблағгузорӣ шудааст, барои баррасии саривақтии шикоятҳо ва муроҷиатҳои шахрвандон дар доираи Лоиха, ки татбиқкунандаи он мебошад, инчунин тибқи қонунгузори Ҷумҳурии Тоҷикистон, Сиёсати Бонки Осиёи Рушд оид ба кафолатҳои иҷтимоии соли 2009 ва Сиёсати Бонки Осиёи Рушд оид ба механизми ҳисоботдиҳӣ дар соли 2012

ФАРМОИШ МЕДИҲАМ

1. Ҳайати Кумитаи баррасии шикоятҳо (КБШ) дар Лоихаи «.....» мутобиқи Замимаи 1 ва Механизми баррасии шикоятҳо (МБШ) мутобиқи Замимаи 2 тасдиқ карда шавад.
2. Раиси КБШ бо иҷрои роҳбарият ба МБШ сардори шуъбаи мониторинги ҳифзи иҷтимоӣ ва экологии – _____ таъин карда шавад.
3. Шахси ваколатдор (ШВ) бо иҷрои вазифаҳои марбут ба кори МБШ мутахассис оид ба масъалаҳои ҳифзи иҷтимоӣ ва экологии Гурӯҳи татбиқи Лоихаи «.....» - таъин карда шавад.
4. Назорати иҷрои Фармоиши мазкур ба зиммаи _____ МТЛ _____ вогузор карда шавад.

Директор

Тартиб дод:

Роҳбари Лоихаи «..... »

Мувофиқа карда шуд:

Муовини директор оид ба иқтисод ва молия

Сардори шуъбаи ҳуқуқ

Замимаи №1
ба Фармониши директори

аз «___» _____ соли 2026, № _____

Ҳайати Кумитаи баррасии шикоятҳо (КБШ), ки барои баррасии шикоятҳо ва муроҷиатҳои шаҳрвандон дар Лоихаи «.....» таъсис дода шудааст.

1. Сардори шуъбаи мониторинги ҳифзи - _____
ичтимоӣ ва экологии
2. Муҳандиси техникаи бехатарӣ (ТБ) -
3. Сардори хадамоти тамосҳо -
4. Раиси иттифоқи касаба -
5. Роҳбари намояндагии ширкати -
мушовирии лоиҳа
6. Мутахассис оид ба масъалаҳои ҳифзи -
ичтимоӣ ва экологии ширкати мушовирии
лоиҳа
7. Роҳбари намояндагии ширкати Сохтмони -

Замимаи №2
ба Фармоиши директори

аз «___» _____ соли 2026, №_____

Механизми баррасии шикоятҳо (МБШ), ки барои баррасии арзу
шикоятҳои шахрвандон дар доираи Лоихаи

«_____» таъсис дода шудааст

1. Лоихаи мазкур, ки Бонки Осиёи Рушд маблағгузорӣ намудааст тавассути МТЛ татбиқ карда мешавад. МБШ ин вазифаҳоро ба анҷом мерасонад.

2. Дар асоси гуфтаҳои боло Лоиха, Механизми баррасии шикоятҳо таҳия намудааст, ки тавассути он амалҳои зерин иҷро мегарданд: а) ҳар нафаре, ки аз амалисозии Лоихаи мазкур зарар дидааст метавонад дархост намояд ва ба дархости худ шарҳи дақиқ гирад, ё ин ки ба татбиқи Лоиха муроҷиати хаттӣ намояд; б) роҳбарияти МТЛ бо Гурӯҳи татбиқи Лоиха бояд, ки чораҳои дахлдор ва саривақти андешанд, инчунин манфиатҳои шахрвандонро тибқи қонун ба назар гиранд. Механизми баррасии шикоятҳо (МБШ) дар доираи қонунгузории Ҷумҳурии Тоҷикистон ва Сиёсати БОР оид ба механизми ҳисоботдиҳӣ дар соли 2012 таҳия гардидааст.

3. Ҳаҷми масъалаҳое, ки МБШ дар бар мегирад, ин танҳо ба татбиқи татбирҳои ҳифзи муҳити зист, кӯчониши ғайриихтиёрӣ ва ошкор намудани маълумотҳо мебошад. Ҳамагуна масъалаҳо марбут ба қаллобӣ ва ҳолатҳои коррупсионӣ мутобиқ ба МБШ ба қайд гирифта мешавад, аммо тибқи қонунгузории Ҷумҳурии Тоҷикистон ва Сиёсати Антикоррупсионии БОР аз соли 1998, ҳамчун як раванди алоҳида баррасӣ хоҳад шуд. МБШ дар тамоми давраи қорҳои сохтмонӣ дар доираи Лоиха эътибор дорад.

4. Дар умум мақсади асосии МБШ барои Лоиха ин мувофиқат намудани барасмиётдарории МБШ барои хавфҳои эҳтимолии марбут ба муҳити зист ва ҷанбаҳои иҷтимоии Лоиха мебошад. Механизми мазкур мушкилотҳо ва шикоятҳоро бо истифода аз раванди фаҳмо ва шаффоф баррасӣ намуда, хусусиятҳои фарҳангӣ ва гендериро ба назар мегиранд ва инчунин, бидуни хароҷот ё ҷуброн барои муроҷиаткунанда хоҳад буд. Механизм барои муроҷиат намудан ба воситаҳои ҳукукии давлатӣ ё маъмурӣ монеагӣ намекунад, инчунин ба шахсони эҳтимолан осебдида маълумоти заруриро мерасонад.

Ҳадафҳои асосии механизми баррасии шикоятҳо инҳоянд:

i. Ноил шудан ба розигии тарафайн, то ки ҳам Лоиҳа ва ҳам шахсони осебдида қонё гарданд, инчунин ҳамагуна шикоятҳои тарафайн дар сатҳи маҳаллӣ тариқи гуфтушунид ҳали худро ёбад;

ii. Мусоидат намудан барои раванди рушд дар сатҳи маҳаллӣ, дар ин хусус нигоҳ доштани шаффофият, инчунин ҳисоботдиҳиро ба роҳ мондан.

5. МБШ дорои чор унсурҳои асосии зерин мебошад:

✓ **Механизм баррасии шикоятҳо** – тартибе, ки тибқи он шикоятҳо саривактӣ қабул, таҳлил ва қаноатбахш баррасӣ мегарданд.

✓ **Кумита барои барраси шикоятҳо (КБШ)** – барои баррасии шикоятҳо ҷавобгу буда, ҷиҳати ҳали он қарори дахлдорро қабул менамояд.

✓ **Шахси ваколатдор (ШВ)** – шикоятҳоро қабул ва гурӯҳбандӣ менамояд, маҷлисҳо мегузаронад ва барои ташкил намудани маҷлисҳо кӯмак менамояд, ҳуҷҷатҳои заруриро пешниҳод менамояд, ҳамаи ҳуҷҷатҳоро нигоҳ медорад, аз он ҷумла дафтарчаи бақайдгирии шикоятҳоро.

✓ **Маълумотрасонии ҷамъиятӣ** – Гурӯҳи татбиқи Лоиҳаи мазкур ба аҳолие, ки дар минтақаи амалишавии Лоиҳа зиндаги мекунанд, маълумот ҷиҳати мавҷудият ва фаъолияти МБШ медиҳад.

6. Кори МБШ дар Лоиҳа аз инҳо иборат мебошад:

6.1. Шикоятҳо / муроҷиатҳои аз тарафи шахсони осебдида воридгардида аз ҷониби Лоиҳа / Ҷамоат дар ҷояш қабул мегардад. Ҳамаи шикоятҳо дар дафтарчаи бақайдгирии шикоятҳои дар объект буда, ба қайд гирифта мешавад.

6.2. Шикоятҳо / муроҷиатҳое, ки дар ҳуди объект ҳалли худро меёбанд, аз ҷониби намоёндагони Лоиҳа дар муҳокима бо шахси осебдида, инчунин бо Шахси ваколатдор (агар зарур бошад) баррасӣ карда мешаванд. Ҷавоби мактуби аз ҷониби намоёндаи Лоиҳа дар объект омода гардида дар муддати 14 рӯз аз рӯзи бақайдгириташуда ба шахси муроҷиатнамуда ирсол мегардад.

6.3. Шикоятҳо / муроҷиатҳое, ки дар ҷояш ҳалли худро намеёбанд аз рӯи тобеият ба Кумитаи баррасии шикоятҳо барои баррасии минбаъда аз рӯи унсурҳои зерин ирсол карда мешавад:

6.3.1. ШВ барои баргузории ҷаласа КБШ-ро даъват менамояд, ки КБШ дар ҳаёти худ дорои шахсони ваколатдор мебошад (ба Замимаи 1 нигаред). Ҷаласа бояд, ки на дертар аз 5 рӯз аз рӯзи бақайдгирии шикоят баргузор гардад.

6.3.2. ШВ бояд, ки ба аъзои КБШ маълумотҳои заруриро оид ба шикояти воридгардида пешниҳод намояд, ба мисли: муроҷиати Шахси

осебдида (ШО), маводҳо дар шакли аксҳо / видеоҳо, дигар маводҳо, қарори судӣ ва ғ. Дар ҳолати зарури КБШ метавонад, ки маълумоти иловагиро аз ШО талаб намояд, инчунин метавонад бо ҳуқуқшиносҳо машварат баргузор намояд.

6.3.3. Пас аз ин КБШ баррасии Шикоятҳо / муроҷиатҳоро ба анҷом расонида, ҳулосаи қабулгардидаи кори чаласаро дар протоколи расмӣ сабт менамояд (дар ҳолати зарурӣ). ШВ мактуби расмиро омода намуда ва бо имзои Раиси КБШ дар муддати 14 рӯз аз рӯзи бақайдгирифташуда ба шахси муроҷиатнамуда ирсол менамояд.

6.3.4. Агар муроҷиат мураккабтар бошад ва таҳқиқоти иловагиро талаб намояд, (мисол, зарурати ҷалби мутахассисони соҳибихтисос ва сертификатдор) онгоҳ муҳлати баррасии муроҷиат метавонад ба 30 рӯз тамдид карда шавад. Дар чунин ҳолатҳо ба муроҷиаткунанда маълумоти хаттӣ бо шарҳи сабаби тамдид шудани муҳлати баррасии муроҷиат, шарҳи раванд ва муҳлати пешбинишудаи баррасии муроҷиат бо натиҷааш пешниҳод мешавад.

6.3.5. Дар ҳолати қонёе нашудан аз натиҷаи баррасии муроҷиат, муроҷиаткунанда метавонад ба дигар сохторҳо муроҷиат намояд.

Мавзӯи маълумоти шикоятҳо / муроҷиатҳои воридгардида бо ҳисоботи ҳар моҳа оид ба рафти корҳои сохтмонӣ ба МТЛ пешниҳод мегардад.

Annex 5: Suggested sample for creating hard copy of grievance registration log book and monthly reporting on grievances resolutions

Grievance Registration Logbook: Complaints and potential issues raised

Project Name:

Abbreviations:

EA Executing Agency

PSC Project Support Consultant

IR Involuntary Resettlement

ENV Environment

Types of Applications:

A Inquiry, clarification, suggestion, request

B Complaint regarding alleged breach of social and environmental safeguards requirements

C Allegation of fraud or corruption

Analysis		Number
Total No. of Complaints		
Status	Resolved	
	Not Resolved	
Grievance types	A	
	B	
	C	
Issue	IR	
	ENV	

No.	Name of Complainant (individual / institution)	Address of the complainant	Location of project impact	Date of complaint receipt	How complaint was received - Written / Verbal / Phone / e-mail	Grievance Application No.	Type of Grievance A / B / C	Grievance Issue IR / ENV	Who addressed complaint	Contact details	Was the grievance lodged before? Yes / No	Description of the issues / complaints	Notes, undertaken actions	Status of the issue Resolved Not Resolved	Remarks
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															