



Fergana Eco City Regional Hospital – Uzbekistan

Non-Technical Summary

ESIA - Volume 1

Vision Invest

Prepared by:

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Acronyms and Abbreviations

Abbreviation	Full Description
AAQM	Ambient Air Quality Monitoring
CCRA	Climate Change Risk Assessment
IFC	International Finance Corporation
E&S	Environmental and Social
EBRD	European Bank for Reconstruction and Development
EDGE	Excellence in Design for Greater Efficiencies
EHS	Environmental Health and Safety
EPC	Engineering, Procurement, and Construction
EIA	Environmental Impact Assessment
EP	Equator Principles
ESIA	Environmental and Social Impact Assessment
ESR	Environmental and Social Requirements
FM	Facility Management
GIS	Geographic Information System
GIIP	Good International Industry Practice
GHG	Green House Gas
HVAC	Heating, Ventilation, and Air Conditioning
ILO	International Labour Organization
JV	Joint Venture
KOC	KOC Construction Mekanik Elektrik FE LLC
MDAs	Ministries, Departments and Agencies
MEEPCC	Ministry of Ecology, Environmental Protection and Climate Change
MoEF	Ministry of Economy and Finance
MoH	Ministry of Health
NCECC	National Committee on Ecology and Climate Change
NTS	Non-Technical Summary
PC	Project Company
PPPA	Public-Private Partnership Agreement
PPP	Public-Private Partnership
PAVA	Public Address and Voice Alert
SPV	Special Purpose Vehicle
UHC	Universal Health Coverage
UN	United Nations
UNFCCC	United Nations Framework Convention on Climate Change
US	United States

Abbreviation	Full Description
VOC	Volatile Organic Compound
WBG	World Bank Group
WHO	World Health Organisation

1 Introduction

1.1 Background Information

The Ministry of Health (MoH) of the Republic of Uzbekistan with support from the Ministry of Economy and Finance (MoEF) intend to develop the proposed Fergana Regional Hospital, here in referred to as the 'Project', to be developed within the Fergana Eco City in Uzbekistan in line with a dedicated Presidential Decree. The Project is being developed as a Public-Private Partnership (PPP) under Uzbekistan's Law on PPPs.

The key PPP parties will comprise the MoH as the Public Partner and Vision International Investment Company (Vision Invest) together with Azerbaijan Uzbek Investment company KOC Construction Mekanik Elektrik FE LLC (KOC) to form Vision Invest-KOC Joint Venture (JV) consortium partners as the Private Partner, whilst the Ministry of Economy and Finance will be the Procurer. The Private Partner will design, finance, construct, equip, and maintain the hospital and equipment (8-years for equipment maintenance) for which they will be compensated, subject to compliance and the fulfilment of obligations under the PPP agreement (PPPA). The MoH will be responsible for the provision of clinical services and any other services that fall outside the scope of the Private Partner. At the end of the PPPA term of 20 years, the Private Partner will transfer the hospital and its equipment to the MoH.

SLR has been engaged by Vision Invest as their Environmental and Social (E&S) consultant with key scopes of work relating to the pre-financial close Environmental and Social Impact Assessment (ESIA) and related E&S assessments and the National Environmental Impact Assessment (EIA), with support from locally based consultancy Oqtavia CAC LLC, herein referred to as Oqtavia.

This Non-Technical Summary (NTS) of the ESIA provides a description of the Project and the anticipated impacts (both positive and negative) associated with its construction, commissioning and operation phases. It also describes the design process taken to avoid impacts and the key mitigation and management measures identified to minimise or manage negative impacts and where possible to enhance beneficial impacts.

The NTS has been prepared to support the potential financing of the Project by the International Finance Corporation (IFC), European Bank for Reconstruction and Development (EBRD) and the United States (U.S) Development Finance Corporation (DFC). Besides national compliance and through project financing from the above development financial institutions (DFIs), the Project will be required to comply with the IFC's Performance Standards, EBRD's Environmental and Social Requirements (ESR) and DFC's Environmental and Social Policy Procedures (ESPP). Such requirements comprise the disclosure of the Project's environmental and social documentation for consultation with relevant stakeholders and those people that might be affected by the project.

1.2 Project Rationale

Fergana is a densely populated regional hub within Uzbekistan's Fergana Valley that has over 300,000 residents and a rapidly growing metropolitan area thus it faces acute healthcare challenges amid economic expansion and demographic shifts. The valley's population has increased by over 20% since 2015 driven by urbanization, industrial growth in textiles, agriculture, and energy sectors, and improved life expectancy now averaging 74 years.

The development of the proposed Project is envisioned to address several gaps including job creation, reducing disease burden on the city and further reducing referral rates to Tashkent by significant margins. The development of this healthcare facility aligns with Uzbekistan's "Healthcare 2030" strategy and WHO Sustainable Health goals, enhancing

equitable access, cutting treatment costs through localized care, and supporting Fergana's role as a Silk Road economic node. Without intervention and development of this facility, the risk of widening health inequities and hindering socioeconomic development increases.

1.3 Purpose and Objective of the ESIA

Besides the National EIA, that requires approval from the National Committee on Ecology and Climate Change (NCECC) prior to commencement of the Project construction activities, an ESIA for the lenders has been prepared to assess the potential environmental and social impacts of the Project. The ESIA:

- Describes the proposed Project.
- Identifies the environmental and social conditions in the Project area.
- Assesses potential impacts during construction, operation and eventual decommissioning.
- Identifies measures to avoid, minimise or manage potential impacts.
- Provides a framework outlining the basis for environmental and social management throughout the Project.

The ESIA has been prepared to meet both Uzbekistan's environmental requirements and the environmental and social standards of the DFIs financing the Project.

1.4 Structure of the ESIA

The ESIA report has been structured in the following format:

- **Volume 1:** Non-Technical Summary
- **Volume 2:** ESIA - Main Text, Tables and Figures
- **Volume 3:** Framework for Environmental & Social Management
- **Volume 4:** Appendices

2 Project Description

2.1 Project Overview

The Project includes the construction and operation of an 800-bed hospital on a greenfield site in the Fergana Eco-city with a total built-up area of approximately 110,000 m². The PPPA term is for 20 years, the Private Partner will transfer hospital and its equipment to the MoH at the end of this period.

The Project will function as a public hospital where patients from the surrounding communities and nearby cities will be treated.

Table 2-1 Key Project Information

Project Title	Fergana Eco City Hospital
Public Partner	Ministry of Health
Private Partner	Vision Invest, Azerbaijan Uzbek Investment Company (AUIC) & KOC (joint venture)
Project Company	To be established under the Private Partner JV at a later stage
EPC Contractor	KOC Construction Mekanik Elektrik LLC FE
Facility Management Company	To be established as a joint venture between Rekeep World (51%) and Vision Invest (49%)

2.2 Project Parties

The proposed Project will be established under Uzbekistan's Law on PPPs through a PPPA as part of the wider Fergana Eco City masterplan development. The respective responsibilities of the relevant partners are outlined below.

Table 2-2 Project Parties and their Responsibility

Project Party	Key Responsibilities
Ministry of Health (Public Partner)	Responsible for clinical services, regulatory oversight, hospital information systems and other services outside the scope of the Private Partner. At the end of the 20-year PPP Agreement, ownership of the hospital and equipment will transfer to the MoH.
Vision Invest, Azerbaijan Uzbek Investment Company (AUIC) & KOC Joint Venture (Private Partner)	Responsible for the design, financing, construction, commissioning, medical equipment maintenance, facility management and maintenance of the hospital in accordance with the PPP Agreement. The Private Partner will establish the SPV entity comprising of the joint venture parties. A Special Purpose Vehicle (SPV) established by the Private Partner to implement and manage the Project and oversee contractual obligations under the PPP Agreement.
EPC Contractor (KOC)	Engaged through an EPC Contract with the SPV, the EPC Contractor will be responsible for the engineering, procurement and construction of the hospital during the construction phase.
Facility Management Company (Vision Invest–Rekeep World)	Engaged through an FM Contract with the SPV, the FM Co. will be responsible for responsible for the operation, maintenance and management of non-clinical facilities and engineering systems during the operational phase, including building services, utilities, fire protection, security systems and maintenance.

2.3 Project Timeline

Target key milestones and dates for the project are outlined below.

Table 2-3 Project Tentative Execution Schedule

Agreement	Date
PPPA signing	14 th April 2026
Financial Close	06 th December 2026
Notice to Proceed	06 th December 2026
Project Commercial Operational Date	31 st September 2029

2.4 Project Location and Scale

The development footprint of the proposed Project within the Eco city boundary is located approximately 3 km to the west side of the Fergana International airport¹, and 6 km away from the Fergana City centre in the Fergana region. Fergana City is both the administrative centre and the capital of the Fergana Region, which is also referred to as *Farg'ona viloyati* in Uzbek, which lies in the southern part of the Fergana Valley, in the east of Uzbekistan. The hospital site lies within the 300-hectare Eco City masterplan on previously undeveloped, non-agricultural land that was formerly part of a military zoned area. The hospital is expected to form a central component of the Eco City development amongst other residential, commercial and institutional developments located near the already constructed amphitheatre.

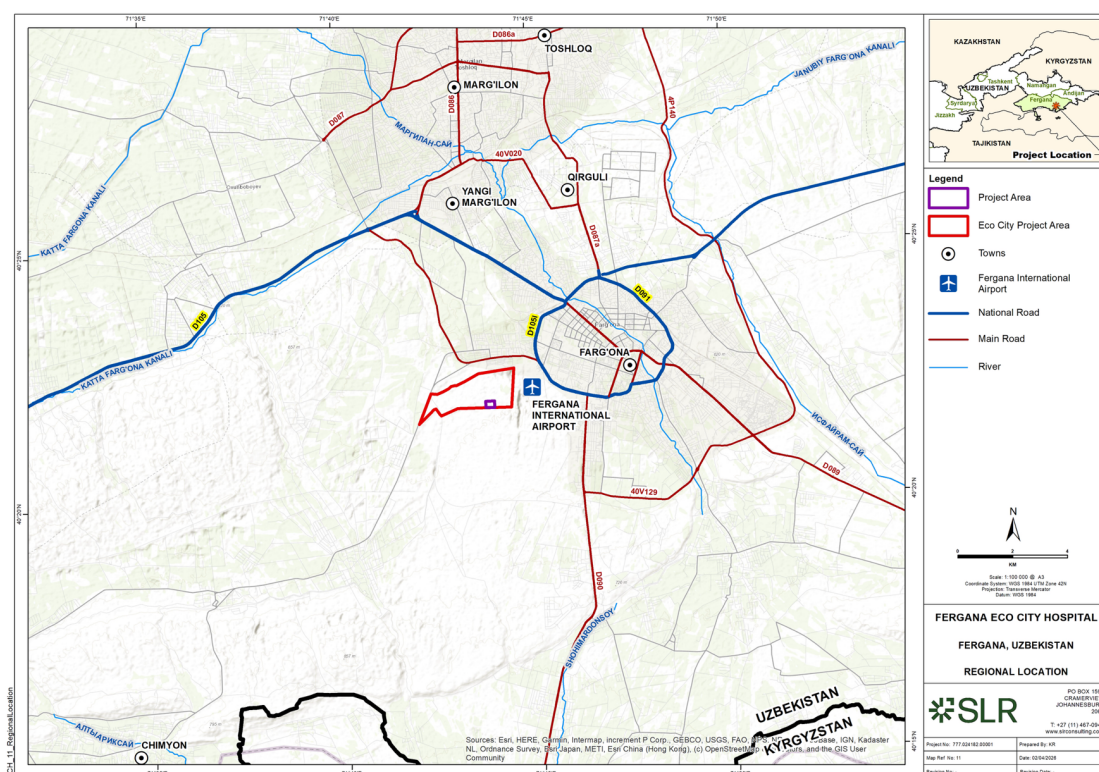


Figure 2-1 Local Context of the Project Location

¹ Distance from the airport building; 1km from the airport runway.

2.5 Land Use and Site Conditions

Land Ownership

The Project development footprint is located on government-owned land that previously part of military camp No. 49. In accordance with Order No. 133 of the Ministry of Defence of the Republic of Uzbekistan, dated 26 February 2021, the land was transferred from the Ministry of Defence and returned to the district reserve under the administration of the Fergana City Khokimiyat. Subsequently, under Decision No. 156 of the Fergana Region Governor, dated 21 April 2021, the land was allocated for the development of the Eco City masterplan, within which the Project is located.

Land Use and Site Conditions

The Project development footprint is currently zoned as non-agricultural land and as above, was previously part of the Military Unit No. 49 (settlement Okbilol) under the command of the Eastern Military District of the Ministry of Defence of Uzbekistan. The military area did not contain any permanent structures due to its proximity to residential zones and the Fergana International Airport, and it was also not used for storage of munitions. The land is understood to have been used for military drills, with fencing to prevent civilian access.

Review of historical satellite imagery as part of the ESIA indicates that the Project site and surrounding area have remained largely undeveloped over the past two decades, with no evidence of agricultural, residential or commercial land use. Noticeable changes in land use have occurred in recent years that have included a major transition as part of the broader Eco City (including land preparation, structures, road infrastructure and the amphitheatre), including within the proposed hospital site itself, with evidence of land clearance, levelling and potential trial excavation works.

During site visits undertaken as part of the ESIA, no land users have been observed. There have also not been specific concerns relating to land use or land users during the various consultations as part of the National EIA and the ESIA, with both communities and governmental authorities.



Figure 2-2 Example Conditions within the Project Development Footprint (March 2026)
Surrounding Area

The proposed hospital site is strategically located within the broader Eco City masterplan, in proximity to other planned residential and commercial mixed-use complexes that are expected to comprise 8-16 storey buildings.

Site visits were undertaken by the ESIA team were undertaken to evaluate the existing status of the site and surrounding environment, to provide context on baseline conditions.



Figure 2-3 Surrounding Conditions of the Development Area Showing Fenced Off Boundaries Near the Site

The site visits revealed that there is minimal existing completed development in the immediate vicinity of the project, with the main nearby feature being the Eco City

amphitheatre, located approximately 375 m to the north of the Project footprint. The wider area shows evidence of early-stage preparation works, including fenced area for other parcels of the Eco City development.

There was the presence of contractors (for other developments) within nearby areas, including approximately 200 m away from the Project boundary, indicating early site preparation. However, no construction was observed within the Project site itself, with limited works by other projects in immediate surrounding areas. More recent visits in summer 2026 did observe more advanced construction on this nearby plot, also understood to be for a healthcare facility. There was a small temporary construction camp at this construction site, with approximately 8 containers accommodating a handful of Chinese nationals.

Sensitive Receptors

Due to the largely undeveloped nature of the immediate surrounding area, there are few existing sensitive receptors within the expected area of influence of the Project. Those that were identified are outlined in the table below.

Table 2-4 Sensitive Receptors

ID	Receptor	Distance from Project	Receptor Type
R-1	Fergana International Airport	3 km	Transport
R-2	Teamdress workwear	1 km	Industrial
HR-1	Eco City Residence	562 m	Residential
HR-2	Nearby Community	1 km	Residential

R – Receptor

HR – Human Receptor

In addition to these receptors, there was also the on-going aforementioned site preparation/construction works at the nearby construction site. The sensitive receptors in relation to the Project boundary are shown on the following figure.

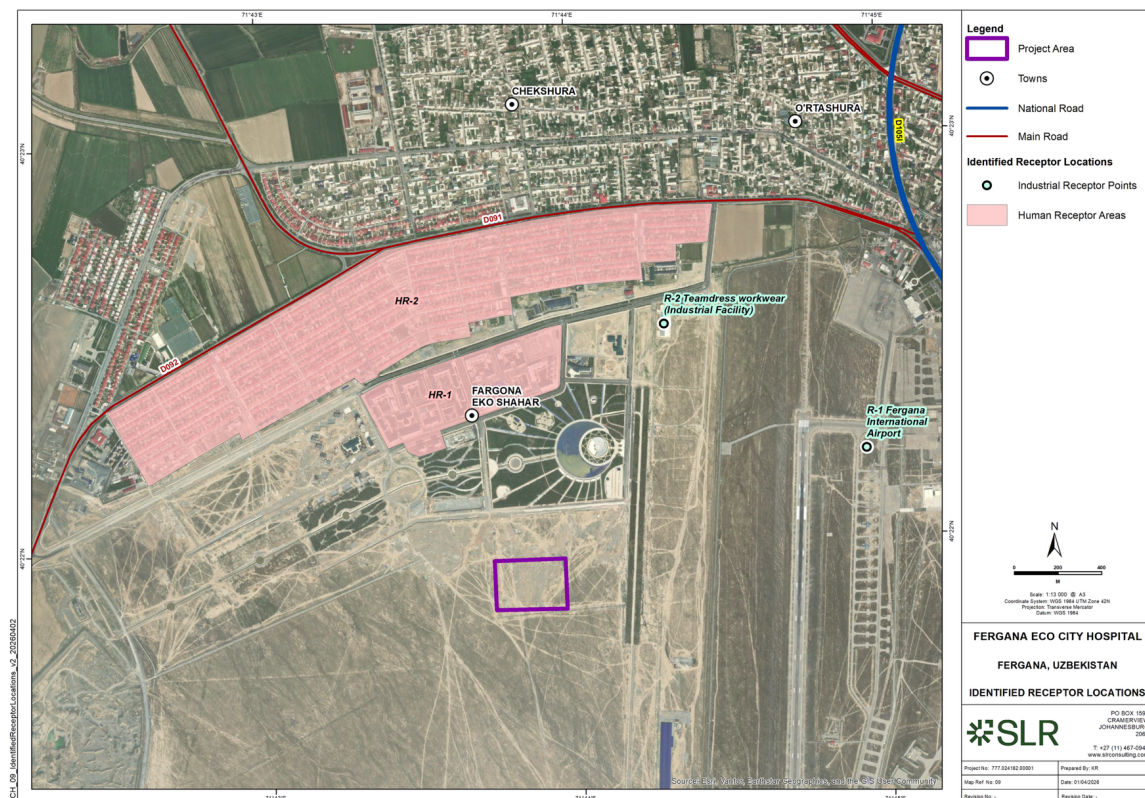


Figure 2-4 Sensitive Receptors in Relation to the Project site

2.6 Project Facilities

The hospital is designed to have multi specialities in-house to cater to the population in the Fergana Region and its surrounding areas. The Fergana Eco City Hospital's design will incorporate Uzbekistan's vibrant architectural legacy with a forward-looking approach to healing and innovation. The structural layout incorporates a landscaped area of approximately 38,373 m², with a total green area of approximately 9,553 m², accounting for approximately 25% of total landscaping in line with national requirements. An architectural rendering of the proposed hospital is shown in the following figure.



Figure 2-5 Fergana Eco City Hospital Design Concept

2.6.1 Healthcare Environment and Innovations

The Project has been designed to provide a modern, patient-centred healthcare environment that promotes comfort, wellbeing and accessibility for all users. The hospital incorporates sustainable design principles, including energy and water efficiency measures and rooftop solar photovoltaic panels, and is being designed to achieve IFC Excellence in Design for Greater Efficiencies (EDGE) certification. The facility also incorporates flexible layouts to accommodate future technological advances and expansion, while resilient structural and fire safety features have been integrated to ensure the hospital remains safe and operational during emergencies, including earthquakes.

2.6.2 Project Design and Layout

The Fergana Eco City hospital is envisioned to require superspecialists such as specialty doctors and specialty nurses in larger numbers. This is because the Project is anticipated to have higher level of care and undertake more complex surgeries and treatment procedures in-house compared to the existing hospitals in the region. The proposed hospital will be strategically developed and designed to be accessible from all the residential and commercial areas of the Fergana city.

To support these services, the hospital is planned to have a capacity of 800 beds comprising of 160 Intensive Care Unit (ICU) beds to accommodate patients requiring critical and specialised care, and 640 single, double, and ward beds for general inpatient services.

The proposed hospital has been designed with a central functional core and four extending inpatient wings, creating an efficient layout that minimises travel distances for patients, visitors and staff while supporting effective clinical operations. Separate buildings will accommodate technical services and a conference facility, and the hospital will also include dedicated spaces for medical education, research and telemedicine to support healthcare training and professional development.

The hospital will provide a wide range of specialist healthcare services, including cardiac surgery, neurosurgery, organ transplantation and other advanced medical services. Clinical facilities distributed throughout the hospital include:

- Outpatient clinics and day-care services.
- Emergency and burn care departments.
- Diagnostic imaging, clinical laboratories and blood bank.
- Renal dialysis, endoscopy and cardiac catheterisation laboratories.
- Operating theatres.
- ICUs.
- Inpatient wards.
- Administrative, education and training facilities.

The hospital will be supported by dedicated operational and service facilities to ensure the safe and efficient running of the hospital. These include:

- Medical and domestic waste management facilities.
- Sterilisation and decontamination units.
- Kitchen, dining, laundry and linen services.
- Mortuary facilities.
- Facility management, maintenance and storage areas.

- Electrical, mechanical, ICT and utility infrastructure housed within a dedicated technical services building.

The hospital will incorporate integrated life safety and building management systems, including fire detection and alarm systems, emergency lighting, voice evacuation systems, access control and CCTV surveillance. The building will also be designed to provide a safe and healthy indoor environment through high-efficiency lighting, energy-efficient heating, ventilation and air conditioning (HVAC) systems, good indoor air quality using low-emission materials, and automated climate control systems to support patient comfort, safety and operational resilience.

2.7 Associated Facilities

The proposed hospital development is part of the wider Fergana Eco City masterplan; thus, the Project will benefit from a wide range of utility infrastructure that form part of the public infrastructure networks. The utility infrastructure networks form part of the Fergana Eco City development, and they are being developed without this project, however the project is required to interface with it for the hospital to be operationally viable²:

- **Electrical Networks:** A total of 15 km of external and 28 km of internal networks have been installed, along with substations, 2 distribution points and 15 transformer stations. The nearest substation is located approximately 700 m away from the Project site. For redundancy purposes, in the event of service interruptions (e.g. strikes or other outages), the Project is required to connect to two substations via separate cables routed along different physical alignments. It is anticipated that these connections will be installed within the current and future road corridors of the Eco-City.
- **Potable Water:** A network of 12.1 km of external and 5.1 km of internal pipelines have been laid, along with fifteen wells and two 500 m³ reservoirs. A drinking water network comprising of a 400 mm diameter main pipeline is located 450 m from the boundary of the site to which the Project is envisioned to be connected to.
- **Effluent Management:** Approximately 10.9 km of external and 3.3 km of internal wastewater pipelines have been installed. The main effluent network comprising of a 500 mm diameter pipe is located approximately 1000 m from the boundary of the site through which the Project is envisaged to connect to. The provisions of the pre-treatment of wastewater prior to discharge to municipal sewerage system had not been confirmed at the time of writing this report.

The local effluent treatment facility has been confirmed to have the capacity to be able to accommodate additional loads, including those from the proposed hospital as per the PwC Project feasibility report, subsequent meeting with the utility provider (with lenders and their advisors) and in further engagement.

- **Road Network:** A 1.5 km of external and 5.3 km of internal roads have been constructed.
- **Heating:** Approximately 5.8 km of external and 11.2 km of internal heating pipelines have been installed, and a 21 MW boiler house has been constructed.

2.8 Construction Activities

Key Construction Activities

² Source: IFC presentation, 18 June 2025. As provided by Vision Invest.

Construction of the Project will be undertaken by KOC Construction Mekanik Elektrik LLC FE, hereafter referred to as the EPC Contractor over an anticipated period of approximately three years. The EPC Contractor will be contractually responsible for managing all construction activities, including environmental, social, health, safety and security performance, under the oversight of the Project Company.

The main construction activities will include site preparation, earthworks, construction of the hospital buildings, internal roads and parking areas, installation of utilities and drainage systems, construction of boundary fencing, and installation and commissioning of medical equipment and supporting infrastructure. Temporary construction laydown and storage areas will be established within the Project footprint.

Construction Worker's and Accommodation Facilities

At its peak the total workforce is expected to be 1,865, which will coincide with a midway of construction. The majority of the construction workforce is expected to be sourced from the local region and, as such dedicated workers accommodation is not expected to be extensive. However, there remains the potential for limited worker accommodation to be provided, depending on final workforce arrangements, which are yet to be confirmed. Senior management and specialist personnel may be accommodated in rented apartments within Fergana city, in proximity to the Project site. The Project workforce accommodation has been confirmed to be located within the Project site.

2.9 Operations and Facility Management

Key Operation Activities

There is a distinct split in responsibilities during operations between the public and private partner.

- The Public Partner will be responsible for procuring and administering all clinical related services for the duration of Project operation phase as per the PPPA.
- The Private Partner will be responsible for the day-to-day management of operational functions of the hospital facility, equipment and machinery together with the relevant subcontractors.
- The Facility Management Company (FM Co.) is intended to be established as a joint venture between Rekeep World having 51% of shareholding and Vision Invest allocated 49% of shareholding. This partnership combines Rekeep's international expertise in healthcare facilities management with Vision Invest's regional experience in PPP infrastructure operations.

The FM Co. will provide non-clinical services for the duration of the Project term. The services scope of the FM Co. will cover Hard Facilities Management (HFM) and Helpdesk Services for a period of 20 years, inclusive of Medical Equipment Services (MES) for a period of 8 years in full compliance with Project requirements and performance standards.

Utility Requirements

The hospital will be supplied with potable water from the municipal water network and electricity from the national grid. To ensure reliable operation of critical healthcare services, the hospital will incorporate redundant power supply systems, including backup diesel generators, uninterruptible power supply (UPS) systems, and isolated power supply (IPS) systems for critical medical equipment. A rooftop solar photovoltaic (PV) system will also be installed to provide approximately 10% of the hospital's electricity demand, improving energy efficiency and reducing greenhouse gas emissions.

Waste

Waste management responsibilities will be shared between the Ministry of Health (MoH) and the FM Co. as detailed below;

Ministry of Health

The MoH will be responsible for the management of clinical waste generated from hospital operations inclusive of temporary storage, internal collection, and engagement of licensed waste contractors relating to clinical waste streams. Hazardous and medical wastes will be handled and disposed of by licensed contractors in accordance with national regulations and international good practice.

Facility Management Company

The FM Co. will manage non-clinical waste inclusive of temporary storage, internal collection, and engagement of licensed waste contractors for non-clinical waste streams.

Solid waste generated by the Project will be managed in accordance with the waste hierarchy, with segregation at source using colour-coded containers for general, infectious, sharps, chemical, and pharmaceutical waste streams. Domestic wastewater, kitchen wastewater, laundry wastewater and medical wastewater will be collected through separate drainage systems. Medical and laboratory wastewater will undergo on-site pre-treatment, while kitchen wastewater will pass through grease separators before all wastewater is discharged to the municipal sewer network. Stormwater will be managed through a dedicated drainage system connected to the wider Eco City drainage infrastructure.

Operational Workforce

MoH

Clinical services and clinical related personnel will be provided by the MoH. The Project may involve the future closure or consolidation of certain existing healthcare facilities, although this has not yet been confirmed and based on current indications from the MoH, may not be determined until mid-2027. Any consolidation could require affected healthcare staff to transfer their place of work to the Fergana Hospital and may potentially result in some redundancies, subject to confirmation by the MoH. Where feasible and subject to the staffing requirements and recruitment arrangements determined by the Project parties and MoH.

FM Co.

The facility management, maintenance and medical equipment services will be undertaken by the FM Co., which will maintain a 24-hour operational presence. The Project aims to maximise local employment, initially targeting an 80% local workforce, increasing to 100% local technical staff within two years and 100% local management within five years through knowledge transfer and capacity building. In the event that the consolidation of existing healthcare facilities in the region occurs, the FM Co. may consider the absorption of non-clinical staff such as general workers into the FM Co. workforce, however this is subject to confirmation in the future by the Project.

2.10 Project Alternatives

In line with ESIA good practices, an overview of reasonably feasible alternatives, including a “no project” scenario have been assessed.

As the Project is being delivered through a Public-Private Partnership (PPP), key parameters such as the Project location, size and capacity were established during the competitive tender process. Consequently, the assessment focused on aspects where flexibility remained, including design optimisation, layout and technology selection.

The No Project alternative was not considered suitable as it would fail to address the growing demand for tertiary healthcare services within the Fergana region, resulting in continued pressure on existing healthcare facilities and requiring patients to travel to other regions, including Tashkent, for specialist treatment. It would also forgo wider social and economic benefits, including employment opportunities, improved healthcare outcomes and support for Uzbekistan's national healthcare objectives.

The selected site is located within the planned Fergana Eco City on approximately 8 hectares of previously undeveloped government-owned land that was formerly used as a military training area. The site was selected as part of the wider Eco City masterplan and avoids the need for agricultural land conversion or physical and economic displacement, while providing suitable access for the surrounding communities and the wider Fergana region.

3 Regulatory Framework

The Project has been developed in accordance with the applicable environmental and social legislation of the Republic of Uzbekistan. This includes requirements relating to environmental impact assessment and permitting, environmental protection, air quality, water resources, waste management, biodiversity conservation, cultural heritage protection, labour and working conditions, occupational health and safety, and public consultation and stakeholder engagement. The Project is also required to obtain the necessary environmental approvals from the National Committee on Ecology and Climate Change (NCECC), including completion of the national EIA process and public consultation prior to construction, and the relevant approvals before the commencement of operations.

A Project specific Stage I EIA (ZVOS) will be submitted to the NCECC of the Republic of Uzbekistan (which replaced the earlier Ministry of Ecology, Environmental Protection and Climate Change (MEEPCC) as the national environmental permitting agency) by SLR's sub-consultant, Oqtavia with support from the Public Partner.

As part of the national EIA process, planned activities of certain types of projects in Uzbekistan are subject to public hearings which is a requirement since December 2020. Such recommendations are described in the Resolution of the Cabinet of Ministries of the Republic of Uzbekistan 541 "On further improvement of the mechanism for assessing the environmental impact". A public hearing and consultation session as per the local regulation was conducted for the Project on 13 May 2026.

It is noted that a Stage III 'Statement on Environmental Consequence' is required to be submitted, and approved, prior to commencement of Project operations.

The Project will comply with the relevant international conventions and protocols ratified by Uzbekistan.

In addition to complying with the national regulatory framework, the Project has been developed to meet the environmental and social requirements of the prospective international lenders requirements detailed below.

3.1 IFC Performance Standards

The IFC Performance Standards and World Bank Group EHS Guidelines are applicable on IFC financed Projects. The IFC Performance Standards (PS) (2012) are outlined below.

- PS1 - Assessment and Management of Environmental and Social Risks and Impacts;
- PS2 - Labour and Working Conditions;
- PS3 - Resource Efficiency and Pollution Prevention;
- PS4 - Community, Health, Safety & Security;
- PS6 - Biodiversity Conservation and Sustainable Management of Living Natural Resources;
- PS7 – Indigenous People; and
- PS8 - Cultural Heritage.

Note: IFC PS5 on Land Acquisition and Involuntary Resettlement is not expected to be triggered by the Project. The site forms part of land that was previously under government control and designated for military use and has since been allocated for development as part of the Eco City masterplan. As such, the land has remained under state ownership and has not been subject to private or informal occupation.

As is outlined herein, based on site observations and available information, there is no evidence of current or historical land users, including residential, agricultural or livelihood-based activities within the Project footprint. The site is largely barren and has been subject to prior clearance and levelling, with access historically restricted due to its former military designation. Accordingly, the Project will not involve physical or economic displacement, land acquisition from private users, or restriction of access to land or resources.

In addition to the IFC PSs outlined above, the following guidelines will be followed:

- IFC Good Practice Handbook on the Use of Security Forces: Assessing and Managing Risks and Impacts (2017);
- IFC Stakeholder Engagement: A Good Practice Handbook for Companies Doing Business in Emerging Markets, 2007; and
- IFC Good Practice Handbook to Cumulative Impact Assessment and Management: Guidance for the Private Sector in Emerging Markets, 2013.

Performance Standard 1 outlines the need to “establish and maintain a process for identifying the environmental and social risks and impacts of the Project”. The standard further states that “The process may comprise a full-scale environmental and social impact assessment, a limited or focused environmental and social assessment, or straightforward application of environmental siting, pollution standards, design criteria, or construction standards”.

3.1.1 WBG/IFC EHS Guidelines

The WBG/IFC EHS Guidelines with relevance to the Project include:

- WBG/IFC General EHS Guidelines (2007);
- WBG/IFC Health Care Facilities (2007);
 - **Note:** *Although not formally implemented, the WBG/IFC Health Care Facilities (2025 – Draft for Consultation) has been published and where relevant elements of this have been referenced herein.*

3.2 European Bank for Reconstruction and Development (EBRD)

The applicable EBRD Environmental and Social Requirements (ESR) of 2024, are outlined below

- ESR1 - Assessment and Management of Environmental and Social Risks and Impacts;
- ESR 2 - Labour and Working Conditions;
- ESR 3 - Resource Efficiency and Pollution Prevention and Control;
- ESR 4 - Health, Safety and Security;
- ESR 5 - Land Acquisition, Restrictions on Land Use and Involuntary Resettlement;
- ESR 6 - Biodiversity Conservation and Sustainable Management of Living Natural Resources;
- ESR 7 - Indigenous Peoples;
- ESR 8 - Cultural Heritage;
- ESR 9 - Financial Intermediaries; and

- ESR 10 - Stakeholder Engagement.

In addition to the above ESRs, the following Guidance Notes will be followed:

- Guidance Note on Grievance Mechanism, 2012;
- CDC, IFC and EBRD Addressing Gender-Based Violence and Harassment Emerging Good Practice for the Private Sector, 2020; and
- EBRD and IFC Workers' Accommodation: Processes and Standards, 2009.

In accordance with ESR 1, there is a requirement for EBRD financed projects to undertake an appropriate Environmental and Social Assessment to:

- identify and assess environmental and social risks and impacts of, and to the project;
- adopt a mitigation hierarchy approach to address environmental and social risks and impacts from project activities on workers, affected communities and the environment; and
- integrate human rights risks and impacts into the assessment and management process.

In addition, it outlines the requirement to:

- implement an Environmental and Social Management System (ESMS) commensurate with the environmental and social risks and impacts of the project in a manner consistent with the relevant ESRs, including monitoring and reporting provisions; and
- require continuous improvement of the client's environmental and social performance.

The EBRD is committed to promoting EU environmental requirements and is a signatory to the European Principles for the Environment (EPE), a joint statement by several international financial institutions. The principles endorse the European consensus on the importance of the fundamental right for present and future generations to live in a healthy and sustainable environment.

3.3 Development Finance Corporation (DFC)

The United States (U.S) Development Finance Corporation will be sought for Project finance, the applicable E&S requirements as per the Environmental and Social Policy Procedures (ESPP) of 2024 are outlined below.

The DFC is fully aligned with the E&S requirements specified as per IFC PS 1 and PS 2. The main objectives of the DFC's Commitment to Environmental and Social Sustainability as follows;

- Alignment with climate-resilient, low- and no-carbon economic development,
- Safeguard and, where feasible, enhance ecosystems and the biodiversity they support with the aim of achieving no net loss of biodiversity as well as to sustainably manage and use living natural resources,
- Assess and mitigate the risks of deforestation and other land conversion for investments in infrastructure development, agriculture, land use planning or zoning, and energy siting and generation,
- Promote inclusion and non-discrimination in the Project, particularly with respect to disadvantaged or Vulnerable Groups,
- Respect Human Rights, Labor Rights, and the rights of Project Affected People,

- Identify disproportionate gender-specific risks as well as gender-specific opportunities of the Project and take steps to mitigate the risks of exclusion, discrimination, and harm, including the risk of Gender-Based Violence and Harassment (GBVH),
- Undertake Meaningful Consultations with Project Affected People regarding Project activities, including engagement with Vulnerable Groups,
- Undertake Projects in a host country that is taking steps to adopt and implement laws that extend Internationally Recognised Worker Rights, and
- Ensure that Project Affected People are aware of and have access to Project-level grievance mechanisms for voicing complaints and seeking remedy for harm.

In addition to compliance with all applicable laws, at a minimum, DFC requires that all Projects meet the Performance Standards, applicable EHS Guidelines, and Labor Rights in accordance with DFC review.

The applicable supplement sector-specific requirements for health care facilities are as follows:

- All healthcare facilities must be certified by a local regulatory health authority and work toward obtaining satisfactory accreditation, and
- All facilities must maintain this accreditation, certification, or high-quality rating throughout the term of DFC support.

For the assessment of high-risk supply chain, the Project will conduct a screening of environmental and social impacts to assess the supply chain risks related to forced or child labour, significant health and safety issues, or conversion of critical habitat.

The above-mentioned requirements promote good international industry practice and cover areas such as environmental and social impact assessment, labour and working conditions, resource efficiency and pollution prevention, community health, safety and security, biodiversity conservation, cultural heritage protection, stakeholder engagement, and the implementation of environmental and social management systems throughout the Project lifecycle.

4 Summary of Main Environmental & Social Impacts

4.1 Air Quality

The Project site is located within the Fergana Eco City on predominantly bare land with limited vegetation, making the area susceptible to dust generation during dry and windy conditions. Existing sources of air emissions in the immediate vicinity are currently limited and are primarily associated with early-stage construction activities, low traffic volumes and the nearby Fergana International Airport, runway located approximately 1 km from the Project site. As the wider Eco City is developed, traffic and construction-related emissions are expected to increase over time.

Baseline air quality monitoring was undertaken over five consecutive days to establish existing conditions. The results indicated that concentrations of carbon monoxide, sulphur dioxide and particulate matter (PM₁₀) were within the applicable World Health Organization (WHO) guideline values. Fine particulate matter (PM_{2.5}) marginally exceeded the WHO 24-hour guideline on one monitoring day, while nitrogen dioxide (NO₂) exceeded the WHO guideline during part of the monitoring period. Overall, baseline air quality was considered representative of a developing urban environment.

The main air quality impacts during construction is expected to arise from dust generated by earthworks, excavation, vehicle movements and material handling, together with exhaust emissions from construction vehicles, machinery and generators. These impacts are expected to be temporary, localised and primarily affect construction workers and nearby future Eco City developments. With the implementation of mitigation measures, all residual impacts are predicted to be negligible.

Construction phase mitigation measures will include regular dust suppression through water spraying, covering stockpiles and vehicles transporting loose materials, applying speed limits on site, maintaining construction vehicles and equipment to minimise emissions, and ensuring the safe storage and handling of fuels and chemicals to prevent odours and volatile organic compound (VOC) emissions.

Under normal operating conditions, the hospital is not expected to directly result in any air emissions. Potential emissions will be limited primarily to the operation of backup diesel generators during emergency use (generally not expected unless power cuts) or short duration routine testing, as well as vehicle traffic associated with the hospital. These emissions are expected to be infrequent and of low magnitude, with negligible residual impacts after common mitigation. Additionally, the Project will use district heating as the primary heat source and keep fuel-oil boiler use strictly as emergency backup to minimise emissions.

Air quality will be monitored throughout construction and operation. Monitoring will include routine inspections of vehicle emissions, dust suppression measures, chemical and fuel storage areas, and sanitary facilities, while operational monitoring will include inspections of backup generators, fuel and chemical storage areas. Dust and air quality monitoring will also be undertaken in the event of specific complaints.

4.2 Climate Change

The Project is located in the Fergana Valley, which experiences a semi-arid continental climate characterised by hot, dry summers, cold winters and relatively low annual rainfall concentrated in the spring months. Climate projections indicate increasing temperatures, greater rainfall variability, more frequent heatwaves, droughts and dust storms, and increasing pressure on regional water resources. The Project is therefore expected to be exposed to both chronic climate change impacts and acute extreme weather events throughout its lifetime.

Construction activities will generate greenhouse gas (GHG) emissions primarily through diesel consumption by construction plant and vehicles (Scope 1) and electricity consumption from the national grid (Scope 2). Total construction GHG emissions are estimated at approximately 4,600 tCO₂e from diesel consumption and 5,071 tCO₂e from purchased electricity over the construction period, remaining well below the IFC significance threshold of 25,000 tCO₂e per year. Construction activities may also be affected by extreme heat, drought and dust storms, which could impact workforce health and safety, water availability and construction activities.

Mitigation measures include implementing energy-efficient construction practices, monitoring fuel and electricity consumption, applying heat stress management procedures, scheduling outdoor works during cooler periods, implementing dust suppression measures, securing reliable water supplies and preparing emergency response procedures for extreme weather events. Following implementation of these measures, residual impacts are considered negligible.

Monitoring during construction will include recording fuel and electricity consumption, monitoring greenhouse gas emissions, tracking weather conditions, implementing heat stress monitoring, and regularly inspecting the effectiveness of climate adaptation and emergency preparedness measures.

During operation, the Project will be equipped with a rooftop solar PV with mono-crystalline panels of 650 Wp efficiency. The solar PV panel array is envisioned to cover approximately 3,200 – 3,500 m² (based on 1.6 – 1.8 m²/panel) to be installed on the hospital rooftop using ballast-type mounting system, equipped with wind-resilient anchorage. The Project's principal source of greenhouse gas emissions will be electricity imported from the national grid, with estimated annual Scope 2 emissions of approximately 85,804 tCO₂e over the 20-year operational life. Additional emissions may arise from natural gas consumption, backup diesel generators and the potential use of sulphur hexafluoride (SF₆) in electrical equipment, although the Project will seek to adopt SF₆-free alternatives where technically feasible.

The Project is vulnerable to future climate change, particularly increasing temperatures, heatwaves, dust storms, water scarcity and occasional flooding, which could affect hospital operations, cooling demand, water availability, equipment performance and operational continuity. The hospital has therefore been designed to improve climate resilience through energy-efficient building design, rooftop solar photovoltaic panels, high-efficiency HVAC systems, reliable backup power, water efficiency measures and infrastructure designed to operate under future climate conditions. The Project will be LEED compliant and EDGE certified and further equipped with design measures that will improve and optimise resource efficiency in compliance with these certifications which will subsequently aid the reduction of the Project's physical vulnerability to climate induced hazards over the Project lifecycle.

Operational mitigation measures include implementing a managing SF₆ throughout its lifecycle where applicable, maintaining backup generators and critical infrastructure, implementing water conservation measures, maintaining high-efficiency filtration systems for dust events, and undertaking preventive maintenance of critical equipment. Residual

impacts associated with greenhouse gas emissions remain moderate due to reliance on the national electricity grid, while physical climate risks are reduced to negligible through the implementation of adaptation measures.

Monitoring during operation will include periodic review of climate resilience measures, equipment performance and emergency preparedness to ensure the hospital remains resilient to future climate conditions.

The ESIA considered the potential transition risks associated with future climate policies, regulations and the transition to a lower-carbon economy. The Project has been designed to align with Uzbekistan's climate commitments by incorporating energy-efficient building design, rooftop solar photovoltaic panels and sustainable building practices. While future changes to energy performance requirements or electricity tariffs may influence operational costs over the Project lifetime, these risks are not expected to affect the long-term viability of the Project. Overall, the Project is considered to be well aligned with the country's transition towards a more climate-resilient and lower-carbon economy.

4.3 Noise and Vibration

Due to its location away from continuous noise sources, existing noise influences at the Project site are generally minimal. The primary intermittent noise source is aircraft movements associated with Fergana International Airport, the runway of which is located approximately 1 km east of the site. Ongoing construction activities associated with the wider Fergana Eco City development also currently contribute to the local noise environment.

Baseline noise monitoring was undertaken over five consecutive days at four locations within and around the Project site to establish existing ambient conditions. Average noise levels (Leq) ranged from 39.4 to 41.4 dB(A), which are below both the applicable Uzbekistan national standards and the IFC Environmental, Health and Safety Guidelines for residential receptors. Temporary increases in noise were associated with nearby construction activities, heavy vehicle movements and occasional aircraft operations.

Project construction activities will generate temporary increases in noise from earthworks, construction plant & heavy vehicle movements, piling, foundation works and other civil construction activities. These impacts are expected to be localised and of temporary duration, with the highest potential effects experienced by construction workers and nearby receptors (primarily other nearby construction sites). Construction-related vibration may occur during activities such as piling and the use of vibratory rollers; however, vibration impacts are expected to be short-term and limited to the earthworks phase, localised and not significant due to the lack of immediate receptors. Following the implementation of mitigation measures, residual impacts are predicted to be minor for construction workers and negligible for nearby communities.

Mitigation measures will include restricting construction to daytime hours where practicable, where possible shielding high-noise activities, ensuring appropriate maintenance of construction equipment, using appropriately designed silencers and mufflers, implementing traffic management measures, and providing hearing protection and appropriate training for workers exposed to elevated noise levels.

Monitoring during construction will include monthly daytime noise monitoring at representative sensitive receptors, with additional night-time monitoring where night works are undertaken and additional monitoring in case of noise-related complaints.

Hospitals buildings by nature are not typically significant sources of noise during normal operations. Operational noise from the Project will primarily be associated with traffic movements to and from the hospital, including staff, patients, visitors, service vehicles and occasional ambulance sirens, together with building services and mechanical equipment

such as HVAC systems. Backup diesel generators will operate only intermittently during testing or emergency conditions. Overall, operational noise is expected to be typical of an urban hospital setting and is not expected to result in significant impacts at surrounding receptors. Vibration impacts are not anticipated during normal operation, with residual noise impacts expected to be negligible following implementation of appropriate mitigation measures.

Mitigation measures will include installing acoustic enclosures, silencers and vibration isolation systems for backup generators, incorporating sound-absorbing materials where appropriate, restricting routine generator testing to daytime hours, and maintaining equipment to minimise operational noise.

Monitoring during operation will consist of noise monitoring in response to any community grievances or complaints related to operational noise, with monitoring undertaken at locations determined by the nature and source of the complaint

4.4 Terrestrial Ecology

The Project site is located within the Fergana Eco City on previously disturbed land that was historically reserved for military purposes. The site comprises predominantly modified habitat with limited ecological value, characterised by bare ground, disturbed semi-desert vegetation and sparse ruderal plant communities resulting from historical land disturbance and ongoing development activities. No protected areas or Key Biodiversity Areas (KBAs) occur within 10 km of the Project site, and the nearest protected area, Zilha Natural Monument, is located approximately 14 km away.

Ecological surveys recorded 37 plant species, all of which are common, disturbance-tolerant species typical of degraded semi-desert habitats. No plant species listed in the Uzbekistan Red Data Book or the IUCN Red List were identified within the Project area. A total of 15 vertebrate species were recorded, comprising ten bird species, two amphibians, two reptiles and one mammal. The fauna assemblage was dominated by common species adapted to urban and modified environments, including the Crested Lark, Common Myna, Rock Dove, Green Toad, Marsh Frog, Steppe Agama, and Libyan Jird.

The only species of conservation significance identified during the surveys was the Said-Aliyev's Toad-headed Agama (*Phrynocephalus saidalievi*), which is listed as Vulnerable on the IUCN Red List and Endangered in the Uzbekistan Red Data Book. A single individual was recorded approximately 100 m outside the Project boundary within adjacent habitat. No evidence of the species was found within the Project footprint, which consists entirely of highly disturbed modified habitat and is not considered to provide suitable habitat for the species. Overall, the ecological value of the Project site is considered to be low, and no Critical Habitat was identified in accordance with IFC Performance Standard 6.

Construction activities will result in the permanent loss of a small area of already disturbed, modified habitat with low ecological value. Temporary impacts may include disturbance to wildlife from site clearance, earthworks, construction traffic, noise and human activity, together with a low risk of injury or mortality to small mammals, reptiles and amphibians during excavation and vehicle movements. Following the implementation of mitigation measures, residual impacts are predicted to be negligible for habitat loss, fauna disturbance and invasive species, and minor for accidental fauna injury or mortality.

Mitigation measures will include restricting vegetation clearance and construction activities to the approved footprint, clearly demarcating work areas, undertaking pre-construction ecological inspections, implementing a Biodiversity Chance Find Procedure, providing biodiversity awareness training to construction personnel, prohibiting disturbance or harm to wildlife, inspecting open excavations for trapped fauna, enforcing vehicle speed limits,

recording any wildlife incidents, sourcing clean fill material and regularly inspecting the site for invasive plant species.

Monitoring during construction will include routine inspections for wildlife within work areas and excavations, implementation of fauna protection and chance find procedures, and regular inspections of housekeeping, waste management and invasive species.

During operation, potential ecological impacts will be limited to a small increase in wildlife-vehicle collisions, the potential for pollution from waste or wastewater if not appropriately managed, and the attraction of pest and synanthropic species through the generation of food and domestic waste. Given the urban setting of the Project and the implementation of appropriate management measures, all residual impacts are predicted to be negligible.

Mitigation measures will include ensuring hospital staff comply with appropriate speed limits within the Eco-city area, implementing effective waste and wastewater management systems, storing waste in secure covered containers, maintaining good housekeeping practices, and undertaking routine pest management where required.

Monitoring during operation will include routine inspections of waste management practices, monitoring for wildlife attraction and pest species, and periodic inspections of landscaped areas for the establishment of invasive plant species to ensure appropriate management measures remain effective.

4.5 Water Resources

No permanent surface water bodies are located within or adjacent to the Project site. The nearest water feature is an artificial drainage ditch and lake located approximately 300 m northeast of the site, while groundwater is estimated to occur at a depth of at least 20 m below ground level. The Project site comprises previously disturbed land, and stormwater runoff will be managed through the Fergana Eco City drainage network. Overall, both surface water and groundwater are considered to have low sensitivity.

During construction, the principal water resource impact relates to the potential contamination of soil and groundwater from accidental spills or leaks of fuels, oils, chemicals, concrete washout and wastewater associated with construction activities. Given the absence of nearby surface water bodies and the depth to groundwater, these impacts are expected to be localised. Following the implementation of mitigation measures, residual impacts are predicted to be negligible.

Mitigation measures will include storing fuels, chemicals and hazardous materials in appropriately bunded areas with impermeable surfaces, implementing spill prevention and emergency response procedures, using designated refuelling and concrete washout areas, regularly maintaining vehicles and equipment, providing spill response training and equipment, and implementing good housekeeping practices throughout the construction phase.

During operation, potential impacts to water resources are limited to accidental spills and leaks from fuels, chemicals or wastewater, together with stormwater runoff from the developed site. The hospital will not abstract groundwater or discharge directly to surface water bodies, and all stormwater and wastewater will be managed through dedicated drainage and wastewater systems. Following implementation of mitigation measures, residual impacts are predicted to be negligible.

Mitigation measures will include implementing an Emergency Response and Spill Response Plan, storing hazardous materials within bunded and impermeable areas, maintaining fuel monitoring systems, providing spill kits and staff training, restricting access to hazardous materials, and maintaining a chemical register and Safety Data Sheets for all hazardous substances.

Monitoring during both construction and operation will include daily inspections of storage and maintenance areas for visible spills and leaks and prompt investigation and remediation of any incidents.

4.6 Topography, Geology, and Soil

The Project site is located within the relatively flat floor of the Fergana Valley at an elevation of approximately 590 m above sea level. The site has been modified through previous land preparation works associated with the wider Eco City development and comprises disturbed fill material overlying gravelly alluvial deposits. No areas of geological significance, active erosion or groundwater outcrops were identified, and the site is considered to have low sensitivity from a topography and geology perspective.

Baseline soil conditions were established through site investigations and laboratory analysis of four topsoil samples collected from representative locations across the Project footprint. The samples were analysed by an accredited laboratory for heavy metals (copper, zinc, lead and cadmium), petroleum hydrocarbons, nitrate nitrogen, phosphorus and pH. Uzbekistan does not have national standards for assessing soil contamination. National standards for soil quality exist but are applicable to agricultural soils for arable crop cultivation for human consumption. The soil sample results collected on-site were compared to Dutch Standards as international benchmark. All measured concentrations remain well below the respective Intervention Values, and hence the results are not considered indicative of significant soil contamination requiring remediation. Hence, no specific mitigation measures are considered necessary for the handling, or disposal of soil within the Project site. Overall, the topography, geology and soils within the Project area are considered to be of low sensitivity.

Construction activities have the potential to result in localised soil contamination from accidental spills or leaks of fuels, oils, chemicals and construction wastes. Given the previously disturbed nature of the site and the relatively low levels of contamination identified, these impacts are expected to be localised and manageable. Following the implementation of mitigation measures, residual impacts are predicted to be negligible.

Mitigation measures will include minimising the extent and duration of open excavations, implementing appropriate handling and management procedures for excavated soils to prevent cross-contamination, providing suitable personal protective equipment (PPE) for workers handling soils, undertaking inspections for unexpected contamination, storing hazardous materials within bunded and impermeable areas, implementing spill prevention and emergency response procedures, using designated washout and refuelling areas, maintaining vehicles and equipment, implementing good housekeeping practices, and ensuring the appropriate management and disposal of hazardous wastes.

Monitoring during construction will include weekly inspections for visible spills and leaks, together with regular reviews of spill response training, emergency drills and records associated with the handling of hazardous materials and wastes.

During operation, impacts to soil are not expected under normal conditions. Hazardous materials and wastes will be stored and handled within designated sealed areas with impermeable surfaces and appropriate containment, preventing potential pollution pathways to underlying soils. Accordingly, the potential for soil contamination will be limited to unlikely accidental events in outdoor areas, with residual impacts expected to be negligible following implementation of appropriate management measures.

Mitigation measures will include segregating stormwater from potentially contaminated areas, implementing spill response procedures, routinely inspecting fuel and chemical storage areas, providing secondary containment for hazardous materials, ensuring appropriate staff training, implementing a Waste Management Plan, and storing hazardous wastes within designated bunded areas prior to disposal by licensed contractors.

Monitoring during operation will include weekly visual inspections of fuel storage, chemical storage and waste handling areas, together with routine inspections of surrounding unpaved and landscaped areas for any signs of contamination or leakage.

4.7 Solid Waste and Wastewater

Uzbekistan has improved its waste management system in recent years through landfill rehabilitation, expanded waste collection services and the development of new waste-to-energy facilities under the oversight of the Agency for Waste Management and Development of the Circular Economy. However, challenges remain in the management of hazardous, healthcare and radioactive wastes, and waste infrastructure continues to be upgraded across the country.

Construction activities will generate domestic waste, construction and demolition waste, hazardous waste and domestic wastewater from the workforce. Hazardous wastes, including waste oils, paints, solvents and contaminated materials, also present a risk of soil and groundwater contamination if stored, transported or disposed of incorrectly. Construction wastewater, including sanitary wastewater and concrete washout, could similarly result in localised contamination where not properly contained. Hazardous waste and wastewater were assessed as moderate impacts, while non-hazardous construction waste was assessed as minor. Following implementation of mitigation measures, residual impacts are reduced to minor for hazardous waste and wastewater and negligible for non-hazardous waste.

Construction related mitigation measures will focus on implementing a Construction Waste Management Plan, applying the waste hierarchy, segregating waste streams, maximising reuse and recycling of suitable materials, ensuring excavated soils are managed to prevent cross-contamination, storing hazardous wastes within bunded and impermeable areas, using only licensed waste contractors and disposal facilities, implementing appropriate spill prevention measures, establishing designated concrete washout areas, regularly maintaining wastewater storage tanks, and ensuring all wastewater is removed by licensed contractors for treatment at authorised facilities.

Monitoring during construction will include routine inspections of waste segregation and storage areas, recording waste quantities and transfer documentation, verifying contractor licences, monitoring wastewater management facilities, and tracking any complaints relating to waste management or disruption of municipal services.

Within the Fergana region, municipal waste is collected by the licensed regional operator Toza Hudud, which is responsible for waste collection, transportation and disposal. Municipal waste is currently disposed of at the Fergana Municipal Landfill, located approximately 8 km northwest of the Project site. All general (non-hazardous) waste, including paper, packaging materials, food waste, and non-contaminated items (approximately 85% of the total waste stream) will be managed through the municipal waste system. The disposal of general waste will be carried out by Toza Hudud on a contractual basis. Toza Hudud has been confirmed to hold a sanitary-epidemiological permit issued by the Fergana Regional Centre for State Sanitary and Epidemiological Surveillance (document No. 0149-04, dated 2018). This permit authorizes the acceptance, transport, and subsequent disposal of Class B (hazardous) medical waste

A new Oqbilol Waste Processing and Energy Plant, located approximately 15 km from the Project site, is currently under construction and is expected to become operational in 2028. The facility is designed to process approximately 1,500 tonnes of municipal waste per day and is expected to provide improved waste treatment capacity for the region before the hospital becomes operational.

Stakeholder engagement with Azizbek Best Plast, an approved local private medical waste handling entity was undertaken. Azizbek Best Plast is a manufacturing enterprise registered in the Tashlak District of the Fergana Region at 13 Al-Fargoniy St. The company has been operating since 2019 and specializes in the utilization (disposal) of medical waste. It was confirmed that the company utilises an incineration plant is located in the Industrial Zone in the Kirguli district, a large industrial and manufacturing zone in Fergana City. Additionally, it was confirmed that the anticipated medical waste to be produced by the Project can be accommodated by Azizbek Best Plast. The company currently covers approximately over 50 hospitals and private clinics across the region.

The Project's operational activities are anticipated to result in the estimated wastewater of approximately 575 m³/day, with 85% predicted to be discharged to the local sewerage network. The wastewater streams are expected to consist of domestic sanitary wastewater of approximately 380 m³/day, laundry wastewater of approximately 105 m³/day, kitchen wastewater from food preparation and dishwashing areas) of approximately 50 m³/day, anticipated to be routed through grease separators prior to discharge; and medical/laboratory wastewater from sterilization areas, laboratories, decontamination rooms, autopsy areas, soiled utility rooms, of approximately 40 m³/day, anticipated to be subjected to neutralization prior to discharge. The anticipated wastewater streams will be collected through separate internal piping networks and discharged into the external municipal sewer system. The Project will use a segregated wastewater collection and pre-treatment system designed to manage different wastewater streams at source and prevent cross-contamination within the drainage network in compliance with local discharge requirements. Each wastewater stream will receive appropriate onsite treatment before discharge to the municipal sewer or external drainage system.

Engagement was undertaken with Fergana Uzsuvtaminot, it was confirmed that the collected sewage wastewater would be disposed at the Ferghana WWTP. The designed capacity of WWTP is 300,000 m³/day and the current loading is ~240,000 m³/day. Hence, it was confirmed that there is capacity within the existing treatment plant to accommodate wastewater from the Project. Additionally, Fergana Uzsuvtaminot confirmed that there are no separate regulations or specific requirements for sewage from medical entities.

Mitigation measures will include strict segregation of healthcare waste at the point of generation using colour-coded containers, secure temporary storage, appropriate treatment and disposal by licensed contractors, implementation of waste tracking and manifest systems, regular waste audits, staff training, appropriate personal protective equipment, and maintaining comprehensive waste records. Hospital wastewater will undergo pre-treatment before discharge to the municipal sewer network, with separate management procedures for laboratory, radiological and other specialised wastewater streams. Non-hazardous waste will be managed through waste minimisation initiatives, recycling, segregation and the engagement of licensed waste contractors.

Monitoring during operation will include continuous recording of waste generation by waste stream, routine inspections of waste segregation and storage areas, verification of contractor licences and disposal facilities, maintenance of waste transfer records, monitoring of wastewater quality and discharge compliance, and investigation of any complaints or incidents associated with waste or wastewater management.

4.8 Landscape and Visual

The Project site is located within the Fergana Eco City, a previously disturbed and largely barren area within the Fergana Valley that was historically reserved for military purposes. The surrounding area is undergoing rapid urban development, with emerging Eco City infrastructure, nearby residential and commercial areas, ongoing construction, and Fergana

International Airport located approximately 1 km to the east. The landscape is therefore considered to have low sensitivity, while the current openness of the site results in medium visual sensitivity.

Construction activities will temporarily alter the existing landscape through earthworks, construction plant, cranes, stockpiles, temporary facilities and increased vehicle movements. Temporary dust generation may also reduce visual amenity and visibility for nearby receptors. However, these changes will occur within an area already undergoing substantial development as part of the wider Eco City and are therefore not expected to materially alter the existing landscape character. Following implementation of mitigation measures, residual impacts on both landscape character and visual amenity are predicted to be negligible.

Mitigation measures will include limiting construction activities to designated work areas, using established access roads, maintaining good housekeeping practices, and managing site lighting to minimise unnecessary light spill.

No routine monitoring is proposed during construction, with any landscape or visual complaints managed through the Project's grievance mechanism.

During operation, the hospital will become a permanent feature within the developing Eco City; however, the nine-storey building has been designed in accordance with airport height restrictions and is not expected to dominate the surrounding landscape or adversely affect the future visual character of the area. The Project will also incorporate a rooftop solar photovoltaic (PV) system. Given the use of modern low-reflective PV panels and appropriate design measures, significant glint and glare impacts are not anticipated. Due to the proximity of Fergana International Airport, if required, the final PV design will be coordinated with the relevant aviation authorities to ensure that airport operations and pilot visibility are not adversely affected. Residual impacts on landscape character, visual amenity and airport operations are predicted to be negligible.

Mitigation measures will include maintaining good housekeeping and appropriate lighting management, designing the rooftop PV system using low-reflective panels, optimising the orientation and layout of the panels, coordinating with the Civil Aviation Agency of Uzbekistan and the airport operator where required, maintaining the PV system in accordance with manufacturer recommendations, and implementing a procedure to investigate and respond to any glint or glare complaints.

Monitoring during operation will comprise the recording and investigation of any complaints or reported impacts relating to glint and glare.

4.9 Traffic and Transportation

The Project is located within the developing Fergana Eco City, approximately 1 km from Fergana International Airport, where traffic is expected to increase as the wider masterplan is implemented. The Fergana region has a well-developed but increasingly congested road network due to rapid urbanisation and population growth, and records one of the highest road traffic accident rates in Uzbekistan, with pedestrian collisions being the most common type of incident. At the time of the assessment, detailed traffic data and modelling for the Eco City were not available; therefore, the assessment was based on available desktop information and a conservative approach.

Construction activities will increase traffic associated with the delivery of materials, equipment, construction workers and heavy goods vehicles. The construction traffic is anticipated as follows; HGVs 17,500 trips total; medium goods/logistics 9,500; specialized heavy equipment 350; and light vehicles/management cars 51,000, giving a total of 78,350 vehicle trips which is approximately 97 trips/day on average and 175 trips/day at peak. This may result in temporary increases in traffic volumes, localised congestion, road deterioration

due to heavy vehicle movements, and an increased risk of traffic accidents involving Project vehicles, pedestrians and other road users. In the absence of a detailed traffic study, these impacts were conservatively assessed as moderate, reducing to minor for traffic congestion and negligible for road safety following the implementation of mitigation measures.

Mitigation measures will include implementing a Construction Traffic Management Plan, coordinating traffic movements with the local authorities and the Eco City developer, scheduling deliveries outside peak traffic periods where practicable, providing designated access routes and on-site parking, maintaining emergency access, restricting vehicle speeds within the Project site, providing driver awareness training, using traffic marshals where required, recording and investigating traffic incidents, repairing any road damage caused by construction traffic, and implementing a community grievance mechanism.

Monitoring during construction will include routine inspections of traffic congestion, road conditions and vehicle queuing, recording and investigating traffic incidents and near misses, and monitoring community complaints relating to traffic, access and road safety.

During operation, the hospital will generate traffic from patients, visitors, staff, emergency services, deliveries, waste collection and maintenance activities. As the hospital will consolidate several specialist healthcare facilities into a single location, traffic movements are expected to become concentrated around the Project site, particularly during outpatient clinic hours and staff shift changes. Although the wider Eco City road network is expected to accommodate future development, a detailed Traffic and Transport Study will be undertaken during detailed design to confirm road capacity, parking requirements, access arrangements and any infrastructure improvements required. Operational traffic impacts were assessed as moderate prior to mitigation, reducing to minor following implementation of mitigation measures.

Mitigation measures will include undertaking a detailed Traffic and Transport Study, implementing an Operational Traffic Management Plan, integrating the hospital access arrangements with the wider Eco City transport network, providing adequate parking and designated drop-off areas, maintaining dedicated emergency vehicle access, coordinating deliveries and servicing activities, scheduling routine deliveries outside peak periods where practicable, and implementing emergency traffic management procedures.

Monitoring during operation will include monitoring traffic congestion, parking occupancy and vehicle queuing around the hospital, recording and investigating traffic incidents involving hospital-related vehicles, and tracking community complaints relating to traffic, parking and site access.

4.10 Archaeology and Cultural Heritage

The Fergana Region has a rich archaeological and cultural heritage associated with the historic Silk Roads and contains numerous archaeological sites, historic buildings, monuments and places of cultural significance. A desktop review, consultations with the Cultural Heritage Agency of the Republic of Uzbekistan – Fergana Regional Department, and an archaeological walkover survey undertaken on 22–23 April 2026 identified several cultural heritage sites within the wider area, with the nearest designated heritage assets located approximately 2.8 km from the Project site. No archaeological or cultural heritage features were identified within the Project footprint and features of either tangible or intangible heritage have not been raised by communities during consultations. The site has further been previously disturbed through historical military use and land levelling, resulting in a low archaeological sensitivity; however, the potential for previously unknown buried artefacts to be encountered during excavation cannot be completely excluded.

There will not be any impacts to recorded archaeological or cultural heritage features during construction. The principal risk relates to the accidental discovery or disturbance of

previously unknown buried archaeological remains during excavation and foundation works. This impact is considered minor prior to mitigation and negligible following implementation of mitigation measures.

Mitigation measures will include implementing a Chance Find Procedure prior to the commencement of earthworks, providing training to construction personnel, immediately stopping work should any archaeological remains or artefacts be encountered, securing the discovery area, notifying the relevant authorities, and resuming works only after the appropriate approvals have been obtained.

Monitoring during construction will comprise monitoring the implementation of the Chance Find Procedure, including regular verification that construction personnel have received the required training. Impacts are not expected during the operational phase of the Project.

4.11 Socio-economics

The socio-economic assessment included a desktop review, household surveys (50 households), focus group discussions, key informant interviews and public consultation undertaken in May 2026 within the communities surrounding the Project.

The Project is located within the developing Fergana Eco City adjacent to the Mahallas of Ilgor, Chekshura and Urtashura, which together have a population of approximately 14,000 people. The surrounding communities are predominantly residential with generally good access to basic services, education and utilities. The local economy is supported by public sector employment, retail businesses, agriculture and small enterprises, although unemployment and labour migration remain important socio-economic issues.

The Fergana Region has a growing population and increasing demand for healthcare services. While primary healthcare is generally accessible, specialist tertiary healthcare services remain limited, requiring many residents to travel elsewhere for treatment. Stakeholder engagement identified improved healthcare, local employment and business opportunities as the principal expected benefits of the Project, while construction traffic, dust, noise and community safety were the main concerns raised by local communities.

Construction will generate positive socio-economic benefits through investment, local procurement and temporary employment opportunities during the three-year construction period. At peak construction, approximately 1,969 workers will be employed, creating opportunities for local businesses and increasing household incomes. These impacts are considered moderate positive.

Potential adverse impacts include workforce influx, increased community expectations regarding employment, community grievances, anti-social behaviour, increased risk of communicable diseases, construction-related community health and safety risks, temporary disturbance from traffic, noise, dust and vibration, and temporary disruption to local access and businesses. With implementation of appropriate management measures, these impacts are generally expected to reduce to low or moderate negative significance.

Mitigation measures include implementing transparent local recruitment and procurement processes, a Labour Management Plan, Worker Code of Conduct, Community Health and Safety Plan, Traffic Management Plan, worker accommodation standards, stakeholder engagement plan, grievance mechanism, communicable disease awareness programmes, and measures to control construction dust, noise and traffic.

Monitoring during construction will include tracking local employment and procurement, workforce numbers, community complaints and grievances, traffic incidents, community health and safety incidents, implementation of the Worker Code of Conduct, stakeholder engagement activities and the effectiveness of mitigation measures.

During operation, the hospital will provide long-term employment and significantly improve access to specialist healthcare services within the Fergana Region, reducing the need for patients to travel outside the region for treatment. The Project will also generate ongoing economic benefits through permanent employment, procurement of goods and services, and support to the wider healthcare sector. These impacts are considered major positive.

Potential adverse impacts during operation are limited and relate primarily to increased traffic, community health and safety, emergency preparedness, security management and maintaining equitable access to healthcare services. These impacts will be managed through operational traffic management, emergency response planning, security procedures, continued stakeholder engagement and operation of the Project grievance mechanism. Residual impacts are expected to be low.

The Project may involve the future closure or consolidation of certain existing healthcare facilities, although this has not yet been confirmed and based on current indications from the MoH, may not be determined until mid-2027. Any consolidation could require affected healthcare staff to transfer their place of work to the Fergana Hospital and may potentially result in some redundancies, subject to confirmation by the MoH. There may also be implications for existing patients and communities if local healthcare facilities are closed or consolidated. While the new hospital will provide enhanced healthcare services and capacity, some users may need to travel further to access these services. If confirmed, consideration and opportunities will be given to affected staff to transition employment at the new hospital, where feasible and subject to the staffing requirements and recruitment arrangements determined by the Project parties and MoH.

Monitoring during operation will include monitoring employment, community grievances, traffic performance, community health and safety incidents, emergency preparedness, stakeholder engagement and access to healthcare services to ensure the Project continues to deliver its intended social benefits.

4.12 Community Health and Safety

The Project is located within the Fergana Eco City development, approximately 6 km from Fergana city centre. The surrounding area is undergoing rapid urban development, with expanding residential, commercial and public infrastructure. The region has an established healthcare system but limited access to tertiary healthcare services, requiring many residents to travel outside the region for specialised treatment. Existing community health and safety concerns are primarily associated with ongoing construction activities, increasing traffic and road safety risks. Stakeholder engagement identified no significant existing security or Gender Based Violence (GBV) concerns, although these remain relevant considerations during construction.

Construction activities may temporarily affect nearby communities through workforce influx, increased traffic, dust, noise, community health and safety risks, security concerns, and interactions between workers and local residents, including potential GBV risks. Vulnerable groups may be more susceptible to these impacts.

These impacts will be managed through implementation of the Construction Environmental and Social Management Plan (CESMP), including Worker Influx, Community Health and Safety, Traffic Management, Security, Emergency Preparedness and GBV Action Plans. Measures include workforce Codes of Conduct, local recruitment, traffic controls, secured work areas, dust and noise suppression, stakeholder engagement, accessible grievance mechanisms, emergency response procedures and awareness programmes. With these measures in place, construction impacts are expected to be temporary and of low residual significance.

The Project will provide a significant positive benefit by improving access to tertiary healthcare services for the Fergana Region, strengthening emergency response capacity and supporting long-term public health outcomes.

Potential operational risks include increased traffic, healthcare waste and hazardous materials, infection control, emergency preparedness, security, community nuisance and equitable access for vulnerable groups. These will be managed through operational management plans, including traffic management, healthcare waste management, infection prevention and control procedures, emergency response planning, security management, and inclusive access arrangements. Residual operational risks are expected to be low, while the overall impact of improved healthcare provision is considered a major positive benefit.

Monitoring will verify the effectiveness of mitigation measures throughout construction and operation. Key indicators include:

- Community grievances and stakeholder engagement.
- Community health, safety and security incidents.
- Traffic performance and road safety.
- Worker Code of Conduct and GBV compliance.
- Healthcare waste and hazardous materials management.
- Infection prevention and control performance.
- Emergency preparedness and response.
- Community complaints relating to dust, noise and other nuisances.

Monitoring results will be used to implement corrective actions where required and demonstrate compliance with national requirements and international lender standards.

4.13 Labour and Working Conditions

The Fergana Region has a large and growing labour force, with employment concentrated in agriculture, construction, trade and services. Construction is labour-intensive and relies heavily on temporary, subcontracted and informal workers. While Uzbekistan has strengthened its labour legislation and significantly reduced forced and child labour, challenges remain regarding labour rights enforcement, occupational health and safety (OHS), and oversight of subcontractors. Women remain underrepresented in construction, and vulnerable groups, including migrant, low-skilled and young workers, are more susceptible to poor working conditions.

Construction will generate significant local employment and economic benefits; however, it also presents risks related to labour rights, occupational health and safety, contractor management, worker accommodation, labour influx, child and forced labour, Gender-Based Violence and Harassment (GBVH), Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH), excessive working hours, worker welfare, grievance management, retrenchment and supply chain labour practices.

These risks will be managed through implementation of a Labour Management Plan (LMP), Occupational Health and Safety Management Plan, Workers' Accommodation Management Plan, Labour Influx Management Plan, GBVH Prevention and Response Plan, Retrenchment Procedure, and Supply Chain Management Plan. Key measures include transparent recruitment, written employment contracts, prohibition of child and forced labour, fair wages and working hours, worker grievance mechanisms, contractor audits, safe accommodation, worker Codes of Conduct, PPE, training, emergency preparedness, and regular labour and OHS inspections. Following mitigation, most impacts are reduced to minor adverse, while

occupational health and safety and GBVH risks remain minor to moderate adverse due to the inherently high-risk nature of construction.

Operation of the hospital will create long-term employment opportunities and improve workforce stability through a combination of Ministry of Health staff and Facility Management personnel. Key risks include occupational exposure to biological and chemical hazards, shift work and fatigue, inconsistent labour practices across contractors, discrimination, GBVH, child and forced labour within the supply chain, worker welfare, and labour rights compliance.

These risks will be managed through implementation of an operational Labour Management Plan, Occupational Health and Safety Management System, infection prevention and control procedures, equal opportunity and GBVH policies, worker grievance mechanisms, fatigue management measures, contractor oversight, and supply chain due diligence. Most operational labour impacts are expected to reduce to negligible or minor adverse after mitigation, while occupational health risks associated with healthcare activities remain minor adverse because of the inherent nature of hospital operations.

At the time of preparation of this ESIA, the Ministry of Health has not made a final decision regarding the future operational status of the existing specialised healthcare facilities whose services may ultimately be consolidated within the Fergana Eco City Hospital. Consequently, the extent of workforce transfer or retrenchment remains uncertain. Early indications from MoH suggest that any decisions on existing hospital/clinic closures or consolidations would likely be made in mid-2027. If confirmed, consideration will be given to opportunities for affected staff to transition to employment at the new hospital, where feasible and subject to the staffing requirements and recruitment arrangements determined by the project parties and MoH.

The Project Company will continue engagement with the MoH throughout Project development. Should future restructuring result in significant workforce reductions attributable to the Project, a Retrenchment Plan consistent with IFC PS 2, EBRD PR 2, applicable national legislation, and relevant contractual arrangements will be prepared in consultation with the Ministry prior to implementation. Where such restructuring may result in impacts on Project-affected workers, the Project Company will undertake appropriate engagement and consultation with potentially affected workers in accordance with the stakeholder engagement commitments and procedures set out in the Stakeholder Engagement Plan (SEP). The SEP will therefore provide a framework for worker engagement should retrenchment or other significant workforce changes become relevant to the Project.

However, the Project Company engagement with workers will be limited to the Project workforce, inclusive of the FM Co. and its subcontractors. The FM Co. will consider the absorption of general workers into the Project, however the scale of workforce to be considered for absorption is yet to be determined. Clinical workers will be contracted under the MoH for which the Project Company has no influence on.

Monitoring during both the construction and operational phases will include regular inspections and audits to verify compliance with labour legislation, lender requirements and Project management plans. This will include monitoring employment practices, contractor performance, occupational health and safety indicators, working hours, worker welfare and accommodation, implementation of the worker grievance mechanism, compliance with child and forced labour requirements, supply chain labour practices, and the effectiveness of measures to prevent GBVH, SEA, and SH. Monitoring results will be reviewed regularly to identify non-compliances, implement corrective actions and ensure the continued protection of workers' rights and wellbeing throughout the Project lifecycle.

4.14 Human Rights Impact Assessment

Uzbekistan has strengthened its human rights framework through legislative reforms and is party to the core United Nations human rights conventions. National legislation provides protection for labour rights, gender equality, freedom of association, privacy, public participation and access to information, while significant progress has been made in eliminating systemic child and forced labour. However, challenges remain in the consistent implementation and enforcement of these protections, particularly within subcontracted labour, supply chains, occupational health and safety, gender equality and access to effective grievance mechanisms. Certain groups, including women, children, persons with disabilities, elderly people, low-income households and informal workers, remain more vulnerable to adverse human rights impacts.

Potential human rights risks during construction include child and forced labour within subcontractors or supply chains, poor working conditions, discrimination, restrictions on freedom of association, privacy concerns, community health and safety risks, inadequate stakeholder engagement, impacts on vulnerable groups, ineffective grievance mechanisms and inappropriate conduct by security personnel. Following implementation of mitigation measures, most residual impacts are expected to be minor, while impacts on vulnerable groups and supply chain risks remain minor to moderate due to the reliance on contractors and subcontractors.

The Project may result in the consolidation of healthcare services within the Fergana region through the development of the new Fergana Eco City Hospital. As part of this transition, clinical personnel may be required to transfer to the new facility, while consolidation and organisational restructuring may affect staffing requirements for certain positions, including non-clinical roles.

At the time of assessment, final workforce arrangements, including staffing numbers, employee transfers and any potential redundancy requirements (if any), have not been confirmed and remain subject to decisions by the MoH. Potential employment impacts will therefore depend on the workforce transition arrangements ultimately adopted by the MoH and may include changes in place of work, reassignment of personnel, changes to employment arrangements or potential redundancies.

Where workforce consolidation is confirmed, priority consideration may be given to opportunities for affected personnel to transition to employment at the new hospital, where feasible and subject to the staffing requirements and recruitment arrangements determined by the MoH. Appropriate consultation and communication with potentially affected personnel should also be undertaken as the workforce transition arrangements are developed.

Mitigation measures include implementing a Human Rights Due Diligence process, Labour Management Plan, Worker Code of Conduct, Equal Opportunity Policy, Stakeholder Engagement Plan, Security Management Plan and accessible worker and community grievance mechanisms. Contractors and suppliers will be required to comply with Project human rights requirements through contractual obligations, due diligence and regular audits, while workers will receive training on labour rights, GBVH, SEA, SH, and non-discrimination.

Operation of the hospital will have an overall positive human rights impact by improving access to quality tertiary healthcare for approximately 3.8 million people across the Fergana Region. Key operational risks relate to labour rights, occupational health and safety, discrimination, patient rights, privacy and protection of personal information, community health and safety, security management, supply chain practices and access to grievance mechanisms. With appropriate management systems in place, these risks are expected to remain minor, while the overall human rights benefit associated with improved healthcare access is considered significant.

Mitigation measures include implementing robust human resource policies, occupational health and safety systems, patient rights and confidentiality procedures, equal opportunity and non-discrimination policies, responsible procurement processes, data protection measures, security management procedures, and accessible grievance mechanisms for workers, patients and communities.

Human rights performance will be monitored throughout construction and operation through regular audits and inspections, contractor and supplier compliance reviews, worker and community grievance records, stakeholder engagement activities, occupational health and safety performance, labour and employment practices, child and forced labour due diligence, implementation of measures relating to GBVH, SEA, SH, security incidents, supply chain performance, data privacy, patient rights and service quality. Monitoring results will be used to identify non-compliances, implement corrective actions and drive continual improvement throughout the Project lifecycle.

4.15 Assessment of Cumulative Impacts

The cumulative impact assessment considered the combined effects of the Project together with existing and planned developments in the surrounding area. The principal developments include the wider 300-hectare Fergana Eco City, Fergana International Airport located approximately 1 km from the Project site, the existing Fergana Wastewater Treatment Plant, the Fergana Municipal Landfill, the Oqbilol Waste-to-Energy Plant currently under construction, and planned upgrades to the existing landfill. Existing regional stressors, including population growth, increasing wastewater generation and ongoing industrial and agricultural activities, were also considered.

During construction, cumulative noise impacts may arise from concurrent construction activities within the Fergana Eco City together with aircraft operations at Fergana International Airport. Increased construction traffic associated with the Eco City and the hospital may also place additional pressure on the surrounding road network. These impacts are expected to be temporary and will be managed through implementation of construction noise controls, a Traffic Management Plan and the completion of a Traffic Impact Assessment for the wider Eco City development.

During operation, the most significant cumulative environmental risks relate to wastewater and solid waste management. For the management of solid waste, the disposal of general waste will be carried out by Toza Hudud on a contractual basis for the acceptance, transport, and subsequent disposal of Class B (hazardous) medical waste. Fergana Uzsuvtaminot, it was confirmed that the collected sewage is disposed at the Ferghana WWTP. The designed capacity of WWTP is 300,000 m³/day, current loading is ~240,000 m³/day. With implementation of on-site wastewater pre-treatment and appropriate waste management measures, these cumulative impacts are expected to reduce from High to Medium significance.

The Project will also generate significant positive cumulative impacts by improving access to tertiary healthcare services for approximately 3.8 million people in the Fergana Region, creating employment opportunities during construction and operation, and supporting the long-term social and economic development of the wider Fergana Eco City. These positive cumulative impacts are considered High and long term.

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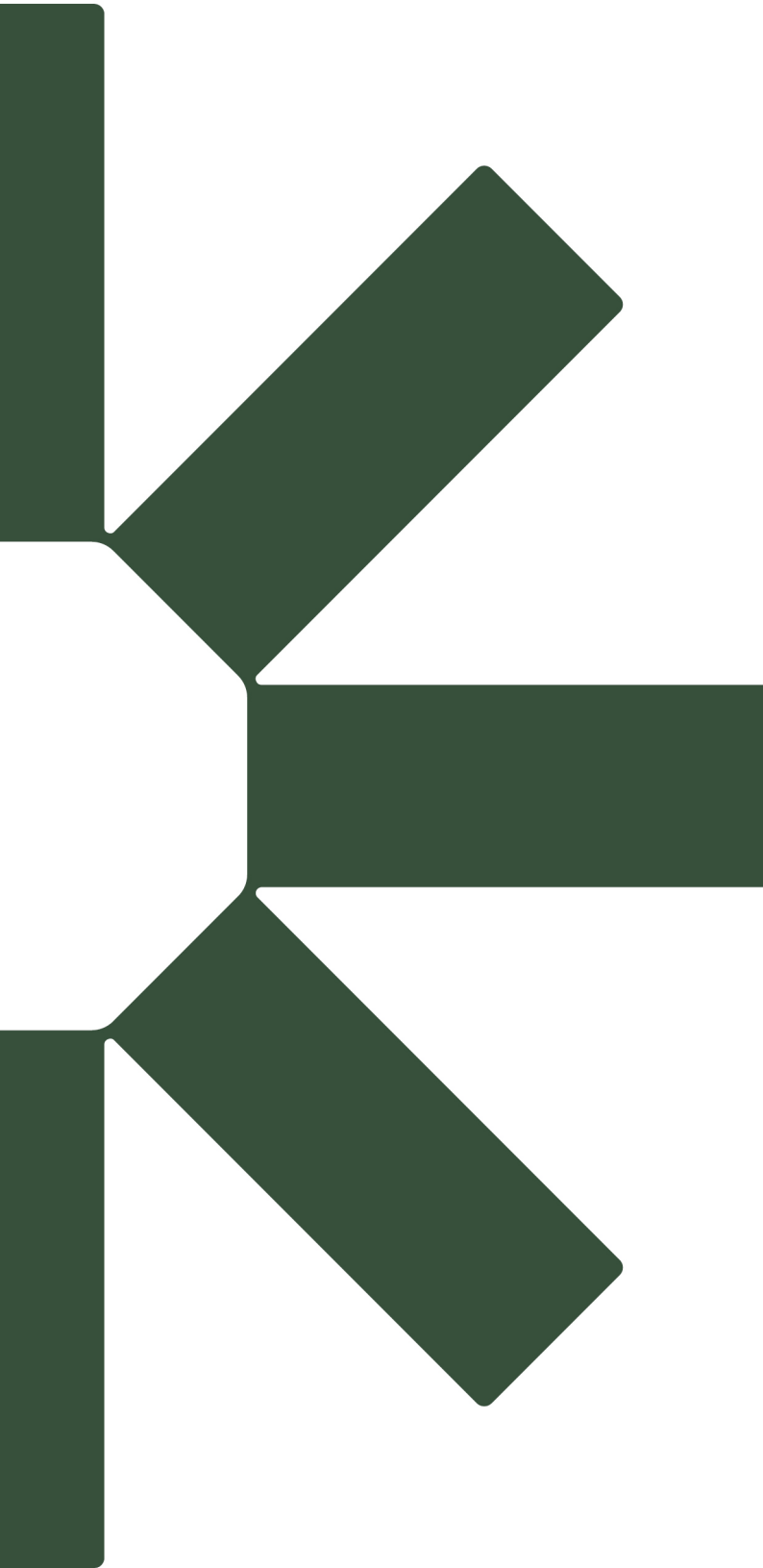
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