Fergana Eco-City Regional Hospital

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Basis of Report

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Acronyms and Abbreviations

Abbreviation	Full Description
AoI	Area of Influence
CHSS	Community Health and Safety
DFC	United States International Development Finance Corporation
E&S	Environmental and Social
EBRD	European Bank for Reconstruction and Development
ESF	Environmental and Social Framework
ESIA	Environmental and Social Impact Assessment
ESMS	Environmental and Social Management System
ESR	Environmental and Social Requirements
ESHS	Environmental, Social, Health and Safety
FGD	Focus Group Discussion
FM	Facility Management
GIIP	Good International Industry Practice
GRC	Grievance Redress Committee
GRM	Grievance Redress Mechanism
IFC	International Finance Corporation
IFC PS	IFC Performance Standards
ILO	International Labour Organization
KII	Key Informant Interview
KOC	KOC Construction Mekanik Elektrik FE LLC
LMP	Labour Management Procedures
MEEPCC	Ministry of Ecology, Environmental Protection and Climate Change
MoH	Ministry of Health
NCECC	National Committee on Ecology and Climate Change
NGO	Non-Governmental Organisation
NTS	Non-Technical Summary
O&M	Operations and Maintenance
PC	Project Company
PPP	Public-Private Partnership
PPPA	Public-Private Partnership Agreement
SEP	Stakeholder Engagement Plan
SEE	State Environmental Expertise
SPV	Special Purpose Vehicle

Abbreviation	Full Description
ToR	Terms of Reference
UN	United Nations
Uzbek	Uzbek Language
WBG	World Bank Group
WHO	World Health Organization
WGM	Workers' Grievance Mechanism

1.0 Introduction

This Stakeholder Engagement Plan (SEP) has been prepared for the Fergana Eco-City Regional Hospital Project (the "Project") in Fergana Region, Republic of Uzbekistan. The Project comprises the development of a new tertiary healthcare facility under a Public-Private Partnership (PPP) arrangement between the Ministry of Health (MoH) and a private consortium led by Vision Invest and KOC.

The purpose of this SEP is to establish a structured framework for identifying, informing, consulting, and engaging stakeholders throughout the Fergana Eco-City Hospital Project lifecycle. The SEP documents the stakeholder engagement activities undertaken during the Environmental and Social Impact Assessment (ESIA) process and sets out the approach, methods, and mechanisms that will be used to ensure ongoing, inclusive, transparent, timely, and culturally appropriate stakeholder engagement during the detailed design, construction and operation, where applicable. The SEP also establishes the Project Grievance Redress Mechanism (GRM) to enable stakeholders to raise concerns, provide feedback, and have grievances addressed in a timely and transparent manner.

The SEP has been prepared to support the effective management of the Project's environmental and social risks and impacts, promote meaningful engagement with Project Affected Parties (PAPs) and other interested stakeholders, facilitate the timely disclosure of Project information, and provide accessible and transparent mechanisms for receiving, responding to, and resolving stakeholder feedback and grievances.

This SEP has been developed in accordance with the applicable legislation of the Republic of Uzbekistan and the environmental and social requirements of international financial institutions, including the IFC Performance Standards (2012), the EBRD Environmental and Social Requirements (2024), and the U.S. Development Finance Corporation (DFC) Environmental and Social Policy (2024). It also reflects good international practice for stakeholder engagement and information disclosure for infrastructure projects.

1.1 Project Background

The Fergana Eco-City Regional Hospital Project is being developed within the broader Fergana Eco City masterplan and is being implemented under Uzbekistan's Public-Private Partnership (PPP) framework to strengthen regional healthcare infrastructure. The Project will deliver an 800-bed tertiary hospital on a greenfield site located approximately 6 km from Fergana City Centre to the west of Fergana International Airport. Once operational, the hospital will provide specialised healthcare services to an estimated catchment population of approximately 3.8 million people across the Fergana Region, where no comparable public tertiary healthcare facility currently exists.

The Project includes the design, financing, construction, equipping, operation, and maintenance of a modern tertiary healthcare facility comprising inpatient wards, operating theatres, intensive care units, diagnostic and laboratory services, outpatient facilities, and associated clinical and non-clinical support infrastructure.

The Ministry of Health (MoH) is the Public Partner under the PPP Agreement and will retain responsibility for clinical service delivery and healthcare regulations. The Private Partner consortium comprising Vision Invest, KOC and Azerbaijan Uzbek Investment Company (AUIC), is responsible for the design, financing, construction, procurement of medical equipment, and delivery of non-clinical services throughout the concession period. The private partner is also responsible for the maintenance of certain medical equipment for 8 years prior to handover to MoH.

To implement the Project, the Private Partner will establish a Special Purpose Vehicle (SPV) that will enter into the PPP Agreement and assume responsibility for delivering the Project. A

dedicated Facilities Management Company (FM Co.), established as a joint venture between Vision Invest and Rekeep World Srl, will be responsible for the operations and maintenance of non-clinical facilities and hard facilities management services during the operational phase.

The PPP concession period is 20 years, after which the hospital assets and installed medical equipment will be transferred to the Ministry of Health in accordance with the PPP Agreement. The Project is expected to reach financial close in Q4-2026, with construction and commissioning undertaken in accordance with the agreed implementation programme prior to commencement of operations. To support Project financing, the Sponsors are engaging with several Development Finance Institutions (DFIs) and commercial lenders, including the IFC, EBRD, and U.S. DFC.

SLR has been engaged by Vision Invest as their Environmental and Social (E&S) consultant to support the pre-financial close ESIA, National Environmental Impact Assessment (EIA) and this SEP. SLR has sub-contracted Oqtavia CAC LLC (herein referred to as “Oqtavia”), a locally based consultancy in Uzbekistan for certain local support related to elements of the scope.

1.2 Scope of the SEP

This SEP establishes the framework for stakeholder identification, information disclosure, consultation, and grievance management throughout the lifecycle of the Fergana Eco City Regional Hospital Project. It defines the principles, responsibilities, and engagement methods that will be applied to ensure stakeholders are provided with timely, accurate, and accessible information and are afforded meaningful opportunities to participate in decisions that may affect them.

The SEP supports the implementation of the Project's ESIA and will form part of the Project's Environmental and Social Management System (ESMS). The document has been prepared in accordance with the applicable requirements of the Republic of Uzbekistan and the environmental and social standards of the Project's prospective lenders, including the IFC, the EBRD, and the U.S. DFC. It is aligned with the stakeholder engagement and information disclosure requirements of IFC Performance Standard 1, EBRD Environmental and Social Requirement 10, and the DFC Environmental and Social Policy and Procedures.

The SEP is intended to set out the planned engagement activities for Project implementation (construction and operation phases) and the document will primarily be owned by the Project Company. Due to the nature of the PPPA, engagement responsibilities during operations are more complex and need to be split between the various Project parties, including the Project Company, Ministry of Health (MoH), and Facility Management Company (FM Co.). The MoH will be responsible for all clinical operations, that will necessitate engagement regarding topics such as (but not limited to) patient welfare, medical related communications, medical malpractice concerns/cases etc. The scope of this SEP is limited to the proposed engagement activities of the Project Company and the FM Co., through their direct FM contract. It is not possible to commit the MoH to align with this SEP at this time, as it is understood that the MoH will follow national level SOPs and other existing processes that fall outside of this SEP and the broader project ESMS. However, ‘recommended’ engagement processes for MoH (as considered necessary to align with the applicable E&S standards) are also outlined. The Project Company will use their best efforts to encourage and influence the MoH to implement these engagement activities.

This document is intended to be reviewed and updated periodically to reflect changes in Project activities, stakeholder interests, and engagement outcomes, ensuring that stakeholder engagement remains effective and responsive throughout Project implementation.

1.3 Objectives of the SEP

The objectives of this SEP, including the Project Grievance Redress Mechanism (GRM), are to:

- Identify Project stakeholders, including Project-affected parties, interested parties, and vulnerable or disadvantaged groups, and understand their interests, concerns, expectations, and information needs.
- Establish a structured, transparent, and inclusive approach to stakeholder engagement throughout the planning, construction, commissioning, and operational phases of the Project, ensuring that engagement activities are proportionate to the Project's environmental and social risks and impacts.
- Ensure the timely disclosure of relevant Project information in formats that are accessible, understandable, culturally appropriate, and available to all stakeholders.
- Provide meaningful opportunities for stakeholders to express their views, concerns, and recommendations, and ensure that these are considered, where appropriate, during Project planning, construction, commissioning, and operation.
- Promote the effective participation of vulnerable and disadvantaged groups by identifying and addressing barriers to engagement, including those related to gender, age, disability, literacy, language, socio-economic status, or other factors that may limit participation.
- Support the effective identification, management, and mitigation of environmental and social risks through ongoing dialogue with stakeholders, including matters relating to community health and safety, labour and working conditions, construction-related impacts, traffic, access, and Gender-Based Violence, Sexual Exploitation and Abuse, and Sexual Harassment (GBV/SEA/SH), where relevant.
- Ensure transparent, inclusive, and timely engagement with healthcare workers, hospital management, employee representative bodies, and relevant government institutions throughout the workforce transition process associated with the consolidation of existing healthcare facilities, including consultation on staff redeployment, retrenchment, available support measures, and accessible grievance mechanisms.
- Establish and maintain an accessible, transparent, and effective Project-level GRM through which stakeholders can raise concerns, submit complaints, or provide feedback, and receive timely and appropriate responses.
- Foster constructive and collaborative relationships among the Project Company, EPC Contractor, Facility Management (FM) Operator, Ministry of Health, government authorities, Mahalla Committees, nearby communities, workers, hospital users (Patients & Visitors) and other stakeholders throughout the Project lifecycle.
- Demonstrate compliance with applicable Uzbekistan legislation and the stakeholder engagement requirements of international lenders, including IFC Performance Standard 1 (PS1), EBRD Performance Requirement 10 (PR10), and the DFC Environmental and Social Policy and Procedures (ESPP).

2.0 Project Information

Note: *the details included in this section are intentionally brief for relevant context to this SEP only. Should specific further details be required, please refer to the ESIA or other related project description documents.*

2.1 Key Project Information

Table 2-1 Key Project Information

Public Partner	Ministry of Health (MoH), Republic of Uzbekistan
Private Partner	Vision Invest, KOC and AUIC (Joint Venture)
Project Company	Special Purpose Vehicle (SPV) to be established by the Vision Invest, KOC & AUIC Joint Venture to implement the Project under the PPP Agreement
EPC Contractor	KOC Construction Mekanik Elektrik LLC FE
Facilities Management Company	Joint venture to be established between Rekeep World S.r.l. (51%) and Vision Invest (49%) to deliver non-clinical facilities management services during the operational phase
Clinical Services Provider	Ministry of Health (MoH), responsible for the provision of clinical and medical services throughout the concession period
Medical Equipment Services	Medical equipment to be procured, installed and maintained by DTC, a specialist supplier under the Private Partner's scope (maintenance period of eight years)
Lead Environmental and Social Consultant	SLR Consulting
Prospective Lenders	International Finance Corporation (IFC), European Bank for Reconstruction and Development (EBRD), and United States Development Finance Corporation (DFC)
PPP Concession Period	20 years, after which the hospital and associated assets will be transferred to the Ministry of Health

2.2 Project Location

The Fergana Eco City Regional Hospital Project site is located within the Fergana Eco City masterplan area, approximately 6 kilometres west of Fergana City centre and to the west of Fergana International Airport, within Fergana Region, Republic of Uzbekistan. The site lies within the administrative boundary of Fergana City and is in close proximity to planned residential, commercial, and institutional developments forming part of the Eco City expansion. The regional context of the Project location is shown on the following figure.

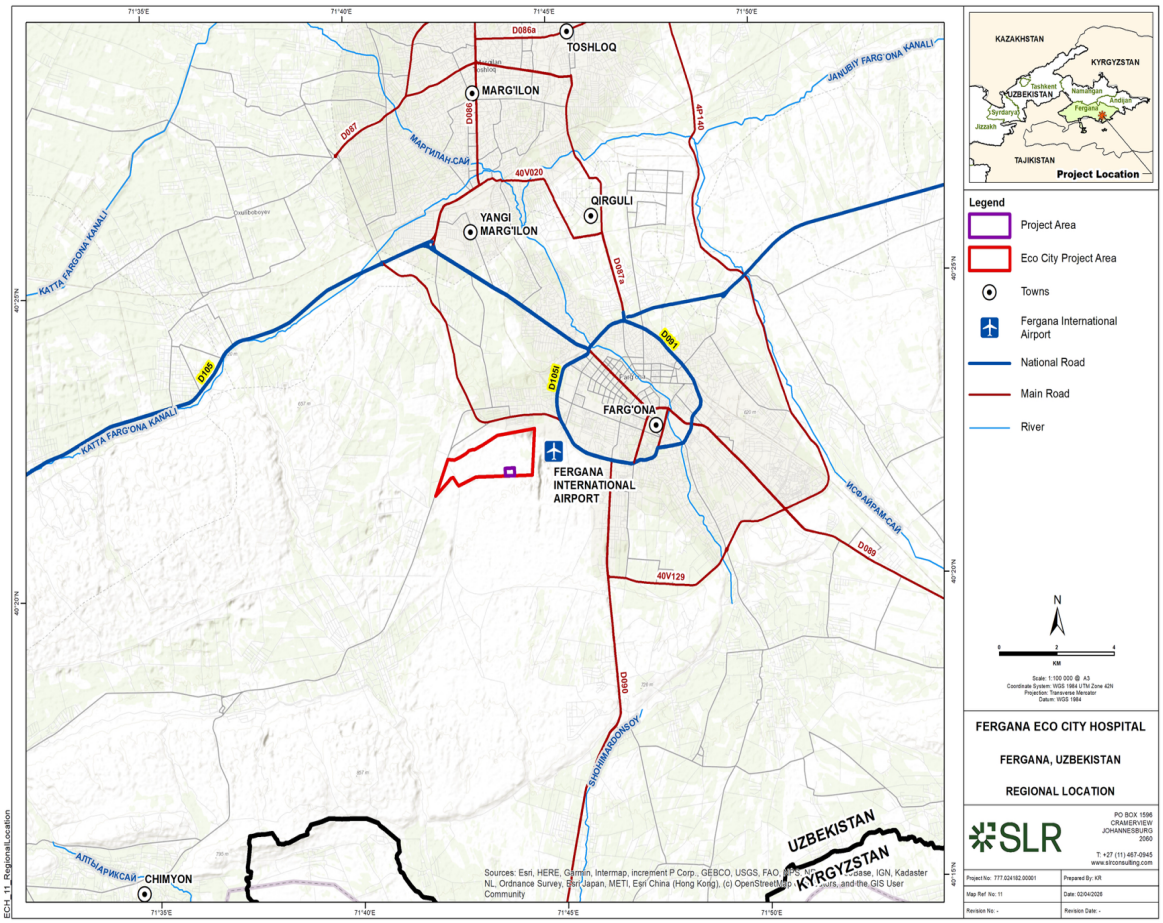


Figure 2-1 Regional Context of the Project Location

The hospital will be developed on an approximately 8-hectare plot within the wider 300-hectare Eco City development zone. The site is part of a planned urban masterplan and is surrounded by designated Eco City land uses, including residential neighbourhoods, institutional facilities, green spaces, and supporting infrastructure corridors. The location is strategically positioned to serve as a central healthcare hub within the Eco City framework and the broader Fergana Region. Site overview pictures are present in the following figure.

Figure 2-2 Conditions within the Project Development Footprint

The Project site is generally flat and in the past was previously part of government land allocated for use by Military Unit No. 49. The land was transferred in 2021 through a decree to the Khokimiyat and then to the Eco City within a sperate decree, also in 2021. At present, the site is undeveloped land (designated as non-agricultural), with evidence of prior earthworks, access tracks, and early-stage infrastructure development associated with the Eco City masterplan. Based on site visits, available satellite imagery and the outcomes of community consultations, the project footprint does not currently support agricultural activity residents, or other land users. No known tangible or intangible heritage assets or have been identified within the site boundary during the ESIA baseline surveys and consultations.

The broader Eco City area includes a developing network of internal access roads, utility corridors (electricity, water supply, wastewater, and heating systems), and planned public infrastructure that will support the operational viability of the hospital. These associated infrastructure networks are being implemented as part of the wider masterplan development and are not exclusive to the Project, although the hospital will interface with these systems.

Existing receptors in the surrounding area include Fergana International Airport, nearby industrial facilities, and emerging residential developments within the Eco City boundary. The Eco City masterplan is being progressively developed, with ongoing construction activities on adjacent land plots and planned future developments in currently undeveloped areas. Therefore, the composition and sensitivity of surrounding receptors are expected to evolve over time. These existing and future receptors have been considered in the preliminary ESIA assessment and will continue to be assessed during detailed design, construction planning, and project implementation to ensure that potential cumulative impacts and stakeholder concerns are appropriately managed.

2.3 Local Context and Sensitivities

2.3.1 Land Use and Site Conditions

Land administration in the Republic of Uzbekistan is governed by the Land Code of the Republic of Uzbekistan (1998, as amended), under which land remains state-owned and may be allocated for specific uses through state-approved arrangements, including lease and other forms of land use rights.

The Project site is located on state-owned land within the Fergana Eco City masterplan area and has been designated for the development of public infrastructure. The land was previously under the jurisdiction of the Ministry of Defense and was subsequently transferred to the Fergana City Administration for redevelopment as part of the wider Eco City development programme.

The hospital will be developed on an approximately 8-hectare plot within the broader 300-hectare Eco City masterplan area. The site is classified as non-agricultural land and was historically used for military training purposes (Military Unit No. 49). Historical land use review and ESIA site surveys indicate that the Project footprint has not been subject to permanent settlement, agricultural cultivation, or other intensive community use in recent decades.

The Project site is located within a rapidly transforming peri-urban area, where previously undeveloped land is being converted into residential, commercial, and institutional uses under the Eco City masterplan. Site observations undertaken during the ESIA process confirmed that the hospital footprint is largely undeveloped, with limited vegetation cover and no permanent structures or formal occupants identified within the Project boundary.

Construction-related activities associated with the wider Eco City development, including land preparation works and contractor activities, have been observed in the surrounding area. As a result, the main stakeholder sensitivities are expected to relate to the interactions between the Project and an evolving urban environment, including construction-related

impacts, access and traffic management, community safety, and coordination with neighbouring developments.

Given the absence of existing settlements or formal land users within the Project footprint, significant land acquisition or physical displacement impacts are not anticipated. However, continued engagement with neighbouring communities, local authorities, and other stakeholders will be important to manage expectations and address concerns arising from the ongoing transformation of the surrounding area.

2.3.2 Surrounding Area

The Project site is located within the broader Fergana Eco-City development zone, which is transitioning from predominantly agricultural land to a planned mixed-use urban environment. The surrounding area is therefore characterized by a combination of rural land use and emerging urban infrastructure.

2.3.2.1 Communities

The nearest settlements comprise dispersed rural communities and villages located around the Eco-City boundary. These communities are primarily engaged in agriculture and related livelihoods. The closest residential receptors are located within a few hundred metres of the proposed Project boundary, although exact distances vary depending on final design alignment within the masterplan area.

2.3.2.2 Roads and Transport Infrastructure

The Project site is located within the wider Eco-City development area, however, it is currently not directly connected to the paved Eco-City road network. Existing access is provided through local roads connecting the surrounding villages and agricultural areas, with connectivity to Fergana City and other key settlements supported through the wider regional road network. As part of the planned Eco-City development, the internal paved road network and associated access infrastructure will be progressively developed, which is expected to improve connectivity to the Project site during the Project lifecycle. An existing railway corridor is located within the broader region and provides passenger and freight connectivity; however, it is situated at a sufficient distance from the immediate Project footprint and is not expected to be directly affected by the hospital development.

2.3.2.3 Utilities and Infrastructure

Existing utility infrastructure in the vicinity of the Project site includes electricity distribution lines, water supply networks, and telecommunication infrastructure serving nearby settlements and agricultural users. Utility corridors are being integrated into the Eco-City masterplan, and coordination with the relevant service providers will be undertaken during detailed design to finalise the interfaces.

Key features of the Project

The Fergana Eco City Regional Hospital Project comprises the development and operation of a modern tertiary healthcare facility designed to deliver comprehensive medical services to the Fergana Region and surrounding areas. The key physical and functional components of the Project are summarized below:

- **Core hospital facilities:** The main hospital building will accommodate approximately 800 beds and include emergency services, intensive care units (ICUs), operating theatres, inpatient wards, outpatient departments, diagnostic imaging, pathology laboratories, and specialist clinical units.
- **Specialized medical facilities:** The hospital will include dedicated units for cardiology, oncology, orthopedics, nephrology, maternity and pediatrics, along with

emergency trauma care and ambulatory care services to support 24/7 tertiary healthcare delivery.

- **Support and ancillary facilities:** Non-clinical infrastructure will include administrative offices, staff support facilities, pharmacy services, medical stores, dietary and catering services, laundry facilities, waste management areas, and security infrastructure.
- **Technical and engineering facilities:** The Project will include a central utility plant and service buildings housing HVAC systems, boilers, electrical substations, backup generators, water storage and treatment systems, medical gas systems, fire safety systems, and building management systems (BMS).
- **Information and communication systems:** Integrated hospital information systems (HIS), telemedicine infrastructure, digital diagnostic systems, nurse call systems, CCTV surveillance, and ICT backbone systems will be installed to support clinical and operational efficiency.
- **External infrastructure and access:** The hospital will be connected to the Eco City internal road network, with designated access points for emergencies, patients, staff, and logistics vehicles. Parking areas, service roads, and loading/unloading zones will be integrated within the site layout.
- **Landscape and open spaces:** The development includes landscaped green areas within the hospital footprint, incorporating therapeutic gardens, pedestrian walkways, and open spaces to support patient recovery and environmental quality.
- **Utilities and infrastructure interfaces:** The Project will connect to Eco City-developed infrastructure networks, including potable water supply, wastewater and effluent systems, district heating, electricity distribution, and solid waste management systems.

The hospital is designed to function as a fully integrated tertiary healthcare facility supporting both clinical service delivery and medical education. It incorporates flexible spatial planning to accommodate future technological upgrades and potential expansion in line with regional healthcare demand.

The Project has been designed in accordance with applicable national building codes and international healthcare facility standards, ensuring compliance with relevant requirements for patient safety, infection control, accessibility, and operational efficiency. The proposed hospital will be strategically developed and designed to be accessible from all the residential and commercial areas of the Fergana city. As shown on the following figure, the Project is surrounded by an extensive national road network from which it will benefit. The Project will define the internal access roads to the Project footprint at a later stage.

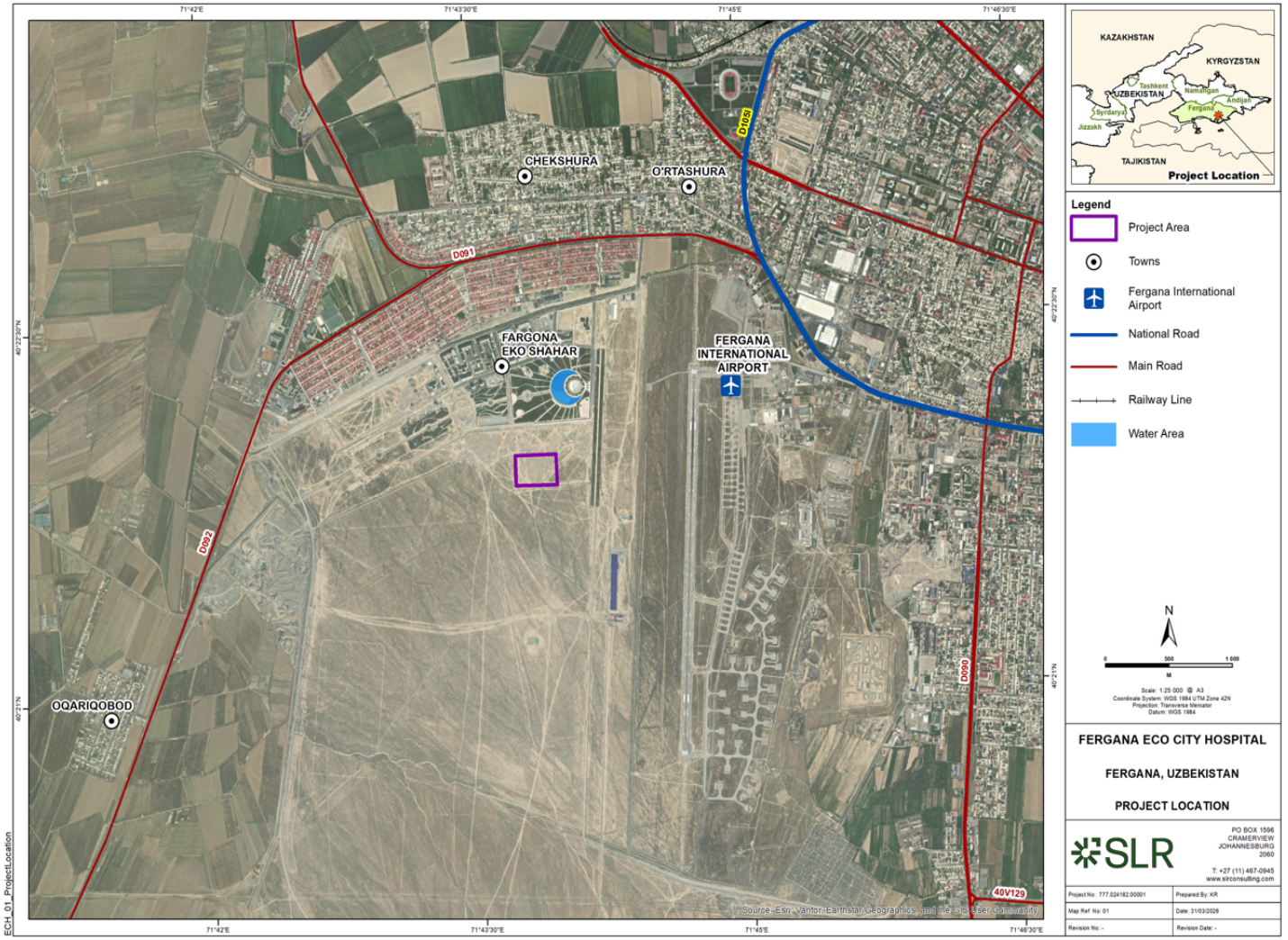


Figure 2-3 Project Location Showing the Local Road Network Near the Project

2.4 Project Construction and Operation

The Project will be implemented under a Public–Private Partnership (PPP) structure, with the Private Partner (Vision Invest, KOC & AUIC Joint Venture) responsible for the design, financing, construction, equipping, commissioning, and non-clinical facilities management of the Fergana Eco City Regional Hospital. The EPC Contractor, KOC Construction Mekanik Elektrik LLC FE, will be appointed to undertake all construction works under the supervision of the Project Company (SPV), which will be established by the Private Partner.

It is anticipated that the construction phase will involve a peak workforce of approximately 1,865 personnel, including skilled, semi-skilled, and unskilled workers, as well as technical and managerial staff. Labour will be sourced primarily from the local and regional workforce, supplemented where required by specialized international expertise.

The main construction activities anticipated for the Project include:

- Site preparation and enabling works: site clearance, grading, excavation, compaction, utility diversion (if required), and establishment of temporary construction facilities and access roads.
- Civil and structural works: construction of the hospital superstructure including foundations, structural frames, flooring systems, roofing, and external façades.
- Mechanical, electrical, and plumbing (MEP) installations: installation of HVAC systems, electrical distribution networks, water supply systems, wastewater systems, medical gas systems, fire protection systems, and building automation systems.
- Medical and specialist systems installation: installation and integration of diagnostic equipment, imaging systems, operating theatre equipment, ICU systems, laboratory systems, and associated medical technologies.
- Internal fit-out works: partitioning, interior finishing, furnishing, signage, wayfinding systems, and patient flow optimisation features.
- External works and infrastructure: internal roads, pedestrian access routes, parking areas, landscaping, drainage systems, boundary fencing, and security infrastructure.
- Utility connections and commissioning support: integration with Eco City infrastructure networks including electricity, water supply, heating, wastewater, and ICT systems.
- Testing and commissioning: system testing, equipment calibration, safety verification, operational readiness assessments, and phased handover preparations.

The construction phase is expected to extend over approximately three years, culminating in commissioning and operational readiness prior to commencement of service delivery under the PPP arrangement.

Upon completion, the Project will transition into the operational phase, during which responsibilities will be divided between the Public Partner (Ministry of Health) and the Private Partner, in accordance with the PPP Agreement.

The Ministry of Health (MoH) will remain responsible for the delivery of clinical services, including medical staffing, patient care, and healthcare service provision. In parallel, the Private Partner, through the SPV and the Facilities Management Company (FM Co.), will be responsible for the management and maintenance of non-clinical infrastructure and support services.

During the operational phase, the Ministry of Health intends to consolidate five existing specialised healthcare institutions into the new Fergana Eco-City Regional Hospital. This transition is expected to involve the transfer of approximately 2,584 healthcare personnel, including clinical, administrative, and support staff, subject to confirmation by the Ministry of

Health. While the consolidation is expected to strengthen the delivery of specialised healthcare services, it may also result in organisational restructuring and workforce rationalisation where existing positions become redundant or cannot be accommodated within the new operational structure. The Ministry of Health will be responsible for determining staffing arrangements, workforce transition measures, and any retrenchment processes in accordance with applicable national labour legislation and relevant lender requirements. The Project will support transparent stakeholder engagement throughout this process to ensure affected employees and other stakeholders are kept informed, consulted on matters relevant to them, and provided with access to appropriate grievance mechanisms.

During the operational phase, the hospital will provide a full range of tertiary healthcare services, including emergency care, inpatient and outpatient services, surgical procedures, intensive care, diagnostics, laboratory services, and rehabilitation. Non-clinical services will include facilities maintenance (HVAC, electrical, plumbing, fire systems), building management systems, security services, cleaning, waste management, and support utilities.

The FM Co. will ensure continuous operation of hospital infrastructure through a 24/7 maintenance and monitoring system, supported by a Computer-Aided Facilities Management (CAFM) platform and integrated helpdesk services. The objective will be to maintain high standards of safety, reliability, hygiene, and operational efficiency throughout the concession period.

2.5 Project Timeline and Milestone

Key milestones for the project are outlined below.

Table 2-2 Project Tentative Execution Schedule

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

2.6 Associated Facilities

Most lenders align on a definition that associated facilities are facilities that are not funded as part of the project and that would not have been constructed or expanded if the project did not exist and without which the project would not be viable. The proposed hospital development is part of the wider Fergana Eco City masterplan and thus, the Project will benefit from a wide range of utility infrastructure that form part of the public infrastructure networks. On site infrastructure includes interfaces with water, wastewater effluent, electricity, heating and road networks. The Project specific associated infrastructures are outlined below, many of which will require some form of development within the Eco City as currently planned separate to the project.

The utility infrastructure networks form part of the 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 viable[1]:

- **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

[1] Source: IFC presentation, 18 June 2025. As provided by Vision Invest.

stations. The nearest substation is located approximately 700 m away from the Project site.

- **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.
- **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.

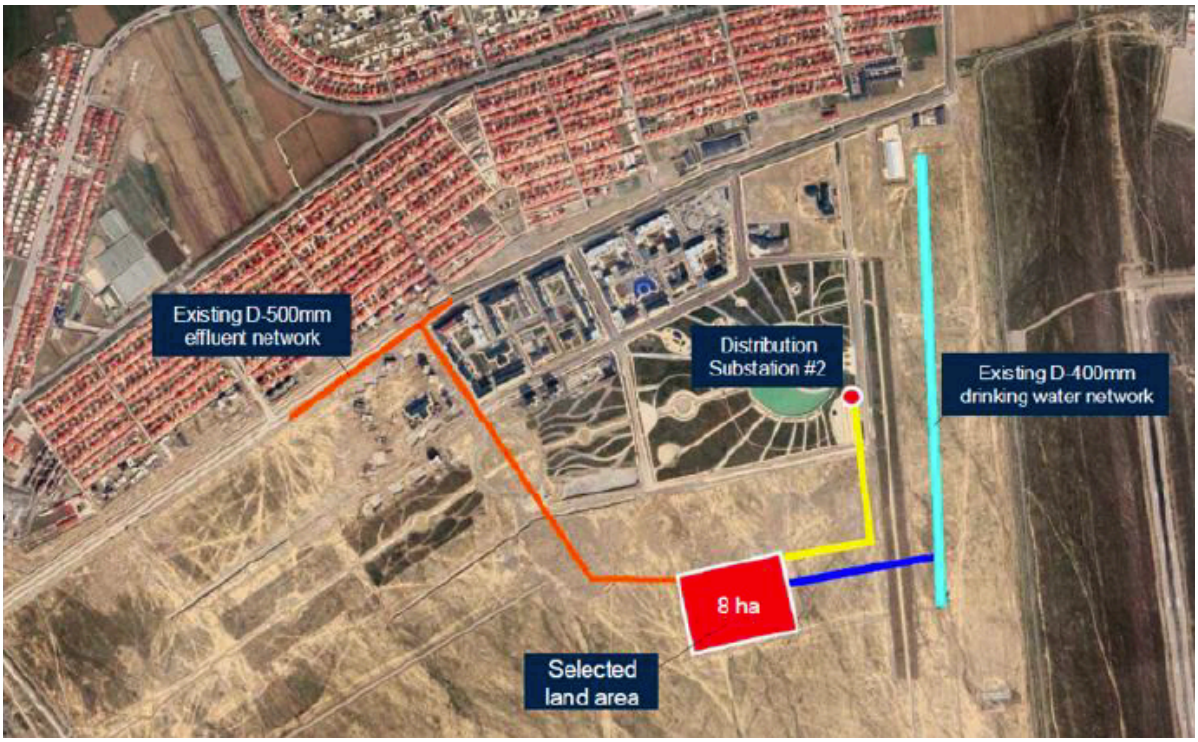


Figure 2-4 Schematic representation of the utilities network near the Project site.

3.0 Regulations and Requirements

3.1 National Requirements

The stakeholder engagement process for the Project is governed by the national legislative and institutional framework of the Republic of Uzbekistan. This framework establishes the legal basis for public participation, access to information, grievance redress mechanisms, environmental consultation, labour rights, and institutional oversight. Collectively, these provisions ensure that stakeholders can participate in decision-making processes, raise concerns, and access relevant project information in a structured and legally protected manner.

3.1.1 Constitution of the Republic of Uzbekistan (2023 Amendments)[2]

The Constitution of Uzbekistan provides the highest level of legal protection for stakeholder rights and public participation. It establishes Uzbekistan as a democratic, legal, social, and secular state, where citizens are entitled to fundamental rights including access to information, participation in public affairs, and a safe and healthy environment. Article 49 specifically guarantees the right to a favourable environment and access to reliable environmental information, while also requiring the State to ensure public participation in urban planning and environmental decision-making processes. This provision forms the constitutional foundation for public consultation and disclosure requirements applicable to the Project.

The Constitution also guarantees the right of individuals and organisations to submit appeals, proposals, and complaints to state bodies under Article 40, which must be reviewed within established legal timeframes. This provides the legal basis for grievance redress mechanisms at both national and project levels. Furthermore, constitutional provisions relating to property rights ensure that land and assets cannot be taken without lawful procedures and due process, which is particularly relevant in cases involving land acquisition or economic displacement. Labour rights are also strongly protected, including provisions on fair working conditions, equality, and non-discrimination, which support inclusive engagement with workers and employment-related stakeholders. In addition, environmental protection duties are enshrined in the Constitution, which reinforces the importance of environmental awareness and stakeholder participation in environmental governance.

3.1.2 Law on Appeals of Individuals and Legal Entities (2014, amended 2017 and 2024)[3]

The Law on Appeals of Individuals and Legal Entities establishes the primary legal framework for grievance handling and citizen engagement with public authorities. It allows individuals and organisations to submit complaints, proposals, and requests in oral, written, or electronic form, ensuring accessibility for all stakeholder groups. The law requires that appeals be reviewed within fifteen days, with the possibility of extension to one month for more complex matters. It also establishes designated public reception offices to facilitate direct communication between citizens and government institutions. In the context of the Project, this law provides the legal foundation for the Project-level grievance redress mechanism, ensuring that stakeholder concerns are formally recorded, assessed, and addressed within defined timeframes.

[2] Constitution of the Republic of Uzbekistan (2023 Revised Edition), approved through the Referendum of the Republic of Uzbekistan held on 30 April 2023.

[3] Law of the Republic of Uzbekistan No. ZRU-378 dated 3 December 2014 “On Appeals of Individuals and Legal Entities” (as amended, including amendments introduced by Law No. ZRU-445 dated 11 September 2017 and subsequent amendments).

3.1.3 Environmental Protection Legislation and Public Participation Framework[4]

Environmental legislation in Uzbekistan provides a framework for stakeholder engagement, particularly in relation to environmental assessment, disclosure, and public consultation processes. The Law on Nature Protection establishes the right of citizens to a healthy environment and provides for public participation in environmental protection activities, including public oversight of environmentally significant projects. The Law on Environmental Control further supports stakeholder involvement by establishing mechanisms for monitoring environmental conditions and identifying risks to public health and safety, thereby contributing to informed stakeholder engagement.

The Law on Environmental Expertise, as amended, is particularly relevant to the Project as it requires State Environmental Expertise (SEE) approval for projects classified under applicable environmental categories and includes provisions for public participation during the environmental assessment process. For projects requiring an Environmental Impact Assessment (EIA), this includes the organisation of public discussions/hearings to present project information, disclose potential environmental and social impacts, receive comments and concerns from stakeholders, and incorporate relevant feedback into the environmental assessment documentation prior to approval. Such public hearings involve relevant stakeholders, including representatives of affected communities, local authorities, mahalla representatives, government agencies, and other interested parties, as applicable to the Project context.

As part of the environmental assessment process, a public hearing was conducted in May [year] in accordance with Uzbekistan's environmental consultation requirements. The hearing provided an opportunity for relevant stakeholders, including representatives of local authorities, mahalla representatives, community members, and other interested parties, to review the proposed Project, raise concerns, and provide feedback for consideration in the environmental assessment process.

3.1.4 Sectoral Environmental Legislation Relevant to Stakeholders[5]

A range of sector-specific environmental laws govern natural resources that are of direct interest to stakeholders, including air quality, water resources, waste management, biodiversity, and protected areas. These laws regulate the protection and sustainable use of environmental resources and establish standards for environmental quality and public health protection. In the context of stakeholder engagement, these legal instruments are important because they define the environmental aspects that communities are most concerned about, such as air emissions, water availability, waste disposal, and ecosystem protection. They also reinforce the requirement for disclosure of environmental impacts and consultation with affected communities during project planning and implementation.

3.1.5 Labour and Employment Legislation[6]

Labour legislation in Uzbekistan provides the framework for engagement with workers and employment-related stakeholders. The Labour Code, together with the Law on Employment

[4] Law of the Republic of Uzbekistan "On Nature Protection" (1992, as amended); Law "On Environmental Control" (2013, as amended); Law "On Environmental Expertise, Environmental Impact Assessment and Strategic Environmental Assessment" (2025); Law "On Environmental Audit" (2021, as amended).

[5] Republic of Uzbekistan – Law "On Environmental Expertise, Environmental Impact Assessment and Strategic Environmental Assessment" (No. LRU-1036), establishing requirements for environmental assessment, public participation, disclosure of environmental information, and stakeholder consultation.

[6] Labour Code of the Republic of Uzbekistan (2022, effective 2023, as amended); Law of the Republic of Uzbekistan No. ZRU-642 "On Employment of the Population" (2020, as amended); Law of the Republic of Uzbekistan "On Occupational Safety" (2025); International Labour Organization (ILO) Conventions ratified by the Republic of Uzbekistan.

of the Population and relevant government decrees, establishes protections related to fair employment, non-discrimination, occupational health and safety, and access to employment opportunities. These legal provisions ensure that workers involved in the Project, including contractors and subcontractors, are engaged under fair conditions and that vulnerable groups such as youth and women are protected from discrimination. From a stakeholder engagement perspective, these laws require inclusive communication with workers and ensure that labour-related grievances are addressed through formal mechanisms. These requirements are also relevant to workforce transition associated with the consolidation of existing healthcare facilities, including consultation with affected employees, communication regarding changes in employment arrangements, and provision of applicable rights and entitlements in cases of redeployment, reassignment, or retrenchment.

3.1.6 Cultural Heritage and Archaeology Legislation[7]

Cultural heritage and archaeological laws in Uzbekistan regulate the protection, preservation, and management of cultural and historical resources. These laws require that any discovery of archaeological or cultural significance during project implementation be reported to relevant authorities and managed in accordance with established procedures. They also require coordination with competent institutions to ensure that cultural heritage is not adversely affected. In terms of stakeholder engagement, these provisions necessitate communication with cultural authorities and local communities, particularly in areas where cultural heritage values may be present.

3.1.7 National Environmental Impact Assessment and Public Consultation Requirements[8]

Environmental impact assessment in Uzbekistan is governed by a combination of national legislation and government resolutions, including the Law on Environmental Expertise and Cabinet of Ministers Resolution No. 541, as well as the updated environmental assessment framework introduced in 2025. The EIA process is structured into three sequential stages, beginning with a preliminary assessment during early project development, followed by a detailed environmental assessment prior to construction, and concluding with a final environmental approval before project commissioning. Each stage involves progressively detailed analysis and regulatory review.

Public consultation is a mandatory requirement under the national EIA system and must be conducted from the earliest stage of project development. As part of this process, a Non-Technical Summary must be prepared and disclosed to stakeholders, providing accessible information on the project description, alternatives considered, baseline environmental conditions, potential impacts, and proposed mitigation measures. Stakeholder engagement must include relevant government authorities, environmental agencies, affected communities, non-governmental organisations, and other interested parties. The consultation process is designed to ensure that stakeholders have the opportunity to express their views, which are then documented and considered as part of the environmental approval process.

3.1.8 Institutional Framework for Stakeholder Engagement

The institutional framework for environmental governance and stakeholder engagement in Uzbekistan is led by several key government bodies. The Cabinet of Ministers provides overall policy direction and oversight for environmental and social governance. The National

[7] Law of the Republic of Uzbekistan “On Protection and Use of Cultural Heritage Objects” (2001, as amended) and IFC Performance Standard 8: Cultural Heritage (2012)

[8] Law of the Republic of Uzbekistan No. ZRU-1036 “On Environmental Expertise, Environmental Impact Assessment and Strategic Environmental Assessment” (2025) and Cabinet of Ministers Resolution No. 541 “On Approval of the Regulation on State Environmental Expertise” (2020, as amended)

Committee on Ecology and Climate Change is the primary regulatory authority responsible for environmental protection, monitoring, and enforcement of environmental standards. The Centre for State Ecological Expertise is responsible for reviewing environmental assessment documentation and issuing environmental approvals for projects subject to state environmental review. In addition, the Sanitary and Epidemiological Services under the Ministry of Health are responsible for establishing public health standards and assessing environmental health risks, including the determination of health protection zones. These institutions collectively play a central role in project approvals, environmental compliance, and oversight of public consultation processes.

3.1.9 International Conventions and Commitments

Uzbekistan is a signatory to several international environmental and social conventions that reinforce national requirements for transparency, public participation, and environmental protection. These include the United Nations Framework Convention on Climate Change and the Paris Agreement, which promote environmental transparency and reporting, the Convention on Biological Diversity, which supports ecosystem conservation and public awareness, and various International Labour Organization conventions that protect workers' rights and promote fair labour practices. Uzbekistan is also a party to the Convention on International Trade in Endangered Species of Wild Fauna and Flora, which supports biodiversity protection. These international commitments reinforce national requirements for stakeholder engagement and align the Project with internationally accepted best practice, including IFC Performance Standard 1 on Stakeholder Engagement and Information Disclosure.

3.2 Lenders Requirements

Project financing will be sought from international financial institutions, with the IFC, EBRD, and the DFC, currently identified as a prospective lender. The Project will be required to comply with the applicable environmental and social requirements of the lenders.

As a condition of financing, the Project is required to comply with applicable lender Environmental and Social (E&S) policies, with particular emphasis on stakeholder engagement, information disclosure, consultation, grievance management, and inclusive engagement with affected and vulnerable groups.

The Stakeholder Engagement Plan (SEP) has been prepared to align with these requirements and ensure structured, transparent, and ongoing engagement throughout the Project lifecycle.

3.2.1 IFC Performance Standards

The IFC Performance Standards (2012) form the primary benchmark for environmental and social risk management for IFC-financed projects and are applicable to the Project. Of particular relevance to stakeholder engagement are:

- **PS1- Assessment and Management of Environmental and Social Risks and Impacts**, which includes requirements for stakeholder identification and analysis, information disclosure, consultation, and grievance mechanisms. In accordance with PS1 requirements, the Project will:
    - Identify and analyse stakeholders, including affected communities, vulnerable groups, and other interested parties;
    - Disclose relevant project information in a timely, accessible, and culturally appropriate manner;
    - Conduct meaningful consultation with stakeholders throughout the Project lifecycle;

  - Ensure consultations are free of manipulation, interference, coercion, or intimidation; and
  - Establish and maintain a Project-level Grievance Mechanism that is accessible, transparent, and responsive.

- **PS2- Labour and Working Conditions**, including requirements for fair treatment of workers, management of employment relationships, worker engagement, protection of workers' rights, and accessible grievance mechanisms. PS2 principles are also relevant to workforce restructuring associated with the consolidation of healthcare services, where changes to employment arrangements may occur. Where retrenchment becomes unavoidable, the Project and relevant responsible authorities will be expected to follow a transparent process involving timely notification, consultation with affected workers, assessment of alternatives to retrenchment, and mitigation measures consistent with applicable national requirements and international good practice.
- **PS3- Resource Efficiency and Pollution Prevention**, which may require engagement on environmental performance and risk mitigation measures;
- **PS4- Community Health, Safety and Security**, requiring engagement with affected communities on health, safety, and security risks and mitigation measures;
- **PS5- Land Acquisition and Involuntary Resettlement** *(not triggered for the Project, based on current assessments)*;
- **PS6- Biodiversity Conservation and Sustainable Management of Living Natural Resources**, requiring engagement where biodiversity-related impacts may occur;
- **PS7- Indigenous Peoples** *(not applicable based on current baseline information)*; and
- **PS8- Cultural Heritage**, including stakeholder consultation in the event of chance finding or cultural heritage risks.

3.2.1.1 World Bank Group / IFC EHS Guidelines

The World Bank Group / IFC Environmental, Health, and Safety (EHS) Guidelines provide good international industry practice (GIIP) for environmental and social risk management and support stakeholder engagement where relevant.

Key applicable guidelines include:

- **General EHS Guidelines (2007)**- including provisions on community health and safety, emergency preparedness, and public consultation;
- **IFC EHS Guidelines for Health Care Facilities (2007)**- relevant for engagement on healthcare-related environmental and social risks such as infection control, waste management, and occupational health and safety.

Where relevant, emerging draft guidance for healthcare facilities may be considered to strengthen good practice approaches, particularly in relation to risk communication and community health engagement.

3.2.2 European Bank for Reconstruction and Development

The Project will also comply with the Environmental and Social Requirements (ESR 2024) of the European Bank for Reconstruction and Development (EBRD), with relevance to stakeholder engagement as follows:

- **ESR 1- Assessment and Management of Environmental and Social Impacts**, requiring structured stakeholder identification, engagement, and integration into an Environmental and Social Management System (ESMS);
- **ESR 2- Labour and Working Conditions:** Engagement with workers and their representatives, including communication of employment conditions, worker grievance mechanisms, and consultation during workforce-related changes (particularly relevant due to consolidation of existing healthcare institutions and potential workforce transition).
- **ESR 3- Resource Efficiency and Pollution Prevention and Control:** Engagement related to environmental performance, waste management, resource efficiency, and community concerns regarding environmental impacts where relevant.
- **ESR 4- Health, Safety and Security**, requiring engagement with affected communities on risk prevention and mitigation measures.
- **ESR 8- Cultural Heritage:** Engagement and consultation regarding cultural heritage issues if any chance-find procedures or heritage impacts are identified.
- **ESR 10- Information Disclosure and Stakeholder Engagement**, which establishes comprehensive requirements for stakeholder engagement planning, disclosure, consultation, and grievance mechanisms. Under ESR 10, the Project is required to:
  - Develop and implement a Stakeholder Engagement Plan proportionate to project risks and impacts;
  - Conduct early, ongoing, and meaningful engagement with stakeholders throughout the Project lifecycle;
  - Ensure disclosure of project information in accessible formats and languages;
  - Pay special attention to vulnerable and disadvantaged groups; and
  - Establish a transparent, accessible, and responsive grievance mechanism.

EBRD also promotes alignment with good international practice, including guidance on gender-based violence prevention, labour accommodation standards, and inclusive engagement approaches.

In addition, the EBRD has established an Independent Project Accountability Mechanism (IPAM). This mechanism is intended to:

- Help resolve social, environmental, and public disclosure concerns raised by Project-affected people and civil society organisations;
- Facilitate dialogue among Project stakeholders; and
- Assess whether the Bank has complied with its Environmental and Social Policy (ESP) a IPAM exists to address non-compliance with these policies and helps prevent future non-compliance by the Bank.

3.2.3 U.S. International Development Finance Corporation (DFC) Requirements

DFC requires all supported projects to comply with its Environmental and Social Policy and Procedures (ESPP), which are broadly aligned with IFC Performance Standards and emphasize inclusive, transparent, and rights-based stakeholder engagement.

- Key DFC requirements relevant to this SEP include:
- Conducting meaningful consultation with Project Affected People throughout the Project lifecycle;

- Ensuring inclusive engagement with attention to vulnerable, marginalized, and disadvantaged groups;
- Promoting non-discrimination and respect for human rights in engagement processes;
- Providing accessible and effective Project-level grievance mechanisms;
- Ensuring transparency and timely disclosure of project-related information; and
- Integrating gender considerations, including prevention and mitigation of Gender-Based Violence and Harassment (GBVH).

For healthcare sector projects, DFC also requires compliance with relevant national regulatory approvals and encourages ongoing engagement with regulatory and public health authorities throughout project implementation.

4.0 Stakeholder Identification & Analysis

Stakeholder engagement is a systematic approach to understanding and involving stakeholders and their concerns in project activities and decision-making processes. It supports the identification of appropriate methods for consultation, information disclosure, and feedback incorporation. The stakeholders identified in this plan include persons or groups that may be directly or indirectly affected by the Project, as well as those that may have interest in the Project and/or those that may influence the Project's outcomes either positively or negatively. Since stakeholder dynamics may change over time, this SEP will be updated to reflect newly identified stakeholders or changes in stakeholder circumstances.

Stakeholder interests, influence and levels of relevance to the Project may change over time and between the construction and operational phases. Accordingly, this SEP is structured to address both phases and will be reviewed and updated by the SPV as part of the ESMS to reflect newly identified stakeholders, changes in stakeholder circumstances, and any resulting changes to engagement requirements.

4.1 Approach to Stakeholder Identification

A systematic and iterative approach has been adopted for the identification of Project stakeholders for the Fergana Eco City Hospital Project. Stakeholder identification has been undertaken based on the Project's footprint, area of influence, lifecycle activities (construction and operation), institutional arrangements under the PPP structure, and potential environmental and social risk pathways as identified in the ESIA.

Stakeholders have been mapped considering the Project's greenfield development context within the Fergana Eco City masterplan area, including internal Project stakeholders and implementation partners such as the Project Company/SPV, Ministry of Health (MoH), EPC Contractor, Facility Management (FM) Company, and other associated contractors, as well as external stakeholders including surrounding communities, existing and planned infrastructure operators, regulatory authorities, service providers, financing institutions, and other interested parties. The stakeholder mapping process also considers the roles, responsibilities, and influence of each stakeholder group throughout the Project lifecycle, including design, construction, commissioning, and operation phases.

Stakeholders identified for the Project have been classified into the following categories:

- Affected Stakeholders **(A)** – Affected stakeholders are individuals, households, groups, or organisations that may be directly or indirectly affected by one or more Project-related environmental, social, health, safety, or economic impacts during construction, operation, or decommissioning phases of the Project. Affected stakeholders include surrounding communities within the Eco City area, nearby mahalla settlements, construction and operational workforce, hospital users (patients, caregivers, and visitors), local businesses, and utility operators whose infrastructure may be directly or indirectly affected by Project activities.
- Interest-based Stakeholders **(I)** – Interest-based stakeholders are those who are not expected to be directly or physically affected by Project-related environmental or social impacts, but who have an interest in the Project due to their institutional mandate, sectoral role, beneficiary status, or public interest function.
- Decision Making Stakeholders **(D)** – Decision-making stakeholders are entities that have formal authority, regulatory responsibility, permitting powers, financing influence, or contractual oversight roles in relation to the Project. For the Fergana Eco City Hospital Project, this category includes national, regional, and local government institutions, regulators, infrastructure providers, and international financiers involved in approval, implementation, and oversight of the Project.

A Stakeholder Engagement Matrix has been developed based on the above classification. The matrix categorises stakeholders by administrative level and role (Affected, Interest-based, or Decision-making) and forms the basis for targeted engagement planning throughout the Project lifecycle, including disclosure, consultation, participation, and grievance management.

The matrix also incorporates vulnerable groups to ensure inclusive engagement and equitable consideration of potentially disadvantaged populations.

4.1.1 Vulnerable Groups

Most lenders consider vulnerable groups to include those people or groups of people who may be more adversely affected by project impacts than other by virtue of characteristics such as gender identity, sexual orientation, religion, ethnicity, indigenous status, age (including children, youths and the elderly), physical or mental disability, literacy, political views or social status.

The Project will use the following criteria to identify vulnerable groups, which may include, but are not limited to, the following:

Households within the project-affected communities that may require additional consideration during stakeholder engagement due to their socio-economic circumstances, including:

- Female-headed households;
- Poor or low-income households (including households living below the national poverty threshold, where identified);
- Households with persons with disabilities or household heads with chronic illnesses;
- Elderly-headed households (generally 60 years of age and above); and
- Other vulnerable households identified through the socio-economic survey or during ongoing stakeholder engagement.

Vulnerable groups have been identified during the ESIA baseline studies based on data collected through household socio-economic surveys, stakeholder consultations, including secondary data.

The Table below provides an overview of the stakeholder categories (by administrative order), stakeholder ratings (by role), and their relevance to the project.

In the context of the proposed consolidation of existing healthcare institutions, certain categories of healthcare workers may also experience increased vulnerability during the workforce transition process. These may include older employees approaching retirement, workers with disabilities or long-term health conditions, female employees with primary caregiving responsibilities, low-income support staff, contract and temporary workers, and employees with limited opportunities for redeployment. Where identified, these groups will receive targeted engagement to ensure they have equitable access to project information, consultation opportunities, grievance mechanisms, and any support measures implemented by the Ministry of Health.In addition, during the operational phase, consideration will be given to potentially vulnerable hospital users, including elderly persons, persons with disabilities, low-income patients, and individuals requiring special assistance to access healthcare services.

Vulnerable groups have been identified through ESIA baseline studies, including household socio-economic surveys, focus group discussions and stakeholder consultations. Information from secondary sources, including government statistics and local administrative records, has also been considered where available.

Table 4-1 Stakeholders engagement matrix for the Project

The Table below provides an overview of the stakeholder categories (by administrative order), stakeholder ratings (by role), and their relevance to the project.

Administrative Order	Stakeholder	Relevance to project: affected (A), Interest-based (I), or decision maker (D)
Private Sector	Vision Invest	**D:** Project sponsor and PPP investor responsible for overall project financing, implementation oversight, and compliance with lender and national E&S requirements. The SPV established by the private partners, including Vision Invest, to implement the Project under the PPP Agreement. The SPV will be responsible for overall Project financing arrangements, implementation oversight, environmental and social performance management, stakeholder engagement, and compliance with national regulatory requirements and applicable lender Environmental and Social Standards.
	Koç Construction Mekanik Elektrik LLC FE	**D:** Lead EPC contractor responsible for design and construction delivery, including management of construction risks, OHS, and contractor compliance
	Facility Management (FM) Company	**D:** Entity responsible for operation, maintenance, and non-clinical facility management services during the operational phase, including implementation of operational environmental and social measures, stakeholder engagement, and management of operational grievances within its responsibilities.
	Subcontractors and Suppliers	**A:** Involved in execution of construction works and supply chain activities; exposed to labour, environmental, and OHS requirements.
Public Partner	Ministry of Health (MoH)	**D:** Responsible for oversight of the Project on behalf of the Government of Uzbekistan. Responsible for all clinical and healthcare service delivery activities, including hospital licensing and accreditation, clinical governance, healthcare staffing and medical personnel, integration of existing specialised healthcare institutions, and overall oversight of public health service provision throughout the operational phase.

Administrative Order	Stakeholder	Relevance to project: affected (A), Interest-based (I), or decision maker (D)
Government-National (Ministries/Agencies)	Ministry of Economy and Finance (MoEF)	**D:** Responsible for PPP structuring, fiscal oversight, and project financing arrangements
	Ministry of Ecology, Environmental Protection and Climate Change	**D:** Environmental regulator responsible for national EIA approval, monitoring environmental compliance, emissions, and waste management
	Ministry of Construction and Housing and Communal Services	**D:** Responsible for construction permits, building code compliance, and urban development approvals
	Committee for Sanitary-Epidemiological Wellbeing and Public Health	**D:** Sets sanitary norms, infection control standards, and Health Protection Zone (HPZ) requirements
	Ministry of Employment and Labour Relations	**D:** Labour regulator responsible for OHS enforcement, labour rights, and grievance mechanisms
	Ministry of Internal Affairs	**D:** Responsible for migration control, labour permits, and security-related enforcement
	Ministry of Emergency Situations	**D:** Responsible for fire safety approvals and emergency preparedness compliance
	Ministry of Transport	**D:** Responsible for transport infrastructure, road access planning, and traffic management coordination
Government – Regional / Local Utilities & Infrastructure	Fergana Regional Khokimiyat	**D:** Regional authority responsible for land allocation, permitting, and inter-agency coordination
	Fergana City Khokimiyat	**D:** Local authority responsible for local approvals, infrastructure coordination, and community interface
	Mahalla Committees (Ilgor MFY, Chekshura MFY, Urtashura MFY)	**I:** Facilitate community engagement, local consultations, and grievance communication

Administrative Order	Stakeholder	Relevance to project: affected (A), Interest-based (I), or decision maker (D)
	Fergana Regional Road Directorate (Farg‘ona viloyati Yo‘l boshqarmasi/Directorate for Roads of Fergana Region)	**D:** Responsible for coordination, oversight, and approval of road-related matters relevant to the Project, including access arrangements, traffic management measures, road safety requirements, and any required improvements or modifications to the surrounding road network.
	JSC “Uzsuvtaminot”	**D:** Water and wastewater utility responsible for water supply and sewerage services
	JSC “Regional Electric Power Networks” (REPN)	**D:** Electricity distribution company supplying operational power to the hospital
	JSC “Hududgaztaminot”	**D:** Gas supply utility supporting heating and operational energy requirements
	Municipal Waste Management Services “Toza Hudud”	**D:** Waste management authority coordinating municipal and non-clinical waste services
	JSC “Uztelecom”	**D:** Telecommunications provider enabling ICT systems, telemedicine, and emergency communications
	“Issiqlik Manbai” (District Heating Enterprise)	**D:** District heating provider ensuring thermal energy supply for hospital operations
Regulatory / Oversight Bodies	State Environmental Expertise (Ministry of Ecology)	**D:** Responsible for the review and assessment of the Project’s national Environmental Impact Assessment (EIA) documentation and issuance of an expert conclusion in accordance with Uzbekistan’s environmental regulations.
	Sanitary-Epidemiological Service of Fergana City	**D:** Oversees public health compliance, infection control, and medical waste handling
	Labour Inspectorate of Fergana City	**D:** Ensures compliance with labour laws, worker rights, and OHS requirements
	Ombudsman (Human Rights Commissioner)	**I:** Receives and addresses human rights-related grievances and oversight

Administrative Order	Stakeholder	Relevance to project: affected (A), Interest-based (I), or decision maker (D)
Civil Society / External	"Mehrjon" Women and Children Support Centre	**I:** Provides social, psychological, legal, and protection support services for women and children, including vulnerable groups.
	"Taraqqiyot" NGO	**I:** Civil society organisation involved in community development, women's empowerment, and support for local initiatives; may provide community perspectives during stakeholder engagement.
	Fergana branch of "Yuksak Salohiyat-Tadamon"	**I:** Works on social assistance, citizens' initiatives, youth empowerment, women's empowerment, and health-related community activities.
	Local women's and youth organisations in Fergana Region	**I:** May provide feedback on gender-related issues, employment opportunities, access to healthcare, and concerns of vulnerable groups.
	Academic and Research Institutions	**I:** Provide technical expertise, research input, and baseline environmental/social data
	Media Organizations	**I:** Disseminate project information and influence public awareness and perception
Project Beneficiaries	Construction Workforce (local, domestic, and international workers)	**A:** Workers engaged during the construction phase, including those recruited locally, from other regions of Uzbekistan, and potentially internationally.
	Healthcare Workforce and Employees (Operation Phase)	**A:** Includes existing healthcare personnel from the specialised institutions subject to consolidation, newly recruited medical and non-medical staff, administrative personnel, and other employees who may be engaged during the operational phase.
	Employees and staff of existing specialised healthcare institutions subject to consolidation	**A:** Potentially affected by changes in employment arrangements, including transfer, redeployment, changes in job roles, or potential retrenchment resulting from healthcare system restructuring. Require targeted engagement, timely information disclosure, consultation, and access to grievance mechanisms.
	Residents of Fergana Region	**A:** Primary beneficiaries of improved healthcare access and regional development

Administrative Order	Stakeholder	Relevance to project: affected (A), Interest-based (I), or decision maker (D)
Potentially Affected Stakeholders (PAS)	Residents of Ilgor MFY, Chekshura and Urtashura MFYs	**A:** May experience construction and operational impacts (noise, dust, traffic, safety risks)
	Future residents of Eco City	**A:** Beneficiaries of healthcare services and urban development integration
	Patients, caregivers, visitors	**A:** Direct users of hospital services and affected by service quality and access
	Local businesses and service providers	**I:** May have an interest in potential economic opportunities associated with the Project, including supply of goods, services, and employment opportunities. No direct impacts on existing businesses or livelihoods have been identified.
Vulnerable Groups	Low-income households	**A:** At risk of reduced access to services and disproportionate project impacts
	Elderly persons	**A:** High dependency on healthcare services and increased vulnerability to access constraints
	Persons with disabilities	**A:** Require accessible infrastructure and inclusive service delivery
	Women (vulnerable groups)	**A:** May face barriers in employment access and service utilization
	Migrant workers	**A:** Workers recruited from outside the local area may face additional challenges, including access to information, communication barriers, accommodation-related concerns, and awareness of labour rights and grievance mechanisms.
	Temporary, casual, or subcontracted workers	**A:** Workers engaged through subcontractors or temporary arrangements will increase vulnerability related to employment conditions, labour rights awareness, and access to grievance mechanisms.
International Stakeholders	International Finance Corporation (IFC)	**D:** Potential financier providing financing support and requiring compliance with IFC Performance Standards, Environmental and Social Review Procedures, and applicable ESG requirements.

Administrative Order	Stakeholder	Relevance to project: affected (A), Interest-based (I), or decision maker (D)
	European Bank for Reconstruction and Development (EBRD)	**D:** Potential financier requiring compliance with EBRD Environmental and Social Policy, Performance Requirements, and associated disclosure and stakeholder engagement obligations.
	U.S. International Development Finance Corporation (DFC)	**D:** Potential financier requiring compliance with DFC Environmental and Social Policy and Procedures (ESPP), including requirements related to environmental and social assessment, stakeholder engagement, labour and community health and safety.
	Other International Financial Institutions (IFIs)	**D:** Potential financiers that may provide debt or other financial support and require compliance with their respective environmental, social, procurement, and governance standards.

4.2 Stakeholder Analysis

Following the identification of stakeholders, a stakeholder analysis exercise has been undertaken to determine the level of priority and type of engagement appropriate for each stakeholder and/or stakeholder group. The purpose of the stakeholder analysis is to understand the extent of influence and degree of impact that each stakeholder has, or experiences in relation to the Project. This allows for the development of a targeted and proportionate engagement strategy consistent with the lenders' requirements.

The stakeholder analysis also considers the potential impacts associated with the planned consolidation of existing healthcare facilities and the resulting workforce transition. Stakeholders directly affected by staff redeployment, organisational restructuring, or potential retrenchment have been assigned an appropriate level of impact and engagement priority to ensure meaningful consultation throughout the operational planning process.

4.2.1 Assessing Stakeholder Impact

Stakeholder impact is defined as the extent to which a stakeholder's interests, livelihoods, wellbeing, access to services, or decision-making responsibilities may be positively or negatively influenced by the Project during its planning, construction, operation, and eventual decommissioning. The assessment of stakeholder impact assists in determining the appropriate level and frequency of engagement required throughout the Project lifecycle and forms the basis for prioritising stakeholder engagement activities.

For the Fergana Eco-City Hospital Project, stakeholder impacts have been considered in relation to the Project's key environmental and social aspects, including construction-related disturbances (e.g., noise, dust, traffic, waste generation and worker influx), occupational health and safety, community health and safety, labour and working conditions, healthcare service delivery, access to public infrastructure, environmental compliance, and long-term socioeconomic benefits associated with improved regional healthcare services and employment opportunities.

Stakeholders have been assigned to one of three impact significance categories, **High, Medium, or Low** based on the anticipated magnitude, duration, geographic extent, sensitivity of the affected stakeholder, and the degree to which the Project may influence their interests. These terms are defined as follows:

- **High Impact**

The Project has the potential to result in significant beneficial and/or adverse impacts on the stakeholder. A stakeholder is generally classified as experiencing **high impact** where one or more of the following applies:

- The stakeholder is directly affected by construction or operational activities;
- The stakeholder has regulatory or decision-making responsibilities critical to Project implementation;
- The stakeholder's health, safety, livelihood, employment, or access to essential services may be substantially influenced by the Project;
- The impacts are expected to occur over the long term (generally extending beyond one year); and/or
- The stakeholder represents a large population or highly sensitive group requiring targeted engagement.

- **Medium Impact**

The Project has the potential to result in moderate beneficial and/or adverse impacts on the stakeholder. A stakeholder is generally classified as experiencing medium impact where:

- The Project may influence the stakeholder's activities or interests indirectly;
- The impacts are expected to occur over the medium term (typically several months);
- The geographic extent of impacts is generally local or municipal; and/or
- The stakeholder has an advisory, coordinating, or supporting role in Project implementation or oversight.

- **Low Impact**

The Project has the potential to result in minor beneficial and/or adverse impacts on the stakeholder. A stakeholder is generally classified as experiencing low impact where:

- The Project has limited influence on the stakeholder's interests;
- Any impacts are temporary, localised, and readily mitigated;
- The stakeholder has no direct regulatory responsibilities or physical interaction with Project activities; and/or
- The stakeholder's involvement is primarily informational or based on general interest in Project outcomes.

4.2.2 Assessing Stakeholder Influence

Influence in the stakeholder mapping context refers to the extent to which the stakeholder or group of stakeholders is/are able to influence the Project (including impacts to the Project parties reputations) through affecting aspects such as design and permitting decisions. Influence may be formal or informal, for example, informal influence through a personal connection to a political or formal influence through the issue of government approvals and determinations.

All stakeholders will be assigned to one of three influence categories to help inform the stakeholder mapping process: high, medium and low. This categorisation is based on an analysis of three key elements of influence: power, capacity and legitimacy.

These categories are by their nature subjective. However, through analysis, it is possible to establish the following broad definitions and classifications of influence:

- **High Influence**
    - The stakeholder or group is considered highly influential when it has the capacity to halt the Project or significantly influence project company’s reputation, such as powerful civil society groups and individuals who can affect Project-related decision-making.
- **Medium Influence**
    - The stakeholder or group has a moderate capacity to exert influence over the Project, such as a lobby group, small associations, national, and international NGOs.
- **Low Influence**
    - The stakeholder or group is isolated and has limited capacity to exert influence over the Project. For example, stakeholders who may lack the institutional legitimacy or social capacity to affect the Project such as elderly, children, vulnerable, and disadvantaged members of the community. Isolated communities

that are geographically distant are considered to have low influence, but a group of these communities connected through social media or associations can be considered as having moderate influence.

4.2.3 Levels of Engagement

There are five levels of engagement ranging from basic disclosure of information through to on-going, in-depth engagement and discussion (classified from Tier 1 to Tier 5). Each level of engagement identified helps to capture the appropriate engagement needs of individual stakeholders. A description of each level of engagement is provided below:

- **Information Disclosure (Tier 5)**
  - Stakeholders within this category typically are not required to be presented with feedback mechanisms and are unlikely to be involved in project decision making. Information is provided to these stakeholders in order to give them basic awareness of the Project and help avoid escalation of any concerns they have.
- **Opportunity to Comment (Tier 4)**
  - Stakeholders within this category typically have a low-to-medium impact from the project, and influence over, the project. While holding little decision-making power individually, collective opinion within this category can be highly influential and as such it is important to consider this opinion.
- **Informed Engagement (Tier 3)**
  - Stakeholders within this category would generally have a low-level impact from, but high-level ability to influence, the project. Such stakeholders should be kept informed about the projects development as they may have much potential to affect project outcomes significantly.
- **Focused Engagement (Tier 2)**
  - Stakeholders within this category are recognised as potentially being moderately impacted by the project, with low- medium influence levels. As such, they are typically provided with detailed information and the opportunity to respond regarding specific aspects of the project about which they are concerned.
- **In-depth Engagement (Tier 1)**
  - Consultation with stakeholders within this category is for those likely to be highly impacted by the project or considered to be critical in terms of the project success and obtaining ‘social license’ to operate. Stakeholder engagement with this group would typically be in-detail and on-going as the project develops.

Table 4-3 presents an assessment of each stakeholder and/or stakeholder group in terms of their relationship and potential impact to, and from the Project, as well as their influence over outcomes. This assessment informs the appropriate level of engagement (Tier 1-5) required to ensure meaningful engagement, effective risk management, and alignment with lenders and regulatory expectations.

Table 4-2 Stakeholder Impact-Influence Matrix and Engagement Tier

Table 4-2 presents the Stakeholder Impact-Influence Matrix and Engagement Tier, categorising stakeholders based on their potential impact from, and influence over, the Project. The assessment informs the level and type of engagement required to support meaningful consultation and effective stakeholder management.

Administrative Order	Stakeholder	Impact	Influence	Engagement Tier	Rationale
Project Contractors and Service Providers	Koç Construction Mekanik Elektrik LLC FE	**High**	**High**	**Tier 1**	Responsible for construction activities, contractor management, labour welfare, OHS, E&S compliance, and potential community impacts.
	Facility Management (FM) Company	**High**	**High**	**Tier 1**	Responsible for hospital operations support services, facility management, operational E&S performance, worker welfare, and compliance during operation.
	Subcontractors	**High**	**Medium**	**Tier 2**	Responsible for executing specialised construction and installation works under the EPC Contractor
	Key Suppliers	**Medium**	**Medium**	**Tier 2**	Supply critical construction materials, medical equipment, mechanical and electrical systems, and other essential goods required for the Project.
Public Partner	Ministry of Health (MoH)	**High**	**High**	**Tier 1**	Lead government authority responsible for healthcare policy, hospital licensing, operational oversight, integration of the Project into the national healthcare system, and supervision of all clinical operational activities, including healthcare clinical service delivery at the project, clinical governance, medical staffing requirements, and coordination of healthcare functions during the operation phase.
	Ministry of Economy and Finance (MoEF)	**High**	**High**	**Tier 1**	Responsible for PPP implementation, financial oversight and government approvals.

Administrative Order	Stakeholder	Impact	Influence	Engagement Tier	Rationale
Government-National (Ministries/Agencies)	National Committee on Ecology and Climate Change (NCECC)	**Medium**	**High**	**Tier 2**	Environmental regulator responsible for reviewing and approving EIA documentation and monitoring environmental compliance.
	Ministry of Construction and Housing and Communal Services	**Medium**	**High**	**Tier 2**	Responsible for construction permits, planning approvals and compliance with national building standards.
	Committee for Sanitary-Epidemiological Wellbeing and Public Health	**High**	**High**	**Tier 1**	Responsible for hospital sanitary standards, infection prevention requirements and Health Protection Zone approval.
	Ministry of Employment and Labour Relations	**Medium**	**High**	**Tier 2**	Oversees labour legislation, occupational health and safety, and worker welfare.
	Ministry of Internal Affairs	**Medium**	**Medium**	**Tier 3**	Responsible for migrant labour oversight, security and public order.
	Ministry of Emergency Situations	**Medium**	**High**	**Tier 2**	Reviews emergency preparedness, fire safety and disaster response planning.
	Ministry of Transport	**Medium**	**High**	**Tier 2**	Responsible for traffic management, road access and emergency vehicle connectivity.
Government – Regional / Local	Fergana Regional Khokimiyat	**High**	**Medium**	**Tier 1**	Regional authority responsible for land allocation, permitting, infrastructure coordination and regional development approvals.
	Fergana City Khokimiyat	**High**	**Medium**	**Tier 1**	Responsible for municipal approvals, local infrastructure coordination and community engagement.
	Mahalla Committees (Ilgor MFY, Chekshura MFY, Urtashura MFY)	**High**	**Medium**	**Tier 1**	Primary interface with local communities; facilitate consultations, disclosure, grievance management and vulnerable stakeholder engagement.

Administrative Order	Stakeholder	Impact	Influence	Engagement Tier	Rationale
Utilities & Infrastructure	Fergana Regional Road Directorate (Farg'ona viloyati Yo'l boshqarmasi/Directorate for Roads of Fergana Region)	**Medium**	**Medium**	**Tier 2**	Responsible for road access coordination, traffic management and transportation infrastructure requirements.
	JSC "Uzsuvtaminot"	**Medium**	**Medium**	**Tier 2**	Responsible for potable water supply and wastewater services essential for hospital operation.
	JSC "Regional Electric Power Networks" (REPN)	**Medium**	**Medium**	**Tier 2**	Provides electricity distribution to support critical hospital operations.
	JSC "National Electric Grid of Uzbekistan"	**Medium**	**Medium**	**Tier 3**	Ensures transmission capacity and long-term reliability of electricity supply.
	JSC "Hududgaztaminot"	**Medium**	**Medium**	**Tier 3**	Provides natural gas infrastructure supporting hospital utilities.
	Municipal Waste Management Services "Toza Hudud"	**Medium**	**Medium**	**Tier 2**	Coordinates municipal waste management and interfaces with healthcare waste management systems.
	JSC "Uztelecom"	**Low**	**Medium**	**Tier 3**	Provides telecommunications and digital connectivity required for hospital operations.
	"Issiqlik Manbai" (District Heating Enterprise)	**Low**	**Medium**	**Tier 3**	Responsible for district heating services supporting hospital operations.
Regulatory / Oversight Bodies	State Environmental Expertise (Ministry of Ecology)	**Medium**	**High**	**Tier 2**	Responsible for conducting the State Environmental Expertise (SEE) review of the EIA documentation, assessing compliance with applicable environmental legislation and standards, and issuing an expert conclusion and recommendations to support the environmental approval process.

Administrative Order	Stakeholder	Impact	Influence	Engagement Tier	Rationale
	Sanitary-Epidemiological Service of Fergana City	**Medium**	**High**	**Tier 2**	Monitors compliance with hygiene standards, infection control and medical waste management.
	Labour Inspectorate of Fergana City	**Medium**	**High**	**Tier 2**	Conducts labour inspections and oversees occupational health and safety compliance.
	Ombudsman (Human Rights Commissioner)	**Medium**	**Medium**	**Tier 3**	May receive grievances relating to human rights or labour issues associated with the Project.
Civil Society / External	NGOs and Civil Society Organizations	**Medium**	**Medium**	**Tier 3**	Represent community interests, vulnerable groups and environmental or social concerns.
	Academic and Research Institutions	**Low**	**Low**	**Tier 4**	Provide technical advice, research support and baseline information where required.
	Media Organizations	**Low**	**Medium**	**Tier 3**	Disseminate Project information and influence public perception and transparency.
Project Beneficiaries	Construction Workforce (Construction phase)	**High**	**Low**	**Tier 1**	Directly affected by employment conditions, occupational health and safety and worker welfare.
	Healthcare Workforce and Employees (Operation Phase)	**High**	**Low**	**Tier 1**	Long-term beneficiaries through employment and professional opportunities.
	Tentative stakeholder Employees and staff of existing specialised healthcare institutions – if subject to closures/consolidations	**High**	**Low**	**Tier 1**	Employees and staff are directly affected by the consolidation process, including potential changes to employment arrangements, job roles, reporting structures, workplace location, working conditions, and professional development opportunities.
	Residents of Fergana Region	**Low**	**Low**	**Tier 3**	Principal beneficiaries through improved regional healthcare services and economic development.

Administrative Order	Stakeholder	Impact	Influence	Engagement Tier	Rationale
Potentially Affected Stakeholders (PAS)	Residents of Ilgor MFY, Chekshura and Urtashura MFYs	**Medium**	**Low**	**Tier 1**	Most directly affected by construction activities including traffic, noise, dust, safety risks and community disturbances, while also benefiting from improved healthcare access.
	Future residents of Eco City	**Medium**	**Low**	**Tier 3**	Long-term beneficiaries of healthcare infrastructure with limited construction impacts.
	Patients, caregivers, visitors	**High**	**Medium**	**Tier 1**	Primary operational beneficiaries whose health, safety, accessibility and service quality are directly linked to Project success.
	Local businesses and service providers	**Medium**	**Low**	**Tier 3**	May experience temporary disruption from traffic, access restrictions and construction activities, while benefiting from increased economic activity.
Vulnerable Groups	Low-income households	**High**	**Low**	**Tier 1**	Vulnerable group potentially facing barriers to healthcare access and participation in consultation processes.
	Elderly persons	**High**	**Low**	**Tier 1**	Vulnerable group with high dependency on healthcare services and potential mobility constraints.
	Persons with disabilities	**High**	**Low**	**Tier 1**	Require accessible consultation methods and inclusive hospital design consistent with international good practice.
	Women (vulnerable groups)	**High**	**Low**	**Tier 1**	May experience barriers to participation, employment opportunities and healthcare access; targeted engagement required.
	Migrant workers	**High**	**Low**	**Tier 1**	Potentially vulnerable to labour rights issues, limited access to grievance mechanisms and occupational risks requiring dedicated engagement.

Administrative Order	Stakeholder	Impact	Influence	Engagement Tier	Rationale
	Temporary, casual, or subcontracted workers (if engaged)	**Medium**	**Low**	**Tier 2**	Require engagement regarding labour rights, employment conditions, grievance mechanisms and OHS requirements.
Project Lenders	International Finance Corporation (IFC)	**High**	**High**	**Tier 1**	Potential lender influencing project finance and requiring compliance with IFC Performance Standards and international good practice.
	European Bank for Reconstruction and Development (EBRD)	**High**	**High**	**Tier 1**	Potential lender influencing project finance and requiring compliance with EBRD Environmental and Social Policy and Performance Requirements.
	U.S. International Development Finance Corporation (DFC)	**High**	**High**	**Tier 1**	Potential lender influencing project finance and requiring compliance with DFC Environmental and Social Policy and Procedures.
	Other lenders	**High**	**High**	**Tier 1**	Potential lender influencing project finance and requiring compliance with specific environmental and social standards/safeguards.

5.0 Project Related Engagement

This section provides an overview of the stakeholder engagement activities undertaken to date.

5.1 ESIA Stage Consultations

Stakeholder engagement for the Project has been undertaken through a series of activities conducted at different stages of Project development. Initial informal engagement was undertaken by Oqtavia during a site reconnaissance visit in March 2026, including discussions with the Chinese contractor undertaking works on a nearby construction site to obtain a preliminary understanding of the local context. The formal ESIA and national EIA stakeholder consultation programme was subsequently implemented between March and July 2026 and involved engagement with project-affected communities, vulnerable groups, local authorities and other interested parties to understand their views, concerns, expectations and priorities regarding the Project. The outcomes of these consultations informed the environmental and social impact assessment and the development of appropriate mitigation and management measures. Following completion of the ESIA consultation programme, additional stakeholder engagement was undertaken during the lenders' Environmental and Social Due Diligence (ESDD) mission, including a public consultation meeting attended by approximately 150 community members and separate meetings with the Fergana Khokimiyat and other relevant government representatives. These engagements provided an opportunity to present the Project, discuss the findings of the ESIA, receive additional stakeholder feedback and identify any further actions required. A summary of all stakeholder engagement activities undertaken throughout Project development, including stakeholder groups, consultation methods, key discussion topics, feedback received and Project responses, is provided in Appendix E.

Engagement activities focused on key stakeholders relevant to the current stage of Project development, including representatives of the Fergana Regional and City Khokimiyat, as well as local Mahalla leaders from the potentially affected communities. These consultations were undertaken through public meetings and Focus Group Discussions, Socio-Economic Survey to obtain information on the local socio-economic context, understand community characteristics, identify potential concerns, and facilitate coordination for subsequent community engagement activities. Additional engagement with relevant regulatory authorities, service providers, project beneficiaries, vulnerable groups, and other interested stakeholders will be undertaken during subsequent Project phases, including the ESIA disclosure process, construction preparation, construction, and operational phases. Photographs of the community level consultation are presented in **Appendix A.**

Project information was shared with relevant stakeholders during the consultations, including discussions with local authorities and Mahalla representatives. Further disclosure of Project information, including the ESIA documentation and non-technical summaries, will be undertaken through appropriate channels during the Project disclosure and consultation process, in accordance with national requirements and applicable international lender standards.

6.0 Stakeholder Engagement Programme

This section outlines the forward-looking programme for stakeholder engagement during project construction and operations. This includes specific actions with the scope of information to be disclosed, the formats for its dissemination, the communication methods to be applied, and the consultation approaches designated for each stakeholder and/or stakeholder group identified in the preceding sections.

6.1 Engagement Methods

6.1.1 Key Principles for Engagement

The following measures will be considered and implemented for all consultation and engagement processes under the SEP:

- Engagement will be inclusive and not be selective (e.g. avoiding stakeholders who may not be supportive of the project).
- Arrangements will be made to ensure that engagement sessions are accessible to the target stakeholder(s).
- Engagement sessions will be conducted in a culturally appropriate and sensitive manner for the relevant topic or target stakeholder(s).
- All engagement sessions will ensure confidentiality of information and consent from stakeholders to take part.
- Participants will be informed about the purpose of the consultation and how the information gathered will be used.
- Consent to signing attendance sheets (if applicable) will be sought. Participants will be informed about how this information will be used and to be given the option of not having their names disclosed.
- If meetings are to be recorded, participants will be informed in advance and their consent obtained. They will also be told how the recordings will be used and offered the option to decline being recorded.
- At the start of the meetings stakeholders will be encouraged to express their opinions without fear of retaliation.
- Engagement will be free of manipulation and coercion.
- If required, consultations for sensitive groups such as women will be conducted separately (and by a female social specialist) to allow them to voice their concerns and give feedback without fear of retaliation.
- Allegations of reprisals will be taken seriously, investigated and addressed. Personal information will be kept confidential.
- Participants will be given the opportunity to provide written feedback at the end of the meetings if they are not comfortable sharing their views verbally.
- As applicable for documents or minutes that may be made public, personal or identifiable information in documents will be redacted.

6.1.2 Stakeholder Engagement Methods

Based on the stakeholder groups identified for the Project, a combination of engagement methods will be applied, taking into consideration the nature, interests, influence, and potential impacts associated with each stakeholder group. Engagement methods will be adapted throughout the Project lifecycle to ensure that relevant stakeholders, including affected communities, government authorities, project beneficiaries, workers, and vulnerable groups, have appropriate opportunities to access information, provide feedback, and raise concerns.

The following engagement methods will be used as appropriate:

- **Letters, official correspondence, phone calls, and emails**- These methods will be used primarily for engagement with government, decision-making and regulatory stakeholders, as well as utility providers, and other relevant government authorities. These channels will facilitate formal communication, submission of project information, coordination of approvals, and notification of consultation and disclosure activities.
- **Bilateral meetings-** Bilateral meetings will be undertaken with key stakeholders, including government authorities, regulatory agencies, utility providers, project partners, and other interest-based stakeholders. These meetings will provide an opportunity to discuss Project-related issues, obtain technical inputs, clarify responsibilities, and address stakeholder-specific concerns.
- **Meetings with Mahalla leaders and community representatives**- Engagement with local self-governance bodies, including representatives of Ilgor MFY, Chekshura MFY, and Urtashura MFY, will be undertaken to establish and maintain communication channels with nearby communities. Mahalla leaders will support the dissemination of Project information, identification of community concerns, facilitation of consultations with residents, and communication of the Project grievance mechanism. These engagements will be particularly important during construction to address potential community concerns related to traffic, noise, dust, worker presence, safety, and access restrictions.
- **Community consultations and focus group discussions (FGDs)**- Where appropriate, consultations will be undertaken with local residents, including potentially vulnerable groups, to understand community expectations, potential impacts, and opportunities associated with the Project. Separate engagement approaches may be adopted for groups that may face barriers to participation, including elderly persons, persons with disabilities, women, and economically disadvantaged households, to ensure their views are adequately considered.
- **Public disclosure and information dissemination**- Project information, including the Non-Technical Summary (NTS), Stakeholder Engagement Plan (SEP), Environmental and Social Impact Assessment (ESIA) documentation, and grievance mechanism information, will be disclosed through appropriate channels. These may include disclosure through local authorities, Mahalla offices, community notice boards, project offices, and relevant online platforms, where applicable. Disclosure materials will be provided in languages accessible to affected stakeholders, including Uzbek and Russian, as appropriate.
- **Online communication channels**- Online platforms may be used for dissemination of general Project information and disclosure materials to interested stakeholders, including civil society organisations, academic institutions, and other external stakeholders. Where applicable, Project information may also be made available through lender disclosure platforms in accordance with applicable requirements.

- **Worker engagement and training sessions**- Dedicated engagement and awareness sessions will be undertaken for construction workers, contractors, subcontractors, and operational personnel. Training topics will include occupational health and safety (OHS), labour rights and working conditions, workers' grievance mechanisms, code of conduct requirements, prevention of gender-based violence (GBV), sexual exploitation and abuse/sexual harassment (SEA/SH), community health and safety, and environmental management requirements.
- **Grievance mechanism engagement**- The Project grievance mechanism will be communicated to affected communities, workers, and other stakeholders through disclosure materials, community meetings, Mahalla representatives, and Project communication channels. Stakeholders will be informed of available channels for submitting complaints or concerns, the process of handling grievances, and expected response timelines.

6.1.3 Measures to Avoid Reprisal

The Project will implement clear measures to ensure that stakeholders can provide feedback, express opinions, and raise concerns without fear of retaliation. Preventing reprisals such as threats, intimidation, harassment, or violence is essential to uphold meaningful and inclusive engagement. The following measures will be applied throughout the Project's stakeholder engagement process:

- Confidential and Accessible Grievance Mechanism
  - A project-level grievance mechanism will be available to all stakeholders, allowing for concerns to be raised safely, confidentially, and anonymously if preferred. This process will be clearly communicated to stakeholders and accessible in local languages.
- Non-Retaliation Commitment
  - The Project parties will communicate and enforce a strict policy of non-retaliation, ensuring that stakeholders who participate in consultations or raise grievances will not face negative consequences.
- Safe Engagement Spaces
  - Meetings and engagement sessions will be conducted in neutral, inclusive, and safe environments to minimize the risk of undue pressure or coercion.
- Capacity Building and Training
  - Project staff will be trained on IFC PS1 requirements, the principle of non-retaliation, and respectful engagement practices.
- Monitoring and Oversight
  - Stakeholder feedback will be monitored on an on-going basis and any indications of intimidation or reprisals will be investigated and addressed promptly with corrective actions.
- Transparent Communication
  - Stakeholders will be informed that their feedback is valued, that it will be considered in project decision-making and that their participation is entirely voluntary.

6.2 ESIA Disclosure

The disclosure of the Environmental and Social Impact Assessment (ESIA) documentation is a key component of the stakeholder engagement process and the disclosure process will ensure that affected communities, government authorities, project beneficiaries, workers, civil society organisations, and other interested stakeholders are provided with timely, understandable, and accessible information regarding the Project, its potential environmental and social impacts, proposed mitigation measures, and opportunities to provide feedback prior to and during Project implementation.

While Uzbekistan's national environmental legislation requires environmental assessment, environmental expertise, and elements of public participation (through a public hearing in the Mahalla(s) of the project) during the environmental approval process, comprehensive disclosure of ESIA documentation in accordance with international lender requirements is not prescribed under national legislation. Therefore, the Project will undertake ESIA disclosure in alignment with international good practice and applicable lender requirements.

The ESIA disclosure process will be undertaken in a transparent, inclusive, and culturally appropriate manner, considering the characteristics of the Project area and stakeholder groups. Particular attention will be given to ensuring meaningful access to information for nearby communities, including residents of Ilgor MFY, Chekshura MFY, and Urtashura MFY, as well as potentially vulnerable groups such as elderly persons, persons with disabilities, women with limited participation opportunities, and economically disadvantaged households.

The ESIA disclosure package will include, as applicable:

- Environmental and Social Impact Assessment (ESIA) Report;
- Non-Technical Summary (NTS)- translated into Uzbek language;
- Stakeholder Engagement Plan (SEP);
- Project Grievance Redress Mechanism (GRM) information;
- Relevant environmental and social management plans and supporting documents.
- The ESIA documentation will be disclosed through multiple channels to ensure that Project information is accessible to affected communities and other interested stakeholders. The disclosure methods will include:
- Publication of the ESIA documentation (including the Non-Technical Summary (NTS)) on the Project Company's (or Vision Invest's) official website. Where required by financing agreements, lenders may also disclose the ESIA documentation through their respective disclosure platforms in accordance with their applicable policies.
- Placement of hard copies of the NTS at publicly accessible locations within the Project Area, including the Fergana Regional and Fergana City Khokimiyats and the Mahalla offices where stakeholder consultations have been undertaken.
- Public disclosure meetings and stakeholder consultation sessions with affected communities and other relevant stakeholders to present the ESIA findings, explain the proposed mitigation measures, and provide opportunities for questions, comments, and feedback.
- Provision of information on the Project Grievance Redress Mechanism (GRM), including contact details and procedures for submitting comments or grievances during the disclosure period.

To ensure accessibility and effective understanding by stakeholders, key disclosure materials, particularly the Non-Technical Summary (NTS) and information on the GRM, will

be made available in Uzbek language, with English versions prepared for international stakeholders and lenders. The disclosure materials will use clear, non-technical language to enable communities and non-specialist stakeholders to understand the Project scope, potential impacts, proposed mitigation measures, and opportunities for participation.

Public disclosure meetings and consultations will be conducted in locations accessible to affected stakeholders and will be organised in coordination with local authorities and Mahalla representatives. The meetings will include presentation of a project summary similar to the content of the NTS.

The disclosure process will also provide stakeholders with clear information regarding the Project's Grievance Redress Mechanism (GRM), including available channels for submitting complaints and concerns; responsible persons/contact points; confidentiality provisions; and expected timelines for acknowledgement and resolution.

Engagement activities will consider local cultural practices and social norms, including appropriate arrangements to facilitate participation of women, elderly persons, persons with disabilities, and other potentially vulnerable groups.

Feedback received during the disclosure period will be documented, assessed, and where necessary incorporated into the final ESIA documentation and Project design, where appropriate. A summary of stakeholder comments received, and the Project's responses will be maintained as part of the stakeholder engagement records and disclosed in accordance with applicable lender requirements.

The ESIA Disclosure programme is outlined below.

The disclosure plan below has been developed considering the Project's characteristics, including its location within the Fergana Eco City masterplan area, the proximity of nearby communities (Ilgor MFY, Chekshura MFY, and Urtashura MFY), the role of the Fergana Regional and City Khokimiyats, and the Project's status as a public healthcare PPP development.

Table 6-1 ESIA Disclosure

Activity	Stakeholders	Engagement Method	Timing and Frequency	Responsible Parties for Implementation
Specific ESIA Disclosure	Residents of nearby communities within the Project Area of Influence (AoI), including Ilgor MFY, Chekshura MFY, and Urtashura MFY	One public meeting in each Mahalla to present the ESIA findings, potential impacts, mitigation measures, and GRM procedures. Distribution of ESIA Non-Technical Summary (NTS) and Project information materials in Uzbek language.	During ESIA disclosure period prior to construction	Local E&S Consultant with support from the Project Company
	Vulnerable groups within Ilgor MFY, Chekshura MFY, Urtashura MFY, including elderly persons, persons with disabilities, women with limited participation opportunities, and economically disadvantaged households	Targeted consultations, small group discussions, and individual meetings where required to ensure accessibility and meaningful participation. Information provided in accessible formats and local languages.	During ESIA disclosure period prior to construction	Local E&S Consultant with support from the Project Company
	Mahalla Committees and local community representatives (Ilgor MFY, Chekshura MFY, Urtashura MFY)	Meetings with Mahalla leaders to communicate ESIA findings, facilitate dissemination of information to residents, identify community concerns, and support grievance communication.	During ESIA disclosure period prior to construction	Local E&S Consultant with support from the Project Company
	Fergana Regional Khokimiyat and Fergana City Khokimiyat	Formal meetings and presentations covering ESIA findings, environmental and social management measures, community engagement activities, and Project implementation schedule.	During ESIA disclosure period prior to construction	Project Company with support from ESIA Consultant

Activity	Stakeholders	Engagement Method	Timing and Frequency	Responsible Parties for Implementation
Online ESIA Disclosure	All identified stakeholders and other interested parties	Online disclosure of the ESIA Non-Technical Summary (Uzbek and English languages) and relevant ESIA documentation on the lenders and Private Partner's websites	As agreed with lenders, typically prior to financial close and maintained throughout disclosure period	Project Company (or Vision Invest) & Lenders

6.3 Stakeholder Engagement During Construction and Commissioning

The construction and commissioning phases of the project will involve a range of environmental and social risks and opportunities, including employment generation, community health and safety considerations, construction traffic, noise and dust impacts, worker influx, labour and working condition risks, and interaction with nearby communities and existing infrastructure providers. The construction phase engagement approach will be implemented primarily by the Project Company and EPC Contractor (KOC Construction Mekanik Elektrik LLC FE), with support from the Facility Management Company (FM Co.) during the transition to operations.

Table 6-2 Construction Phase SEP Timetable

Activity	Stakeholders	Engagement Method	Timing and Frequency	Responsible Parties for Implementation
Notification of construction and commissioning activities, including schedules and potential impacts	Residents of nearby communities including Ilgor MFY, Chekshura MFY and Urtashura MFY, Eco City residents, nearby businesses, users of surrounding roads, and other receptors within the Project Area of Influence (AoI).	Official notifications through Mahalla committees. Information will include construction timelines, working hours, high-impact activities, traffic arrangements, and contact details for the GRM.	Prior to commencement of construction and commissioning activities. Updates will be provided throughout construction, particularly where there are changes to schedules, activities, or potential impacts.	Project Company with support from EPC Contractor
	Wider Fergana communities, NGOs, academic institutions, and other interested parties.	Disclosure through local authorities, Mahalla representatives and Project website/platform (once established).	Throughout construction and commissioning phases, and whenever significant changes occur.	

Activity	Stakeholders	Engagement Method	Timing and Frequency	Responsible Parties for Implementation
Engagement with local authorities and Mahalla representatives	Fergana Regional Khokimiyat, Fergana City Khokimiyat, Ilgor MFY, Chekshura MFY and Urtashura MFY leaders.	Regular coordination meetings, information-sharing sessions, formal correspondence, and discussions regarding construction progress, community concerns, employment opportunities, traffic issues, and grievance management.	Prior to construction mobilisation and periodically throughout construction. Additional meetings as required.	Project Company with support from EPC Contractor
Communication of construction employment opportunities	Local communities, job seekers, local employment offices, vocational institutions, Mahalla representatives, and vulnerable groups seeking employment opportunities.	Dissemination of employment information through Mahalla structures, local authorities, employment centres, public notices, and contractor recruitment channels. Engagement will promote fair and transparent recruitment and prioritise local employment where feasible.	Prior to construction mobilisation and throughout recruitment periods.	EPC Contractor with oversight by Project Company
Worker recruitment, labour conditions, and worker grievance mechanism	Construction workers, subcontractors, suppliers, migrant workers (if applicable), and EPC Contractor workforce.	Worker induction sessions, employment information sessions, toolbox talks, worker meetings, distribution of labour-related information, and communication of worker grievance procedures.	At commencement of employment and continuously throughout construction.	EPC Contractor with oversight from Project Company
Implementation of External Grievance Redress Mechanism (GRM)	Nearby communities, Mahalla representatives, vulnerable groups, NGOs, government authorities, local businesses, and other external stakeholders.	Operation of the External Grievance Redress Mechanism as described in this SEP to receive, assess, resolve, and monitor concerns and complaints from external stakeholders throughout the Project lifecycle.	Established prior to construction commencement and maintained throughout construction, commissioning, and operation phases.	Project Company
Implementation of Worker Grievance Mechanism (WGM)	Project workers, including direct workers, contractor and subcontractor workers, and primary	Operation of the Worker Grievance Mechanism in accordance with the Labour Management Procedures (LMP) to provide workers with a	Established prior to mobilisation of the workforce and maintained throughout	Project Company and EPC Contractor (during construction); Project Company and

Activity	Stakeholders	Engagement Method	Timing and Frequency	Responsible Parties for Implementation
	supply workers (where applicable).	confidential, accessible, and transparent process for raising workplace-related concerns without fear of retaliation.	construction, commissioning, and operation phases.	O&M Contractor (during operation)
Environmental and social impact management communication (noise, dust, air quality, waste, worker influx, community health and safety)	Nearby communities, Eco City residents, Mahalla leaders, vulnerable groups, businesses, and other sensitive receptors.	Community meetings, targeted consultations, information leaflets, disclosure of mitigation measures, and communication regarding high-impact activities such as earthworks, heavy vehicle movements, and commissioning activities.	Prior to commencement of high-impact activities and periodically throughout construction.	EPC Contractor with oversight from Project Company
Traffic and access management communication	Road users, emergency services, Fergana City authorities, transport authorities, and logistics stakeholders.	Disclosure of Traffic Management Plans, installation of signage, public notices, coordination meetings with authorities, and communication of temporary access restrictions or changes.	Prior to construction mobilisation and throughout construction, particularly during periods of peak construction traffic.	EPC Contractor / Project Company
Coordination with utilities and infrastructure providers	JSC “Uzsuvtaminot”, JSC “Regional Electric Power Networks”, JSC “National Electric Grid of Uzbekistan”, JSC “Hududgaztaminot”, JSC “Uztelecom”, “Issiqlik Manbai” District Heating Enterprise, and waste management service providers.	Technical coordination meetings, formal correspondence, design coordination meetings, and joint inspections to manage utility connections, protection of existing infrastructure, and service continuity.	During detailed design, construction preparation, and throughout construction as required.	Project Company / EPC Contractor
Environmental and social performance reporting and	Ministry of Ecology, Environmental Protection and Climate Change,	As required and as per permit conditions - Submission of monitoring reports, compliance	As required and as per permit conditions - Periodically throughout construction	Project Company with support from EPC Contractor

Activity	Stakeholders	Engagement Method	Timing and Frequency	Responsible Parties for Implementation
regulatory engagement	State Environmental Expertise, Sanitary-Epidemiological Service, Labour Inspectorate; Ministry of Emergency Situations, Fergana Regional and City authorities, lenders (if applicable).	reports, environmental and social performance updates, regulatory meetings, inspections, and corrective action discussions.	and commissioning in accordance with regulatory and lender requirements.	
Engagement on healthcare, public health, and operational readiness	Ministry of Health, Sanitary-Epidemiological Service, future hospital users, healthcare workers, and relevant authorities.	Technical meetings regarding hospital readiness, infection prevention requirements, healthcare waste management responsibilities, emergency preparedness, and transition arrangements.	During construction completion, commissioning, and operational handover period.	Project Company / FM Co.
Cultural heritage and chance finds engagement	Cultural Heritage Agency, relevant authorities, local communities, and workers.	Implementation of Chance Find Procedure, immediate notification of authorities, documentation of findings, consultation with relevant specialists, and community communication where appropriate.	Immediately upon identification of any potential cultural heritage materials or findings.	Project Company with the support of the EPC Contractor
Vulnerable and potentially disadvantaged groups	Women, elderly persons, persons with disabilities, low-income households, socially vulnerable groups, and relevant community representatives. Engagement with NGOs, CSOs, or community-based organisations will be undertaken where relevant and available.	Targeted consultations, focused group discussions, accessible information sharing, and engagement through appropriate channels to understand concerns related to accessibility, community health and safety, inclusion, and potential project impacts.	Periodically throughout construction and commissioning phases, and as required based on identified risks.	Project Company

Activity	Stakeholders	Engagement Method	Timing and Frequency	Responsible Parties for Implementation
Worker health, safety, welfare, and Code of Conduct communication	Construction workforce, subcontractors, suppliers, and site personnel.	Site induction training, daily toolbox talks, OHS briefings, worker consultations, awareness sessions on labour rights, GBV/SEA/SH prevention, worker accommodation standards, and emergency procedures.	Prior to mobilisation and continuously throughout construction.	EPC Contractor with Project Company oversight
Commissioning and handover communication	Ministry of Health, FM Co., healthcare workers, local authorities, emergency services, utilities providers, and future hospital users.	Coordination meetings, operational readiness workshops, disclosure of commissioning schedules, emergency response arrangements, and communication of changes in access or services.	During commissioning and prior to operational commencement.	Project Company / MoH / FM Co.

6.3.1 Potential Hospital Consolidations

As has been indicated by the MoH, project operations may result in the consolidation of existing specialised healthcare institutions into the new hospital. This potentially may result in a need to engage with affected healthcare workers, hospital management, employee representative bodies, and other stakeholders involved in the workforce transition process. It may also require engagement with governmental authorities to consider hospital accessibility for those populations, who may be required to travel additional distances to access healthcare.

Current communications from the MoH to the Project Sponsors suggest that details regarding consolidations (if occurring) will only be further developed and finalised following the commencement of the Project's construction phase and likely in mid-2027. Hence, at this time, a meaningful plan for engagement cannot be developed without fuller details on what facilities, their locations and the extent to such consolidations.

6.3.1.1 Existing Workforce Engagement

Where workforce transition, staff redeployment or retrenchment activities are confirmed, the Ministry of Health will lead the process in accordance with applicable national labour legislation, while the Project Company will support the MoH through stakeholder engagement and information disclosure relating as relevant to the Private Partner.

As a minimum, the Project Company will use their best efforts to encourage the MoH to undertake meaningful engagement with the existing workforce and where possible seek to prioritise employment of non-clinical staff at the Fergana Eco-City Hospital, who may be a risk of retrenchment due to such consolidations.

The primary objective of such an engagement programme would be to ensure that healthcare workers and other affected stakeholders receive timely, accurate, and transparent information regarding the workforce transition process. Engagement activities could include staff briefings, meetings with hospital management, consultations with employee representative bodies, information sessions on staffing arrangements and redeployment opportunities, disclosure of relevant transition procedures, and dedicated channels for receiving questions and feedback. Particular attention would need to be given to vulnerable employees who may be disproportionately affected by workforce restructuring. Engagement activities will be undertaken throughout the planning and implementation of the transition process to minimise uncertainty, promote transparency, and support fair and inclusive decision-making.

Such engagement would be expected to be undertaken during the construction phase and prior to the commencement of operations and such consolidations taking place

6.3.1.2 Hospital Accessibility

In the event that consolidations are realised, there will likely be a resulting impact to certain communities and people (particularly vulnerable groups) in terms of their accessibility to healthcare. Given that the project is being constructed in the new Eco-City development, is it expected that patients (and those accessing the hospital) will need to travel additional distances.

In order to better understand this impact it would be necessary to engage with communities in those areas where consolidations/closures may take place. The key aim will be to understand how they would access the new hospital and the potential barriers to this. Following on from such community engagement, it would be necessary to engage with the MoH and local government entities responsible for public transport and accessibility to

understand what can be done to minimise such impacts to these communities (including vulnerable groups).

Such engagement would be expected to be undertaken during the construction phase and prior to the commencement of operations and such consolidations taking place.

6.4 Stakeholder Engagement During Operation

Operations of the Fergana Eco City Hospital Project will involve on-going interaction with various stakeholders, including healthcare users, patients and visitors, employees, nearby communities, government authorities, regulatory bodies, and utility providers.

As outlined in the scope section above, engagement responsibilities need to be split between the various project parties, including the Project Company, Ministry of Health (MoH), and Facility Management Company (FM Co.), in accordance with their respective responsibilities under the PPP agreement. It is reiterated that the MoH will be responsible for all clinical operations, that will necessitate engagement on topics such as (but not limited to) patient welfare, medical communications, concerns/cases relating to medical malpractice etc.

The scope of this SEP is therefore limited to the proposed engagement activities of the Project Company and the FM Co., through their direct FM contract. It is not possible to commit the MoH to align with this SEP and hence, ‘recommended’ engagement processes for MoH (as considered necessary to align with the applicable E&S standards) are outlined in a separate table below the main engagement table. The Project Company will use their best efforts to encourage and influence the MoH to implement these engagement activities.

Table 6-3 Operational Phase SEP Timetable

Activity	Stakeholders	Engagement Method	Timing and Frequency	Responsible Parties for Implementation
Ongoing disclosure of environmental and social performance	Ministry of Ecology, Environmental Protection and Climate Change and lenders (as per permit conditions and ESAP).	Preparation and submission of environmental and social performance reports, compliance monitoring reports, audits, regulatory inspections, and periodic meetings to review performance, corrective actions, and improvement measures - as per permit conditions and ESAP.	In accordance with regulatory and lender requirements - as per permit conditions and ESAP.	Project Company with inputs from FM Co.
Operational phase Grievance Redress Mechanism (GRM) – EXCLUDING clinical related grievances	All stakeholders including nearby communities, Mahalla representatives, patients, caregivers, visitors, hospital workers, contractors, vulnerable groups, NGOs, and government authorities.	Operation of a multi-channel GRM as outlined in this SEP.	Continuous throughout operation.	Project Company
Community engagement on operational impacts (traffic, emergency response, waste management, public safety, and hospital activities)	Residents of Ilgor MFY, Chekshura MFY, Urtashura MFY, Eco City residents, nearby businesses, Mahalla representatives, and other nearby receptors.	Community meetings, information sessions, targeted consultations, disclosure of operational management measures, and engagement through Mahalla structures. Specific methods to be commensurate to the engagement process and communicated in a culturally appropriate way.	As necessary in the event it is required.	Project Company with support from the FM Co. & MoH (as required)
Coordination with healthcare and regulatory authorities	Ministry of Health; Sanitary-Epidemiological Service, Ministry of Ecology, Emergency Situations authorities, relevant healthcare institutions.	Technical meetings, inspections, regulatory reporting, compliance reviews, and coordination meetings related to certain healthcare operations (if needed under PPP responsibilities), infection prevention, emergency preparedness, and medical waste management.	As required and/or as required based on regulatory requirements.	Project Company & FM Co.

Activity	Stakeholders	Engagement Method	Timing and Frequency	Responsible Parties for Implementation
Employment and workforce engagement	Employees of the new hospital, hospital management, FM Co. employees, contractors, maintenance personnel, suppliers, Labour Inspectorate, and employee representative bodies (where applicable).	Worker meetings, staff briefings, induction and refresher training, occupational health and safety briefings, employee communication channels, worker grievance mechanism, labour compliance reporting, and consultation on staff redeployment and organisational changes, as applicable.	As needed throughout operations.	Project Company & FM Co.
Occupational health, safety, and worker welfare communication	Clinical staff, FM Co. workforce, contractors, maintenance workers, and service providers.	Training sessions, toolbox talks, emergency drills, workplace inspections, awareness programmes on OHS, infection prevention, Code of Conduct, and GBV/SEA/SH prevention.	At commencement of employment and periodically throughout operations.	FM Co. / Project Company
Coordination with utilities and infrastructure providers	JSC “Uzsuvtaminot”; JSC “Regional Electric Power Networks”; JSC “National Electric Grid of Uzbekistan”; JSC “Hududgaztaminot”; JSC “Uztelecom”; “Issiqlik Manbai” District Heating Enterprise; waste management providers.	Technical coordination meetings, service performance reviews, maintenance coordination, emergency response planning, and formal correspondence.	As required during operations and maintenance activities.	FM Co. / Project Company
Coordination with local government and Mahalla structures	Fergana Regional Khokimiyat, Fergana City Khokimiyat, Ilgor MFY, Chekshura MFY, Urtashura MFY, and local administrative bodies.	Coordination meetings, official correspondence, community updates, joint discussions on community concerns, emergency preparedness, and local development opportunities.	As required.	Project Company / FM Co. – with MoH
Emergency preparedness and community health and safety communication	Nearby communities, Mahalla representatives, emergency services, hospital users, healthcare workers, and local authorities.	Emergency preparedness awareness sessions, community information materials, coordination meetings, and emergency response drills.	Periodically and as required under emergency response procedures.	MoH / FM Co. / Emergency Services

Table 6-4 Recommended Engagement Activites for MoH during Operations

Activity	Stakeholders	Engagement Method	Timing and Frequency	Responsible Parties for Implementation
Healthcare service and patient engagement	Patients, caregivers, hospital visitors, healthcare workers, local residents of Fergana Region, and vulnerable healthcare users.	Patient feedback mechanisms, satisfaction surveys, hospital helpdesk services, consultation meetings, accessibility assessments, and digital feedback platforms.	Continuous throughout operations.	Ministry of Health
Employment and workforce engagement	Employees of the new hospital, Direct contractors, suppliers, Labour Inspectorate, and employee representative bodies (where applicable).	Worker meetings, staff briefings, induction and refresher training, occupational health and safety briefings, employee communication channels, worker grievance mechanism, labour compliance reporting, and consultation on staff redeployment and organisational changes, as applicable.	As needed throughout operations.	Ministry of Health
Occupational health, safety, and worker welfare communication	Clinical staff, FM Co. workforce, contractors, maintenance workers, and service providers.	Training sessions, toolbox talks, emergency drills, workplace inspections, awareness programmes on OHS, infection prevention, Code of Conduct, and GBV/SEA/SH prevention.	At commencement of employment and periodically throughout operations.	MoH

7.0 Grievance Redress Mechanism

The Grievance Redress Mechanism (GRM) is an essential component of the SEP for the Fergana Eco-City Regional Hospital Project and will remain operational throughout the Project lifecycle, including the construction, commissioning, and operational phases. The GRM will provide a structured, transparent, and accessible process through which stakeholders, including affected communities, workers, local authorities, and other interested parties, can raise concerns, provide feedback, or seek clarification regarding Project activities. Grievances from patients and healthcare users will need to be carefully screened to determine whether they are relevant to a clinical grievance (for MoH to address) or related to non-clinical elements/activities/concerns (for Project Company).

The GRM will be designed to ensure that grievances are received, acknowledged, assessed, investigated, and resolved in a timely and culturally appropriate manner. The mechanism will be free of charge, easily accessible, and available to all stakeholder groups, including vulnerable groups who may face barriers in accessing formal grievance channels. Stakeholders will be informed that raising a grievance will not result in any form of retaliation, discrimination, or adverse consequences.

The GRM will be implemented in accordance with IFC Performance Standard 1 and applicable international good practice. It will also consider relevant national requirements of the Republic of Uzbekistan regarding the submission and resolution of public grievances, while being adapted to the local cultural context and communication practices to ensure accessibility and effectiveness for affected stakeholders. The mechanism will be integrated into the Project's Environmental and Social Management System (ESMS). The Project Company/SPV will retain overall responsibility for ensuring that this GRM is established, maintained, monitored, and reported throughout the Project lifecycle, with coordination with relevant project parties such as the Ministry of Health as the Public Partner responsible for clinical operations.

7.1 Key Principles of Grievance Mechanism

The grievance mechanism for the Project will comply with the following principles:

- The purpose of the grievance mechanism procedure will be clarified at the outset.
- The process will be scaled to the risks and impacts of the Project.
- The process will be transparent and accountable to all stakeholders by putting it into writing, publicising it and explaining it to relevant stakeholders.
- The grievance mechanism will be made clear, understandable and easily accessible by providing information in the local language and orally where communities cannot read.
- Complaints or concerns will be rapidly resolved.
- The mechanism will not involve any costs nor retribution associated with lodging a grievance; and
- Precautionary measures such as clear non-retaliation policy, confidentiality measures and safeguarding of personal data collected in relation to a complaint, as well as an option to submit grievances anonymously will be in place.

7.2 Scope of Grievance Mechanism

The scope of the grievance mechanism is to evaluate and address stakeholders' complaints and concerns regarding project activities and environmental and social performance during the Project's lifecycle.

During the operational phase, the GRM will provide a channel for receiving non-clinical operational concerns related to hospital accessibility, patient and visitor management, facility operations, environmental performance, waste management, community interface, and other Project-related matters. Clinical complaints relating to medical treatment, diagnosis, or healthcare decisions will be managed through the applicable Ministry of Health and hospital patient complaint procedures. As such, these types of grievances will be screened and provided to the MoH for actions.

All relevant grievances from affected stakeholders will be accepted and no judgment made prior to investigation, even if complaints are minor. However, according to good practice, the following grievances will be directed outside of Project-level mechanisms:

- Complaints clearly not related to the project based on assessment of its legitimacy, or those related to clinical activities (to be provided to MoH).
- Issues related to governmental policy and government institutions.
- Complaints constituting criminal activity and violence, which will be referred to the justice system; and
- Commercial disputes: Commercial matters will be stipulated in contractual agreements and issues will be resolved through a variety of commercial resolution mechanisms or civil courts.

If a grievance is rejected during screening stage, the grievant will be informed of the decision and provided with clear justification for the rejection.

7.2.1 Potential Hospital Consolidations

In the event of hospitals consolidations, the Project-level Grievance Redress Mechanism will also be available to receive grievances, however, the management of such grievances will be determined based on the subject and related responsibilities of the project parties. For instance, employment-related grievances arising from redeployment, retrenchment, compensation, or other statutory labour obligations will be managed through the Ministry of Health and institutional labour grievance procedures in accordance with Uzbek labour legislation.

7.3 Steps in Grievance Mechanism Management

7.3.1 Publicising Grievance Management Procedures

The grievance mechanism will be publicised to stakeholders, including the following information:

- What Project-level mechanisms exist and what they can deliver, and what remedies grievant can receive from using the company's grievance mechanism, as opposed to other resolution mechanisms;
- Who can raise complaints (i.e., all stakeholders);
- Where, when, and how community members can raise complaints;
- Who is responsible for receiving and responding to complaints;

- What sort of response grievant can expect from the company, including timing of response; and
- What other rights and protection are guaranteed.

7.3.2 Means of GRM Disclosure

The Project's GRM and associated grievance management procedures will be disclosed throughout the Project lifecycle to ensure that all stakeholders, including affected communities, Mahalla representatives, local authorities, workers, patients, hospital users, and other interested parties, are aware of their rights to raise concerns and the available channels for submitting grievances.

The GRM disclosure approach will be designed to ensure that information is accessible, culturally appropriate, understandable, and available to all stakeholder groups, including vulnerable groups who may face barriers in accessing formal grievance channels. The GRM will be disclosed in accordance with the requirements of lenders requirements and applicable good international industry practice.

A Project Grievance Information Leaflet will be prepared to provide stakeholders with clear and accessible information on the Project's GRM. The leaflet will describe the purpose and scope of the GRM, the types of grievances that may be submitted, available grievance submission channels, and the procedures for grievance registration, assessment, investigation, and resolution. It will also outline expected response and closure timelines, confidentiality provisions, and measures to protect complainants from retaliation. In addition, the leaflet will include specific procedures for handling sensitive grievances, including complaints related to gender-based violence (GBV), sexual exploitation and abuse (SEA), and sexual harassment (SH), along with the contact details of responsible Project representatives for submitting grievances and seeking further information.

The GRM leaflet will be prepared in Uzbek language, with an English version available for lenders and international stakeholders. The leaflet will be distributed during stakeholder engagement activities, including ESIA disclosure, meetings with Fergana Regional Khokimiyat, relevant district authorities, Mahalla leaders, nearby communities, workers, and other identified stakeholders.

During the construction phase, workers will be informed of the GRM during their inductions and information on the Project GRM will be made available at multiple accessible locations to ensure that workers, affected communities, and other stakeholders within the Project Area of Influence (AoI) are aware of the available grievance channels and procedures. GRM information will be displayed and distributed at the Project site office and workers accommodation area(s), site entrances and security points, Project information boards, relevant Mahalla committee offices, local administrative offices where appropriate, and other publicly accessible locations within the Project AoI. These disclosure measures will help ensure that stakeholders have convenient access to information on how to raise concerns, provide feedback, and seek resolution throughout the construction phase.

During the operational phase, information on the GRM will be made available at appropriate locations within the hospital to ensure continued accessibility for patients, visitors, employees, and other stakeholders. GRM information will be displayed and distributed through hospital reception and public information areas, patient service areas, visitor information points, and facility management offices. These disclosure points will help ensure that stakeholders are aware of the available grievance channels and procedures for submitting concerns throughout the operational lifecycle of the Project.

Electronic disclosure of GRM information will also be undertaken through the Project Company's website (once established) and/or the hospital's official communication platforms. GRM contact details, will be made available through these platforms to facilitate

public access and transparency throughout the Project lifecycle. In addition, notice boards will be installed at suitable and accessible locations to provide regular updates to stakeholders, including information on project progress and construction schedules, upcoming stakeholder engagement activities, GRM contact details, environmental and social management measures, and emergency contact information. These disclosure mechanisms will ensure that affected communities and other interested stakeholders have timely access to relevant Project information and are aware of the available channels for communication and grievance submission.

The Project Company will periodically review the effectiveness of GRM disclosure arrangements through stakeholder feedback, grievance trends, and engagement outcomes. Where gaps are identified, disclosure methods will be adapted to ensure continued accessibility, transparency, and alignment with IFC PS1 requirements.

7.3.3 Submitting a Grievance

The GRM will allow grievances to be submitted free of charge, verbally or in writing, through multiple accessible channels to accommodate different stakeholder preferences and literacy levels.

The GRM will be available to all Project stakeholders, including communities within and around the Project Area of Influence, residents of nearby Mahallas, vulnerable groups such as elderly persons, women, persons with disabilities, and low-income households, workers, contractors, and subcontractors, as well as patients, visitors, and hospital users during the operational phase. The GRM will also be accessible to local authorities and other interested stakeholders who may have concerns, feedback, or grievances related to the Project.

Stakeholders may submit grievances through the following channels:

Grievance Submission Method	Description
Grievance forms	Written grievance forms will be available at the Project site office, construction camp, designated community locations, and hospital information points during operation.
Telephone hotline	Stakeholders may submit grievances verbally through a dedicated Project contact number.
Email	A dedicated email address will be established for receiving written grievances and feedback.
In-person submission	Stakeholders may submit grievances directly to the Project Company's relevant representative, or though the EPC Contractor, or Facility Management Company (to be provided to the Project Company).
Mahalla leaders/local authorities	Community members may submit concerns through Mahalla representatives or local administrative structures, who will facilitate communication with the Project.
Online submission	Where available, an online grievance submission option may be provided through the Project Company or hospital website.

Upon receipt of a grievance, the Project Company will acknowledge receipt within seven (7) working days through the complainant's preferred communication method, where contact details are provided. Each grievance will be assigned a unique reference number and recorded in the Project grievance register.

The grievance management process will include:

- **Registration and acknowledgement**- recording the grievance details and confirming receipt to the complainant;
- **Screening and classification**- assessing nature, urgency, and responsible department for resolution (including clinical related grievances that need to be directed to MoH);
- **Investigation and corrective action**- reviewing the issue and implementing appropriate measures;
- **Response and communication**- informing the complainant of the outcome and actions taken;
- **Closure and documentation**- recording resolution status and maintaining evidence of actions undertaken.

Where grievances cannot be resolved immediately through informal discussion, they will be formally documented using the Project grievance form to ensure proper tracking and follow-up.

Information on the GRM process and submission channels will be communicated through:

- Stakeholder consultation meetings;
- Meetings with Mahalla leaders and local authorities;
- Community information sessions;
- Project information leaflets;
- Site notice boards;
- Worker induction and toolbox meetings;
- Hospital communication channels during operation.

For stakeholders who are unable to submit written grievances due to literacy limitations, language barriers, disability, or other constraints, the Project will provide assistance to ensure equal access to the GRM. Such stakeholders may submit grievances verbally to a designated Project representative, including the Project Company's E&S representative, EPC Contractor community liaison officer, or Facility Management representative during operation for E&S related grievances.

The designated representative will:

- Record the grievance on behalf of the complainant;
- Confirm the details of the complaint;
- Read back the recorded information to ensure accuracy;
- Obtain confirmation from the complainant that the grievance has been correctly captured;
- Provide assistance in Uzbek or Russian, as required.

Anonymous grievances will also be accepted and processed. These may include:

- Anonymous letters;
- Emails without identifying information;
- Verbal complaints where the complainant requests confidentiality or anonymity.

Anonymous grievances will be investigated using the available information, and outcomes will be recorded in the grievance register. The Project will ensure that all grievances are handled confidentially, fairly, and without discrimination or retaliation against complainants.

7.3.4 Keeping Track of Grievances

Upon receipt of grievances through any of the channels established under the Project's GRM, the Project Company/SPV for the Fergana Eco-City Regional Hospital Project will ensure that all grievances are systematically registered, monitored, investigated, and resolved in a timely, transparent, and culturally appropriate manner. During the construction phase, grievance management will be implemented by the Project Company with support from the EPC Contractor (KOC Construction Mekanik Elektrik LLC FE), while during the operational phase, responsibility will be coordinated between the Project Company, the Facility Management Company, and separately, the Ministry of Health for clinical grievances.

The following grievance tracking and management procedures will be implemented:

All grievances received through any GRM channel (including in-person submissions, grievance boxes, telephone hotline, email, Project website, community meetings, or through Mahalla representatives/local authorities) will be formally recorded in a Grievance Register (**Appendix C**) maintained by the Project Company's designated Environmental and Social (E&S) focal point. The grievance register will include, as a minimum:

- Date of receipt and unique grievance reference number;
- Name and contact details of the complainant (where provided and where the complainant agrees to disclose this information);
- Stakeholder category (e.g., nearby community member, employee/staff of existing healthcare institutions subject to consolidation, worker, vulnerable group, local authority, patient/hospital user, or other interested party)
- Description and nature of the grievance;
- Location and relevance to Project activities;
- Classification of grievance (e.g., environmental, social, labour, health and safety, community relations, operational issue, or other);
- Person(s) or department(s) responsible for investigation and resolution;
- Actions taken, including corrective and preventive measures;
- Dates of acknowledgement, investigation, response, and closure;
- Final resolution and feedback provided to the complainant;
- Status of the grievance (open, under review, resolved, or closed).

All grievances will be acknowledged as soon as practicable and within seven (7) working days of receipt. The acknowledgement will include:

- Confirmation that the grievance has been received and registered;
- The assigned grievance reference number;
- Contact details of the responsible Project representative;
- The expected timeframe for investigation and response; and
- Information on the next steps in the grievance resolution process.

For routine grievances, including concerns related to construction nuisance (such as dust, noise, traffic disruption, access restrictions), employment matters, community communication, or other Project-related issues, the Project Company will aim to investigate

and provide a response within 30 working days of receipt. Where additional time is required, the complainant will be informed of the reasons for delay and provided with an updated timeframe for resolution.

For complex or sensitive grievances, including those involving:

- Multiple stakeholders;
- Community health and safety concerns;
- Labour and working condition issues;
- Gender-based violence (GBV), sexual exploitation and abuse (SEA), or sexual harassment (SH);
- Potential impacts on vulnerable groups;
- Significant environmental concerns; or
- Matters requiring technical assessment or coordination with government authorities,

The Project Company will provide the complainant with an interim update within 21 days of receipt. The update will explain:

- The status of the investigation;
- Actions undertaken to date;
- Additional information or assessments required;
- Responsible parties involved; and
- The anticipated timeline for final resolution.

Where grievances relate to matters outside the scope of the Project GRM, the Project Company will clearly communicate this to the complainant during the initial acknowledgement or subsequent response. The complainant will be provided with information on appropriate alternative channels for addressing such concerns, including relevant:

- Local administrative authorities (Khokimiyats);
- Mahalla committees;
- Government regulatory agencies;
- Labour authorities (for employment-related matters);
- Environmental authorities (for environmental matters); or
- Judicial mechanisms available under the legislation of the Republic of Uzbekistan.

The Project Company will maintain confidentiality of grievance records, particularly for sensitive complaints. Personal information will only be shared with authorised personnel on a need-to-know basis and in accordance with applicable confidentiality requirements.

The grievance register will be periodically reviewed to identify recurring issues, trends, and opportunities for improvement. Lessons learned from grievance management will be incorporated into the Project's Environmental and Social Management System (ESMS), stakeholder engagement activities, and corrective action planning.

Through this grievance tracking system, the Project will ensure that stakeholder concerns are addressed effectively, that communication remains transparent throughout the Project lifecycle, and that the GRM contributes to maintaining constructive relationships with communities, workers, authorities, and other stakeholders.

7.3.5 Reviewing and Investigating Grievances

Depending on the nature, severity, and complexity of grievances received, relevant departments of the Project Company/SPV, EPC Contractor, Facility Management Company (FM Co.), and other responsible Project entities may be involved in reviewing and resolving grievances. The designated Grievance Focal Point within the Project Company will be responsible for coordinating the grievance management process, including registration of complaints, preliminary screening, assigning responsibility for investigation, monitoring progress, and ensuring that responses are provided within the established timeframe.

The review process will include verification of the grievance details, assessment of the potential environmental and social risks associated with the complaint, identification of the appropriate responsible party, and determination of the required level of investigation. Where grievances relate to construction activities, the EPC Contractor will support the investigation and implementation of corrective actions under the supervision of the Project Company. During the operational phase, grievances related to hospital services, facility management, non-clinical operations, or community concerns will be managed by the Facility Management Company in coordination with the Project Company and the Ministry of Health, if appropriate.

Straightforward grievances, such as requests for information, minor complaints regarding construction nuisance (e.g., temporary access restrictions, noise, dust, or traffic-related concerns), or requests for clarification, will be addressed through routine Project management procedures. More complex grievances involving significant environmental and social impacts, repeated complaints, multiple stakeholders, or potential legal or reputational risks will require a detailed investigation and may involve senior Project management, technical specialists, or external expertise to ensure a fair and effective resolution.

The GRM will remain free of charge and accessible to all stakeholders, including affected communities, workers, vulnerable groups, and other interested parties, in accordance with international good practice, including the requirements of the lenders. The grievance review and investigation process will be conducted in a transparent, impartial, and culturally appropriate manner.

Where an internal investigation team is established, the Project Company will ensure that appropriate measures are taken to maintain objectivity and effectiveness. This will include consideration of:

- Avoiding conflicts of interest among individuals involved in the investigation;
- Ensuring that investigators have appropriate technical knowledge and understanding of the relevant environmental and social issues;
- Involving relevant specialists where required (e.g., environmental, occupational health and safety, labour, community health and safety, or social specialists);
- Ensuring gender-sensitive approaches are applied where grievances involve women, vulnerable groups, or sensitive social issues.

Investigations may include, where appropriate:

- Review of relevant Project records, monitoring data, permits, and management plans;
- Site inspections and verification visits;
- Discussions with relevant Project personnel, contractors, Mahalla representatives, or affected stakeholders;
- Meetings with the complainant(s) to clarify concerns and understand expectations regarding resolution.

All grievances will be acknowledged and reviewed within seven (7) working days of receipt, and an initial response or confirmation of the investigation process will be provided to the complainant where contact details are available. The Project will aim to resolve grievances within 30 working days from the date of registration. Where additional time is required due to the complexity of the issue, the complainant will be informed through appropriate communication channels, including the reasons for delay and the expected timeframe for completion.

For sensitive grievances, including those related to:

- Gender-based violence (GBV), sexual exploitation and abuse (SEA), and sexual harassment (SH);
- Worker misconduct affecting communities;
- Discrimination or harassment;
- Community conflicts;
- Potential impacts on vulnerable groups;
- Cultural heritage or chance-find related concerns;

The Project will apply enhanced confidentiality and protection measures. Where required, the Project will facilitate access to appropriate survivor-centred support services, including medical, psychosocial, legal, or protection services, through available local referral pathways. Disclosure of personal information will only occur with the informed consent of the survivor, except where mandatory reporting obligations apply under Uzbek legislation. Any external involvement will be undertaken with due consideration of the complaints' informed consent, privacy, and safety.

Information relating to sensitive grievances will be handled on a strict need-to-know basis, and personal information of complainants will be provided throughout the grievance management process. The outcomes of investigations, corrective actions implemented, and lessons learned will be documented within the Project grievance register.

7.3.6 Grievance Resolution Options and Response

The approach adopted for resolving grievances under the Project Grievance Redress Mechanism (GRM) will be flexible, transparent, and proportionate to the nature, severity, frequency, and complexity of the concern raised. The GRM will apply a structured yet adaptive resolution approach to ensure that grievances are addressed effectively while considering the specific circumstances of each case.

Given the nature of the Project as a major healthcare infrastructure development involving construction activities, workforce mobilisation, and long-term hospital operations, the GRM will provide appropriate resolution pathways for different categories of grievances, including:

- Construction-related impacts, including noise, dust, vibration, traffic disruption, access restrictions, and community health and safety concerns;
- Environmental and social performance issues, including waste management, water use, pollution prevention, and site management;
- Labour and working condition concerns raised by workers, contractors, and subcontractors;
- Community concerns related to employment opportunities, worker influx, community relations, and local impacts;
- Health and safety concerns associated with construction activities and hospital operations;

- Operational phase concerns related to hospital services, access, patient and visitor management, environmental performance, and community interface;
- Concerns raised by vulnerable groups, including women, elderly persons, persons with disabilities, and low-income households.

The Project Company, through its HSSE and Environmental and Social (E&S) Manager or designated GRM focal point, will be responsible for coordinating the grievance management process during the construction phase. During the operational phase, responsibility will transition to the Hospital Operator/Facility Management Company, in coordination with the Project Company and the Ministry of Health, as applicable.

All grievances will be recorded and tracked through a Grievance Resolution Form, which will include, as a minimum:

- Nature and category of grievance;
- Date of receipt;
- Stakeholder category and relevant location (where provided);
- Initial screening and eligibility assessment;
- Investigation undertaken and findings;
- Actions taken or proposed corrective measures;
- Responsible persons/departments;
- Agreed timeline for resolution;
- Communication provided to the complainant;
- Closure status and supporting documentation.

A Grievance Resolution Form will generally be completed within thirty (30) calendar days of receipt of the grievance. Where grievances require additional investigation, specialist assessment, consultation with government authorities, or coordination with external parties (such as utility providers or regulatory agencies), the complainant will be informed of the reason for the delay and provided with an updated timeframe for resolution.

The Project will seek to resolve grievances through dialogue, consultation, and mutually acceptable solutions wherever possible. The grievance process will not prevent or restrict stakeholders from accessing judicial or administrative remedies available under the legislation of the Republic of Uzbekistan.

7.3.6.1 Communication of Resolution

The outcome of grievance resolution will be communicated to the complainant either in writing or verbally, depending on the preference of the grievant and their accessibility. In all cases, formal documentation will be maintained in accordance with the Project GRM procedures and lenders requirements for record-keeping and auditability.

7.3.6.2 Eligibility Review and Rejection of Grievances

Where a grievance is deemed ineligible or outside the scope of the GRM, the Project GRM representative will communicate the decision in a clear, respectful, and transparent manner, ensuring that the rationale is properly explained to avoid misunderstanding or escalation. This communication will be conducted in a culturally appropriate and non-confrontational manner.

7.3.6.3 Accepted Grievances and Resolution Process

Where grievance is accepted, a proposed resolution will be developed and communicated within the established timeframe. If the complainant does not accept the proposed solution, the Project will:

- Reassess the grievance and underlying issue
- Engage in further dialogue and clarification with the complainant
- Explore feasible alternative solutions within the GRM scope

Where grievance is accepted, a proposed resolution will be developed and communicated

If agreement is still not reached, the complainant retains the right to pursue external mechanisms, including judicial or administrative grievance processes under Uzbek legislation. The Project GRM does not replace or restrict access to such external legal remedies.

Note: The Project GRM does not replace any other available grievance mechanisms including legal ones.

7.3.6.4 Closure of Grievances

Where a grievance has been resolved to the satisfaction of the complainant, or where appropriate corrective actions have been implemented and communicated, the grievance will be formally closed. The closure process will ensure that all relevant information, decisions, and actions undertaken are properly documented and maintained within the Project's grievance management system.

Closure of grievances will be supported by appropriate evidence, which may include, as applicable:

- Minutes, records, or notes of meetings and discussions held with the complainant or relevant stakeholders;
- Written or verbal confirmation from the complainant acknowledging acceptance of the resolution, where feasible;
- Photographic evidence, monitoring records, inspection reports, or other documentation demonstrating completion of corrective actions;
- Records of corrective actions implemented, including responsible parties and completion dates;
- Correspondence or communication records confirming that the outcome has been shared with the complainant.

The Project Company's designated GRM focal point will complete a Grievance Closeout Form for each resolved grievance. The form will record the nature of the grievance, investigation undertaken, agreed resolution, actions completed, and date of closure.

Where feasible, the complainant will be invited to acknowledge the closure of the grievance through signature or other confirmation. However, refusal by a complainant to sign the closure form will not prevent closure where the Project has undertaken reasonable efforts to address the concern, implemented appropriate corrective measures, and documented the process followed.

All closed grievances will be retained in the grievance register and periodically reviewed to identify recurring issues, lessons learned, and opportunities for improving Project management practices and stakeholder engagement approaches.

7.3.6.5 Escalation and Reassessment

Where the complainant is not satisfied with the proposed resolution, the grievance will be escalated internally for further review. A reassessment and follow-up engagement will be undertaken, and the complainant will be provided with an updated response within two (2) weeks of notification of dissatisfaction.

7.4 Grievance Procedures for Women and Vulnerable and Disadvantaged Groups

The Project recognises that women, elderly persons, persons with disabilities, low-income households, and other vulnerable or disadvantaged groups may face additional barriers in accessing grievance mechanisms and participating effectively in stakeholder engagement activities. The Project will therefore establish specific measures to ensure that the Grievance Redress Mechanism (GRM) is inclusive, accessible, confidential, and responsive to the needs of these groups.

A project-specific approach for managing grievances from women and vulnerable groups will be incorporated into the Project's Environmental and Social Management System (ESMS) and implemented by the Project Company/SPV, with support from the EPC Contractor during construction and the Hospital Operator/Facility Management Company during operations. The approach will be aligned with the requirements of the lenders, applicable international good practice, and relevant national legislation of the Republic of Uzbekistan.

The Project will ensure that vulnerable stakeholders are identified during stakeholder engagement activities and that appropriate communication methods are adopted to enable their meaningful participation. Engagement with vulnerable groups will be undertaken through culturally appropriate approaches, including targeted consultations, small group discussions, and engagement through trusted community representatives such as Mahalla leaders where appropriate.

The GRM will include specific provisions to address concerns related to:

- Gender-based violence and harassment (GBVH), including sexual exploitation, abuse, and sexual harassment (SEA/SH);
- Discrimination, harassment, or unequal treatment;
- Barriers faced by women, elderly persons, persons with disabilities, or socially disadvantaged groups in accessing Project-related information, employment opportunities, or services;
- Community health and safety concerns associated with construction activities, worker influx, and hospital operations;
- Concerns related to worker behaviour and interactions with local communities.

7.4.1 Reporting of Gender Based Violence and Harassment (GBVH)

The Project will establish multiple confidential and accessible reporting channels to enable safe reporting of GBVH incidents by both workers and community members. These channels will ensure confidentiality, accessibility, and protection from retaliation.

For community members, reporting channels may include:

- Community grievance/feedback boxes.
- Toll-free telephone hotline.
- Reporting through Mahalla committees or local community representatives.
- Engagement with women's support organisations or civil society groups where available.

- Designated focal persons at community engagement points.

For workers, reporting channels may include:

- On-site grievance/feedback boxes.
- Dedicated hotline and email system managed by the Project Company;
- Reporting through supervisors or designated GBVH focal points (with escalation safeguards);
- Online grievance submission through Project communication platforms (where applicable).

Child-friendly and anonymous reporting options will be made available where relevant to ensure that young or vulnerable individuals can safely raise concerns.

All GBVH-related grievances will be recorded in a separate confidential grievance register, distinct from the general grievance log. Access to this register will be strictly limited to designated trained personnel, ensuring confidentiality, sensitivity, and protection of complainants' identities.

Where required, the Project will facilitate access to appropriate survivor-centred support services, including medical, psychosocial, legal, or protection services, through available local referral pathways. Disclosure of personal information will only occur with the informed consent of the survivor, except where mandatory reporting obligations apply under Uzbek legislation.

All GBVH-related grievances will be handled in accordance with:

- Applicable national laws of Uzbekistan.
- IFC Performance Standards and Good International Industry Practice (GIIP).
- Project-specific non-retaliation principles; and
- Strict confidentiality protocols.

7.5 Grievance Mechanism Contact Details

Table 7-1 Construction, Commissioning and Operation Phase - Grievance Mechanism Contact Details

Company	Contact person/s	Phases	Contact details
Project Company / SPV (Fergana Eco-City Regional Hospital Project)	E&S Supervisor / Public Relations & Admin	Construction, Commissioning and Operation Phases	Email: TBC Mobile: TBC Address: TBC
EPC Contractor (KOC Construction Mekanik Elektrik LLC FE)	HSE Manager / HSE Supervisors	Construction and Commissioning Phases	Email: TBC Mobile: TBC Address: Project Site Office, Fergana Eco-City Hospital Project (TBC)
Facility Management Company / Hospital Operator (JV between Rekeep World and Vision Invest)	General Administrator	Operational Phase	Email: TBC Mobile: TBC Address: Fergana Eco-City Regional Hospital (TBC)

Ministry of Health of the Republic of Uzbekistan / Public Partner Representative	TBC	Operational Phase and as required	Email: TBC Mobile: TBC
Grievance Redress Committee (GRC)	Multi-stakeholder escalation body comprising representatives from the Project Company, EPC Contractor, Facility Management Company, and relevant stakeholders (as required)	All Phases (as required)	To be established

The Project Company/SPV, established by the Private Partner, will have overall responsibility for ensuring that the GRM is implemented effectively throughout the Project lifecycle. During construction, the GRM will be implemented in coordination with the EPC Contractor, while during operations responsibility will transition to the Facility Management Company, in relation to E&S grievances only.

7.6 Process Flow and Timeline

The process flow and timeline below will be followed as part of the GRM. Where complex grievances[9], or other factors are extending the investigation time, the Grievant will be informed of this delay and advised of an updated expected timeline for response.

Table 7-2 Grievance Process and Timeline

STAGE	TIMELINE
Grievance Received/Submitted	-
Grievance logged and acknowledged	Within seven working days of grievance being submitted
Grievance investigated	Within 14 working days of grievance being submitted
Proposed resolution conveyed to grievant (simple grievances)	Within 14 working days of grievance being submitted
Proposed resolution conveyed to grievant (complex grievances)	Within 21 working days of the grievance being submitted
If applicable following dissatisfaction of resolution by Grievant	
Actions to re-assess grievance/propose new solution/inform Grievant of final decision	Within 14 working days of notification of dissatisfaction by Grievant
In the event that a grievance cannot be resolved between the two parties a mediator will be involved i.e. the GRM Committee	Within 14 working days of notification of dissatisfaction by the Grievant.

[9] In cases of sensitive grievances, such as those involving multiple interests in the affected communities, land or asset disputes or where a more complex investigation is required, Vision Invest, Sojitz Corporation, and the ESIA consultant will seek advice from the Grievance Redress Committee (GRC)and then propose a resolution in consultation with the affected parties. Such cases will be addressed and communicated to the complainants within 21 working days of the grievance(s) being submitted.

8.0 Implementation Plan

For the Project, effective implementation of this SEP requires a clearly defined management structure, allocation of responsibilities, and adequate resources to ensure that stakeholder engagement activities are undertaken systematically throughout the Project lifecycle.

The SEP will be implemented through a coordinated approach involving the Project Company/SPV, the EPC Contractor, the Facility Management Company, and other relevant Project stakeholders. The Project Company/SPV will have overall responsibility of the management and implementation of the SEP and for ensuring that stakeholder engagement activities are implemented in accordance with applicable national legislation of the Republic of Uzbekistan, the Project's ESMS, and relevant lender requirements and international good practice by both the EPC Contractor and the FM Co.

The Project Company will appoint suitably qualified E&S personnel to manage stakeholder engagement activities, maintain communication channels with stakeholders, coordinate grievance management, and ensure that stakeholder concerns are appropriately addressed.

8.1 Roles and Responsibilities (Project Company)

The Project Company Organogram is presented in the following figure.

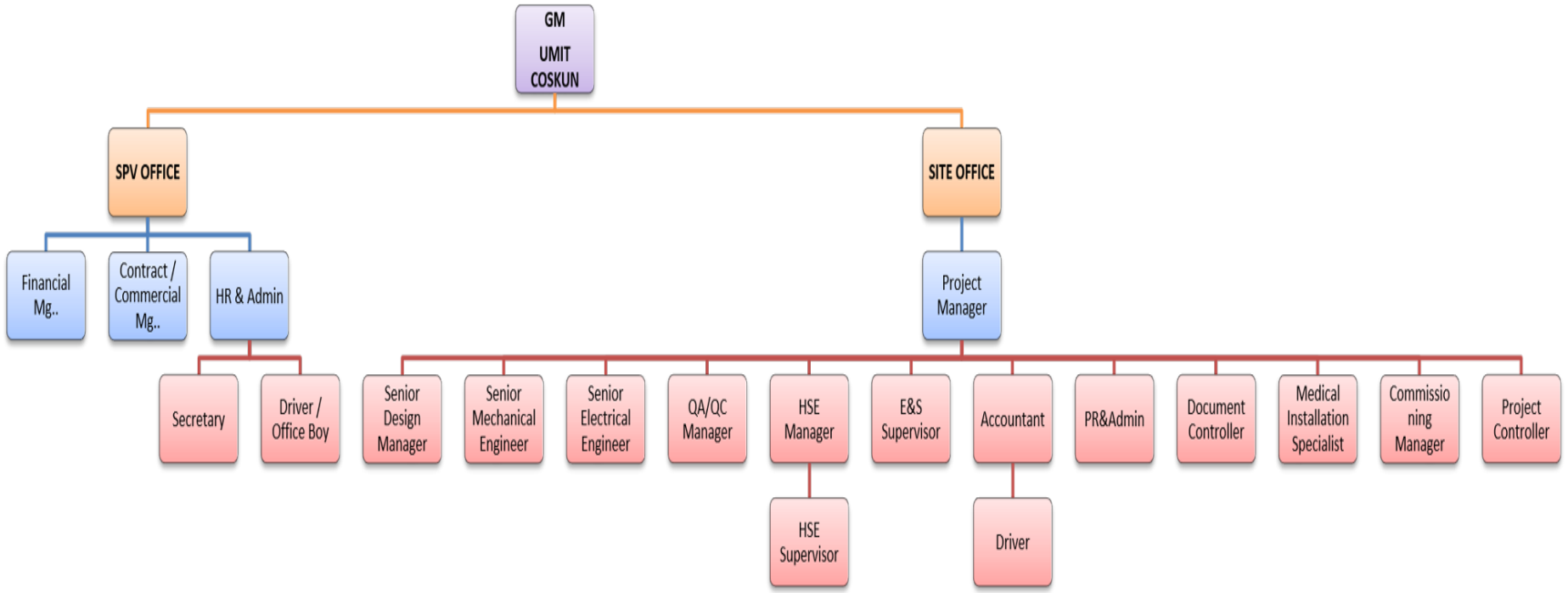


Figure 8-1 Project Company

Note: *The roles and responsibilities outlined below will be refined following confirmation of the Project Company's organisational structure and mobilisation of key personnel. The names and contact details of responsible personnel will be confirmed prior to commencement of construction activities.*

8.1.1 Project QHSE Manager

Name	To be confirmed
Contact Details	To be confirmed

The Project QHSE Manager will be responsible for ensuring that health, safety, security, and environmental considerations are appropriately integrated into stakeholder engagement activities, community communication processes, and grievance management procedures throughout the construction and commissioning phases.

The QHSE Manager is responsible for:

- Ensuring that stakeholders are recognised as important partners in the safe, responsible, and sustainable development of the Project;
- Supporting the PR and Admin personnel in implementing stakeholder engagement activities related to health, safety, environmental performance, and community risks;
- Advising Project Company management on stakeholder-related risks, incidents, complaints, and emerging issues that may affect Project implementation, regulatory compliance, or community relations;
- Supporting implementation and periodic review of the SEP, including procedures related to consultation, disclosure, and grievance management;
- Participating in stakeholder engagement activities related to occupational health and safety, community health and safety, emergency preparedness, and incident response;
- Coordinating with relevant authorities, emergency response organisations, and local stakeholders regarding emergency preparedness planning, drills, and response arrangements;
- Ensuring that stakeholder concerns, safety observations, and grievances related to QHSE matters are identified, recorded, investigated, and appropriately escalated;
- Supporting the establishment and maintenance of grievance tracking systems, including categorisation, status monitoring, corrective actions, and reporting;
- Ensuring that stakeholder communication materials related to HSE risks and mitigation measures are prepared and disclosed in appropriate languages (Uzbek and Russian, and English where required);
- Supporting communication with nearby communities and Mahalla representatives regarding construction-related risks, including traffic safety, noise, dust, worker influx, and emergency procedures;
- Coordinating responses to complex or sensitive grievances requiring involvement of senior management, contractors, government authorities, or other stakeholders;
- Ensuring that HSE-related grievances are resolved within defined timelines in accordance with the Project GRM procedures and lender requirements;

- Maintaining awareness of applicable Uzbek regulatory requirements, lender standards, and good international industry practice related to HSE management and stakeholder engagement.

8.1.2 Environmental and Social (E&S) Supervisor

Name	To be confirmed
Contact Details	To be confirmed

The E&S Supervisor will be appointed by the Project Company and will have primary responsibility for the implementation, coordination, monitoring, and continuous improvement of stakeholder engagement activities throughout the various development phases of the Project.

The E&S Manager's responsibilities include:

- Ensuring effective implementation of all requirements under the Stakeholder Engagement Plan (SEP) in compliance with Uzbekistan legislation, lender requirements, and international good practice;
- Maintaining and updating the stakeholder register, stakeholder engagement records, consultation logs, and disclosure records throughout the Project lifecycle;
- Ensuring that stakeholder identification and engagement approaches remain appropriate as Project activities, risks, and stakeholder expectations evolve;
- Coordinating stakeholder consultations with relevant stakeholders, including Fergana Regional Khokimiyat, district authorities, Mahalla leaders, nearby communities, vulnerable groups, workers, and relevant institutions;
- Ensuring that the SEP, GRM procedures, and relevant Project information are disclosed in a timely and accessible manner;
- Overseeing preparation and dissemination of stakeholder information materials, including Project updates, Non-Technical Summaries (NTS), GRM information leaflets, and consultation materials;
- Ensuring that Project personnel, contractors, subcontractors, and relevant service providers receive appropriate training and awareness regarding stakeholder engagement requirements and grievance procedures;
- Ensuring adequate resources are available for stakeholder engagement activities, including staffing, transportation, communication tools, translation support, and documentation systems;
- Planning and coordinating public consultations, focus group discussions, targeted engagement activities, and disclosure events in coordination with the Project Company, EPC Contractor, and other relevant parties;
- Managing the receipt, screening, investigation, and resolution of grievances in coordination with the QHSE Manager;
- Ensuring that grievances are recorded, tracked, resolved, and reported in accordance with the Project GRM procedures;
- Maintaining documentation of stakeholder engagement activities, including meeting minutes, attendance records, stakeholder feedback, and commitments made;
- Preparing periodic stakeholder engagement and grievance management reports for Project management and lenders, where required;

- Monitoring effectiveness of stakeholder engagement activities and recommending improvements based on stakeholder feedback and Project performance;
- Supporting lender monitoring, audits, and reviews related to stakeholder engagement and social performance;
- Ensuring continued improvement of stakeholder engagement processes throughout the Project lifecycle.

8.1.3 Public Relations and Admin

Name	To be confirmed
Contact Details	To be confirmed

The Public Relations (PR) & Admin will support day-to-day communication with affected communities, Mahalla representatives, and other local stakeholders.

Responsibilities will include:

- Acting as the primary point of contact between the Project and local communities;
- Facilitating communication with Mahalla leaders and community representatives;
- Supporting community consultations, information disclosure activities, and awareness programmes;
- Receiving and registering grievances submitted by stakeholders;
- Providing information to complainants regarding grievance status and resolution progress;
- Supporting engagement with vulnerable groups to ensure their concerns are appropriately considered;
- Maintaining records of community interactions, concerns raised, and commitments made;
- Supporting the E&S Supervisor in preparation of stakeholder engagement reports.

8.2 Monitoring and Reporting

The Project will implement a structured monitoring and reporting system to evaluate the effectiveness of the SEP and the GRM throughout the construction, commissioning, and operational phases of the Project.

During operations, monitoring and reporting responsibilities will be coordinated between the Project Company, the MoH, and the FM Co., recognising their respective roles in hospital management, healthcare service delivery, non-clinical operations, and stakeholder communication.

Monitoring will be undertaken to ensure that stakeholder engagement activities are implemented in a timely, inclusive, and meaningful manner, that stakeholder concerns and grievances are appropriately recorded and resolved, and that the Project maintains compliance with applicable Uzbekistan regulatory requirements and relevant international lender standards and Good International Industry Practice (GIIP).

Monitoring will include:

- Tracking of grievances (status, type, and resolution timeframes);

- Monitoring of community concerns related to noise, air emissions, traffic, safety, and operational impacts.
- Monitoring of patient, visitor, and healthcare stakeholder feedback regarding accessibility, service delivery, communication, and operational changes;
- Monitoring of concerns raised by healthcare workers and existing healthcare institutions regarding workforce arrangements, service coordination, and operational transition;
- Monitoring of stakeholder concerns related to access to healthcare services, emergency response arrangements, and community expectations regarding hospital operations.
- Evaluation of stakeholder engagement activities (meetings, disclosures, consultations)
- Workforce and community awareness activities (including inclusion considerations such as gender and vulnerable groups)
- Employment and local hiring performance indicators where applicable.

Reporting frequencies will include:

- **Weekly reporting:** GRM performance and urgent issues
- **Monthly reporting:** SEP implementation indicators and broader engagement performance
- **Quarterly/annual reporting:** Consolidated environmental and social performance reporting to regulators and lenders
- All records will be maintained in structured digital and hardcopy systems to ensure transparency, accountability, and auditability.

Monitoring of stakeholder engagement during the operational phase will include indicators relating to workforce integration, institutional transition, and coordination with existing healthcare providers, where applicable. These will include the number of workforce consultation meetings undertaken, the number of healthcare workers and relevant healthcare stakeholders engaged, issues raised during consultations, grievances received and resolved, participation of vulnerable employees, and the effectiveness of communication activities.

8.2.1 GRM Monitoring and Reporting

The Project-level GRM will maintain a comprehensive and auditable record of all grievances received, actions taken, and closure status. This system will support timely resolution of issues and provide input to management reviews and external reporting to authorities and lenders where required.

GRM performance will be monitored through Key Performance Indicators (KPIs) to assess effectiveness and responsiveness.

Table 8-1 Monitoring Indicators for Grievance Management and Compliance

No.	KPI	Measurement Action	Frequency	Goal
1	Category and trend analysis of grievances (e.g., construction impacts, dust, noise, traffic, worker behaviour,	Analysis of grievance categories recorded in the Project Grievance Register	Monthly	Identify recurring issues, implement corrective actions, and improve stakeholder

	employment, community health and safety, waste management, hospital operations, patient access, healthcare services, staff concerns, visitor management, and community expectations)			engagement and impact management
2	Number of incidents/non-compliances linked to SEP or GRM implementation failures	Review of Incident Reports, Corrective Action Plans, and Non-Conformance Reports (NCRs)	Monthly during construction; Quarterly during operation	Zero major incidents or non-compliances related to ineffective stakeholder engagement or grievance management
3	Number of stakeholder engagement activities undertaken	Review of Stakeholder Engagement Register, meeting records, attendance sheets, and consultation reports	Monthly	Engagement activities implemented in accordance with the approved SEP and project requirements
4	Stakeholder participation and inclusion (including women, vulnerable groups, and affected communities)	Review of consultation records, participant data (including gender-disaggregated information where appropriate), and feedback received	Quarterly	Ensure inclusive and meaningful engagement with relevant stakeholder groups
5	Number of grievances received from workers and contractors	Review of Worker Grievance Register and contractor reporting mechanisms	Monthly	Ensure effective implementation of worker grievance mechanisms in line with IFC PS2 and applicable labour requirements
6	Percentage of grievances communicated back to complainants with resolution outcomes	Review of grievance closure records and communication logs	Monthly	100% of resolved grievances communicated to complainants in an appropriate and accessible manner
7	Confidential grievances related to SEA/SH, GBVH, discrimination, or harassment	Review confidential grievance records and referral pathways while maintaining confidentiality and personal data protection	Quarterly	Ensure survivor-centred management and appropriate referral mechanisms

In addition to the above, all grievances will be documented received through the grievance form provided in **Appendix B**.

8.2.2 SEP Monitoring and Reporting

The following KPIs will be used to monitor the effective implementation of the SEP. The KPIs will enable the Project Company to assess the adequacy, inclusiveness, and effectiveness of stakeholder engagement activities during the construction, commissioning, and operational

phases. KPIs will be monitored and reported on a monthly basis during construction and periodically during operations, as appropriate.

The SEP monitoring indicators will include, but not be limited to, the following:

- Number of stakeholder engagement activities conducted, including meetings with local authorities, Mahalla representatives, nearby communities, healthcare-related stakeholders, workers, and other interested parties;
- Number of participants attending stakeholder engagement activities, disaggregated by gender and stakeholder category where practicable;
- Number of targeted engagement activities undertaken with vulnerable stakeholders, including elderly persons, persons with disabilities, low-income households, women-headed households, and groups requiring additional assistance to access healthcare services
- Number of Project information disclosure activities undertaken, including distribution of project information materials, NTS, GRM information leaflets, disclosure of operational information, healthcare service arrangements, patient access procedures, and changes affecting local communities and public notices.
- Number of community awareness sessions conducted on construction-related impacts, including traffic safety, noise, dust, waste management, occupational health and safety (OHS), and community health and safety risks;
- Number of worker induction and awareness sessions conducted, including training on the Code of Conduct, grievance mechanisms, labour rights, OHS requirements, and prevention of gender-based violence and harassment (GBVH);
- Number of employment-related engagement activities undertaken with local communities, Mahalla committees, employment offices, and vocational institutions;
- Number of environmental and social complaints received from nearby communities, including complaints related to construction activities, traffic, noise, dust, waste, worker behaviour, and access restrictions;
- Number of corrective actions identified and implemented as a result of stakeholder feedback, grievance investigations, inspections, or monitoring activities;
- Effectiveness of communication on Project impacts and mitigation measures, including stakeholder awareness of construction schedules, Project activities, GRM channels, and emergency contact procedures;
- Number of coordination meetings held with regulatory authorities and local administrative bodies, including the Fergana Regional and District Khokimiyats, Mahalla representatives, Ministry of Health, environmental authorities, and other relevant agencies.
- Number of engagement activities undertaken with healthcare institutions, medical professionals, patient representatives, community representatives, and relevant health authorities regarding hospital operations and service delivery.

All stakeholder engagement activities, consultations, disclosure events, and grievances will be recorded in the Project's stakeholder engagement register and grievance database. The Project Company's Environmental and Social (E&S) team, supported by the EPC Contractor during construction and the Facility Management Operator during operations, will be responsible for maintaining these records and preparing periodic SEP implementation reports.

8.2.3 Operational Stakeholder Engagement Monitoring

During the operational phase, stakeholder engagement monitoring will focus on maintaining effective communication with patients, visitors, healthcare workers, surrounding communities, government authorities, and other healthcare stakeholders. Monitoring will assess whether stakeholder concerns related to hospital accessibility, workforce arrangements, and community expectations are appropriately identified and addressed. The scope of the SEP excludes clinical related matters, which are under the MoH.

The key indicators will include:

- Patient and visitor feedback trends;
- Community concerns related to hospital operations;
- Healthcare worker engagement activities;
- Coordination meetings with MoH and local healthcare institutions;
- Accessibility and effectiveness of stakeholder communication channels;
- Awareness and accessibility of the GRM among patients, visitors, workers, and communities.

8.3 Training

To ensure the effective implementation of the SEP and GRM, appropriate training and awareness programmes will be provided to Project Company personnel, contractors, subcontractors (and if necessary, relevant MoH representatives), FM Co. Operator personnel, and other relevant parties involved in Project implementation. The training programme will ensure that personnel understand their roles and responsibilities in relation to stakeholder engagement, grievance management, community relations, and compliance with applicable national requirements and international lender standards and relevant Good International Industry Practice (GIIP).

The following measures will be implemented:

8.3.1 Endorsement and Awareness

The SPV-Project Company, EPC Contractor, FM Co., and other relevant contractors will formally endorse the SEP and GRM requirements and integrate them into their ESMS and project implementation procedures. Awareness sessions will be conducted for relevant personnel to ensure a common understanding of:

- The objectives and requirements of the SEP;
- Stakeholder engagement commitments and communication protocols;
- Roles and responsibilities related to stakeholder interaction;
- The importance of maintaining transparent, respectful, and culturally appropriate relationships with local communities and other stakeholders;
- GRM procedures and requirements for timely grievance resolution.

8.3.2 Staff Allocation and Training

Dedicated and competent personnel will be appointed by the SPV-Project Company and contractors to manage stakeholder engagement, community relations, and grievance handling throughout the construction, commissioning, and operational phases of the Project. The designated E&S personnel and Community Liaison Officers (where appointed) will receive structured training covering:

- Lenders requirements and applicable lender expectations;

- Stakeholder identification, engagement planning, and consultation techniques;
- Inclusive engagement approaches, including engagement with vulnerable groups, women, elderly persons, and other potentially disadvantaged stakeholders;
- Project-specific GRM procedures, grievance intake, assessment, investigation, escalation, and closure processes;
- Confidentiality, non-retaliation principles, and management of sensitive complaints, including gender-based violence and harassment (GBVH)-related grievances;
- Documentation, reporting, and record-keeping requirements for stakeholder engagement activities and grievances.

8.3.3 Security and Frontline Personnel Training

Security personnel, reception staff, and other frontline personnel who may interact directly with community members, visitors, patients, workers, or other stakeholders will receive appropriate training to ensure effective and respectful communication. Training will include:

- Awareness of the Project GRM and available grievance submission channels;
- Procedures for receiving and directing grievances or information requests to the appropriate Project representatives;
- Maintaining respectful and non-discriminatory behaviour when interacting with stakeholders;
- Appropriate handling of sensitive complaints and referral of issues requiring specialist support;
- Awareness of patient confidentiality requirements and appropriate handling of personal information received through stakeholder interactions
- Understanding escalation procedures for urgent issues, including health, safety, security, or community-related concerns.

8.3.4 Worker Induction and Awareness Training

All Project personnel, including construction workers, EPC Contractor personnel, subcontractors, FM Operator employees, and relevant hospital operational personnel, will receive induction training prior to commencing work or operational duties. The induction programme will include:

- Overview of the Project's stakeholder engagement commitments;
- Internal and external GRM mechanisms and available reporting channels;
- Types of grievances and concerns that may be raised by workers, communities, patients, visitors, or other stakeholders;
- Procedures for reporting incidents, complaints, and community concerns;
- Confidentiality provisions and protection against retaliation;
- Expected standards of behaviour when interacting with local communities and other stakeholders;
- Requirements related to the Code of Conduct, prevention of harassment, discrimination, and GBVH;
- Occupational health and safety, community health and safety, and emergency communication procedures.

Training records, including attendance sheets, training materials, and evaluation results (where applicable), will be maintained by the Project Company and contractors as part of the Project's environmental and social management documentation system. Training needs will be reviewed periodically and updated based on Project progress, monitoring outcomes, grievance trends, and emerging stakeholder engagement requirements.

8.4 Data Management

Effective management of stakeholder information is essential to ensure transparency, accountability, and compliance with applicable Uzbekistan data protection requirements and international good practice standards, including relevant guidance provided in the IFC Stakeholder Engagement Handbook.

For the Project, the Project Company will establish and maintain a structured stakeholder information management system throughout the construction, commissioning, and operational phases. The system will support effective implementation of the Stakeholder Engagement Plan (SEP), management of the Grievance Redress Mechanism (GRM), monitoring of stakeholder concerns, and reporting to Project management, lenders, and relevant authorities, as required.

During construction, stakeholder information management will be implemented by the Project Company in coordination with the EPC Contractor and relevant subcontractors. During operations, responsibility for maintaining stakeholder records will be transferred to the designated operational management entity, including the facilities management operator, as applicable.

A. **Data Collection Protocols-** Stakeholder information will only be gathered for defined project purposes, such as engagement planning, documentation of consultations, grievance handling, monitoring, and reporting. Data will be collected through agreed methods, including consultation meetings, surveys, interviews, correspondence, and grievance mechanisms. Prior informed consent will be obtained from stakeholders before collecting personal or sensitive information, with clear communication on how their data will be used. Only relevant and proportionate data will be collected, in line with the principle of data minimization.

B. **Data Storage and Access-** All stakeholder-related information will be stored in a secure and structured stakeholder management system maintained by the Project Company.

   - Electronic records will be stored in secure, password-protected databases with role-based access controls.
   - Physical records (e.g. attendance sheets, consultation records, grievance forms) will be stored in locked cabinets within designated Project offices.
   - Data will be categorized according to sensitivity (e.g. personal data, grievance-related information, consultation records, and publicly shareable information).
   - Regular backups and system recovery procedures will be implemented to prevent data loss or corruption.

C. **Data Management Process-** Standard operating procedures will be applied for data entry, verification, updating, and archiving to ensure completeness and accuracy. A central stakeholder database will be maintained to track engagement activities, feedback received, issues raised, and commitments made. The database will support monitoring of engagement frequency, timeliness of responses, and resolution of grievances. Outdated or irrelevant data will be archived or securely destroyed in accordance with retention schedules.

D. **Data Protection and Confidentiality-** All stakeholder information will be treated as confidential and used exclusively for project purposes. Personal data will not be disclosed without explicit consent, except where required by law. Where third parties (e.g., consultants, contractors) require access to data, this will be governed by confidentiality clauses and data-sharing protocols. Security measures will be in place to prevent unauthorized access, loss, or misuse of data, including physical safeguards and IT system protections.

E. **Reporting, Transparency and Compliance-** Aggregated and anonymised stakeholder data may be disclosed in external reporting to demonstrate stakeholder engagement performance, grievance trends, and the effectiveness of mitigation measures, while ensuring that individual identities remain fully protected. The Project Company will ensure that all data management practices are aligned with applicable national legislation of Uzbekistan, the requirements of the lenders, and Good International Industry Practice (GIIP). To support this, all personnel involved in stakeholder engagement and data handling will receive appropriate training on data protection and confidentiality, the ethical handling of personal information, grievance redress mechanism (GRM) data management procedures, and IFC aligned stakeholder engagement requirements. Furthermore, the data management system and its associated procedures will be periodically reviewed and updated to reflect operational experience, evolving regulatory requirements, and lender expectations, thereby ensuring continuous improvement throughout the Project lifecycle.

9.0 Review

This Stakeholder Engagement Plan (SEP) is a living document that will be implemented, monitored, and maintained throughout the lifecycle of the Project. The SEP forms part of the Project's Environmental and Social Management System (ESMS) and will provide the framework for stakeholder identification, consultation, information disclosure, grievance management, and ongoing communication with affected and interested stakeholders.

The SEP will be periodically reviewed and updated to ensure that stakeholder engagement remains appropriate and effective throughout the Project lifecycle. Reviews will consider changes related to:

- Changes in Project design, construction schedule, commissioning activities, or operational arrangements;
- Changes in the Project Area of Influence (AoI) or newly identified stakeholder groups;
- Changes in stakeholder concerns, expectations, or levels of interest and influence;
- Outcomes and feedback received through stakeholder consultations, community meetings, Mahalla engagement, and the Grievance Redress Mechanism (GRM);
- Changes in institutional arrangements, including the roles and responsibilities of the Project Company, EPC Contractor, FM Operator, or other key stakeholders;
- Updates to environmental and social management plans, including the Labour Management Procedures (LMP), Community Health and Safety Management Plan (CHSS), and other relevant management plans;
- Findings from monitoring activities, audits, lender reviews, and regulatory inspections;
- Lessons learned and corrective actions identified during Project implementation.

The SEP will be reviewed at least annually, with additional reviews undertaken whenever there are significant changes to the Project activities, stakeholder profile, environmental and social risks, or regulatory and lender requirements.

Any revisions to the SEP will be documented, approved through the Project's ESMS procedures, and disclosed to relevant stakeholders where appropriate. Updated versions of the SEP, including any changes to engagement arrangements or GRM procedures, will be communicated through appropriate disclosure channels to maintain transparency, accessibility, and continued stakeholder confidence throughout the Project lifecycle.

Appendix A – Community Level Consultation

Figure 0-1 Stakeholder Consultation with Men Group at Cheksura MFY

Figure-2: Stakeholder Consultation with Women Group at Chekshura MFY

Figure-3: Public Consultation meeting

Appendix B – Grievance Form (Template)

Reference No.	
Full Name:	
Contact Information Please mark how you wish to be contacted and add contact details	☐ **By Post:** ☐ **By Telephone:** ☐ **By E-mail:** ☐ **Other (please specify)**
Description of Concern, Incident or Grievance	**What is your concern/grievance/what happened? Where did it happen? Who did it happen to? What is the result of the problem?**
Date of concern, incident, or grievance	
☐ **One-time incident/grievance (date)** ☐ **Happened more than once (how many times?)** ☐ **On-going (currently experiencing problem)**	
What would you like to see happen to resolve the problem?	
Signature: **Date:**	
Please insert this form in one of the grievance boxes	

Appendix C - Grievance Register (Template)

ID	How Was grievance received (i.e. grievance channel)	Date of Submission of Grievance	Name and Contact Information	Description of Grievance	Department/Person Responsible for Resolution	Actions Taken to Resolve the Grievance	Date of Communication of Solution	Has grievance been resolved (Y/N) if not explain why	Has grievance been repeated (Y/N)

Appendix D - Grievance Resolution Form (Template)

Grievance Resolution Form

How was grievance received	☐ Grievance Box (specify which box) ☐Directly contact with Project HSSE Manager
Reference No:	
Description of Concern, Incident or Grievance: *What is the grievance/ What happened? Where did it happen? Who did it happen to? What is the result of the problem?*	
Date of Grievance	
Has the Grievance been Resolved?	☐Yes ☐No; ***<u>If not provide a justification below</u>***
<u>Fill Out Either Section 1 OR Section 2 below</u>	
Section 1	
Summary of Actions Undertaken to Resolve Grievance	
Date of Implementation	

Section 2	
Summary of Proposed Actions to be Implemented to Resolve Grievance	
Timeline for Implementation	

Date of Submission of Grievance	
Date of Communication of Solution to Grievance	

Project HSSE Manager
Name:
Date:

Signature:

Grievant
Name:
Date:

Signature:

E&S Manager Signature:
Date:

Appendix E – Project Engagement – Summary

Summary of Stakeholder Engagement During the ESIA Phase

Target Group	Consultation Agenda	Method and Date of Consultation	Inputs From Stakeholders	Project Response
Ferghana City Khokimiat representative and affected Makhalla Fuqarolar Yig'inlari (MFY) leaders/representatives (Nurafshon, Urtashura, Chekshura, and Ilgor MFYs)	• Introduction and overview of the Ferghana Eco-City Hospital Project, including project objectives, scope, and anticipated benefits. • Presentation of the ESIA process, key stages, timelines, disclosure requirements, and planned stakeholder engagement activities. • Discussion on community engagement activities during project preparation and implementation. • Discussion and agreement on arrangements for the first Public Consultation Meeting (PCM), including date, venue, notification process, and target participants. • Presentation and review of the Ferghana Region Khokim Resolution on the Hospital Project (No. 10-2539 dated 3 May 2026).	Method: Face-to-face meetings with local authorities and affected MFY leaders. Date: 6 May 2026 Venue: Ferghana City Khokimiat, Eco-City, and MFY offices of Chekshura and Urtashura. Language: Uzbek. Participants: 5 participants (all men), including Deputy Khokim on Investments and Trade, and heads/representatives of Nurafshon, Urtashura, Chekshura, and Ilgor MFYs.	• The Deputy Khokim acknowledged the project information provided and confirmed support for the Project. • Makhalla leaders expressed support for the Project and welcomed the planned development of the Eco-City Hospital. • No concerns, objections, or grievances were raised during the meetings. • Participants agreed that the first PCM would be held on 13 May 2026 at 11:00 AM at School No. 47, Ilgor, as an accessible location for all four affected MFYs. • Makhalla leaders confirmed their willingness to disseminate PCM announcements through prominent locations within their communities. • Leaders requested advance sharing of project information materials to enable distribution through local Telegram groups before the PCM.	• The Project team provided an overview of the Project, ESIA process, and planned engagement activities. • The Project team acknowledged the request for additional information materials and committed to sharing relevant materials with MFY leaders before the PCM. • PCM announcement materials were prepared and provided to MFY leaders for community dissemination in accordance with the one-week prior notification requirement. • The Project team confirmed arrangements for the PCM and continued engagement with affected communities during the ESIA process.

Target Group	Consultation Agenda	Method and Date of Consultation	Inputs From Stakeholders	Project Response
Ferghana City Khokimiat representative and affected Makhalla Fuqarolar Yig'inlari (MFY) leaders/representatives (Nurafshon, Urtashura, Chekshura, and Ilgor MFYs)	• Introduction and overview of the Ferghana Eco-City Hospital Project, including project objectives, scope, and anticipated benefits. • Presentation of the ESIA process, key stages, timelines, disclosure requirements, and planned stakeholder engagement activities. • Discussion on community engagement activities during project preparation and implementation. • Discussion and agreement on arrangements for the first Public Consultation Meeting (PCM), including date, venue, notification process, and target participants. • Presentation and review of the Ferghana Region Khokim Resolution on the Hospital Project (No. 10-2539 dated 3 May 2026).	Method: Face-to-face meetings with local authorities and affected MFY leaders. Date: 6 May 2026 Venue: Ferghana City Khokimiat, Eco-City, and MFY offices of Chekshura and Urtashura. Language: Uzbek. Participants: 5 participants (all men), including Deputy Khokim on Investments and Trade, and heads/representatives of Nurafshon, Urtashura, Chekshura, and Ilgor MFYs.	• The Deputy Khokim acknowledged the project information provided and confirmed support for the Project. • Makhalla leaders expressed support for the Project and welcomed the planned development of the Eco-City Hospital. • No concerns, objections, or grievances were raised during the meetings. • Participants agreed that the first PCM would be held on 13 May 2026 at 11:00 AM at School No. 47, Ilgor, as an accessible location for all four affected MFYs. • Makhalla leaders confirmed their willingness to disseminate PCM announcements through prominent locations within their communities. • Leaders requested advance sharing of project information materials to enable distribution through local Telegram groups before the PCM.	• The Project team provided an overview of the Project, ESIA process, and planned engagement activities. • The Project team acknowledged the request for additional information materials and committed to sharing relevant materials with MFY leaders before the PCM. • PCM announcement materials were prepared and provided to MFY leaders for community dissemination in accordance with the one-week prior notification requirement. • The Project team confirmed arrangements for the PCM and continued engagement with affected communities during the ESIA process.

Affected Community – Men's Group (Chekshura MFY)	Community profile and local context; awareness and expectations regarding the Fergana Eco City Hospital Project; potential environmental and social impacts including air quality, noise, traffic, waste management, water resources, livelihoods, workforce influx, community health and safety, vulnerable groups, cultural heritage, and grievance mechanisms.	Focus Group Discussion (FGD) conducted on 20 May 2026 at 10:00 at School No. 45, Chekshura MFY. The consultation had a participation of 12 male community members.	• Community members noted that the area has undergone significant transformation due to Eco City development, including improved landscaping, tree planting, and improved access to water supply. • The community structure through the MFY, council members, yettilik group, elders, and social workers was considered effective in addressing local issues. Participants highlighted increased participation of women in community activities and improved employment opportunities. • Regarding the proposed hospital, stakeholders expressed strong support and anticipated positive benefits, including improved access to quality healthcare, reduced travel time and costs, availability of specialist medical services, and creation of employment opportunities during construction and operation. • No major concerns were raised regarding air quality, noise, water resources, or impacts on livelihoods, as the project site is located away	• The Project will continue to engage with Chekshura MFY throughout the project lifecycle through the SEP. • The Project will implement measures under the Environmental and Social Management Plan (ESMP), including dust suppression, noise management, traffic management, waste management, community health and safety measures, and regular monitoring of impacts. • Construction traffic will be managed through a Traffic Management Plan (TMP), with efforts made to minimise disturbance to residential areas and sensitive receptors. • The Project will prioritise local employment opportunities where feasible and ensure fair recruitment practices. Information on project activities, construction schedules, and grievance procedures will be regularly disclosed through appropriate communication channels, including the MFY structure and other accessible mechanisms.

Target Group	Consultation Agenda	Method and Date of Consultation	Inputs From Stakeholders	Project Response
			from residential areas and is not currently used for community activities. However, participants recommended implementing dust control measures, maintaining green areas, avoiding construction traffic through residential streets, using dedicated construction access routes where possible, and restricting heavy vehicle movements during sensitive periods. • Stakeholders requested proper management of construction waste and timely information sharing. • Community members reported existing challenges with healthcare access due to distance, transport costs, and long waiting times, and considered the proposed hospital a significant improvement. They also noted that safety measures should continue to be maintained, particularly regarding workforce management, traffic safety, and community health and security.	• A Project Grievance Redress Mechanism (GRM) will be maintained to allow community members to raise concerns and receive timely responses.

Affected Communities – Women's Group (Chekshura MFY)	The consultation covered women's participation in community life, gender equality, livelihood opportunities, employment and skills development, access to education and healthcare, environmental and social concerns associated with the Project, community health and safety, cultural heritage, grievance mechanisms, and potential benefits and impacts of the proposed Eco City Hospital.	Focus Group Discussion (FGD) conducted with 8 women participants from Chekshura MFY on 20 May 2026 at Chekshura MFY.	• Participants highlighted that women's participation in family and community decision-making has improved, with increased access to education, employment opportunities, loans, and government support programmes. • Women are mainly engaged in public sector employment, healthcare, sewing, baking, and service-related activities. • Participants expressed interest in additional skills development opportunities, particularly nursing and tailoring training. The Project was viewed positively due to its potential to create employment opportunities for local women, including jobs in healthcare, hospital services, catering, and small businesses around the hospital. • Participants identified the shortage of qualified medical specialists and access to affordable healthcare as key community concerns and considered the hospital an important opportunity to improve local healthcare services.	• The Project will prioritise local employment opportunities where feasible and encourage equal access to employment for women during construction and operation phases. • Opportunities for training and skills development, particularly for healthcare and support service roles, will be considered in coordination with relevant stakeholders. • The Project will implement measures under the ESMP, including dust suppression, noise management, traffic management, waste management, community health and safety measures, and a GRM to ensure concerns are addressed throughout the Project lifecycle. • The Project will also consider stakeholder suggestions regarding green space enhancement and efficient patient management systems during the operational design phase.

Target Group	Consultation Agenda	Method and Date of Consultation	Inputs From Stakeholders	Project Response
			• No significant concerns were raised regarding dust, noise, traffic, waste management, community safety, GBVH risks, or cultural heritage impacts. • Participants recommended maintaining green spaces, avoiding construction noise during night-time hours, and introducing an electronic patient appointment and queuing system during hospital operation.	

Affected Communities – Men's Group (Ilgor MFY)	Community profile and socio-economic conditions; awareness and expectations regarding the Fergana Eco City Hospital Project; potential environmental and social impacts (air quality, noise, traffic, waste management, water resources); employment and livelihood opportunities; workforce influx and community health, safety and security; vulnerable groups and inclusion; cultural heritage; grievance mechanisms and stakeholder communication.	Focus Group Discussion (FGD) conducted with affected community members from Ilgor MFY on 19 May 2026 at a café within Ilgor MFY. The session had the participation of 11 male community members.	• Participants highlighted that the development of Eco City has resulted in positive changes, including improved roads, landscaping, water supply, infrastructure, and recreational facilities. • The community structure through the MFY, community representatives, social workers, and local communication channels (including Telegram groups) was considered effective for information sharing and resolving concerns. • Participants expressed positive views regarding the proposed hospital, noting potential benefits such as improved access to healthcare services, reduced travel time to existing facilities, access to specialist medical services, and employment opportunities during construction and operation. No significant negative impacts were anticipated. • Participants identified potential sensitivities related to construction dust, noise, and traffic management, although concerns were limited due to the project's	• The Project will incorporate stakeholder feedback into the ESIA and ESMP, including measures for dust suppression, noise management, traffic management, community health and safety, and waste management during construction. • A Traffic Management Plan will be developed to minimise disruption to local roads and prevent heavy vehicle movement through residential areas where feasible. • The Project will prioritise local employment opportunities where feasible and ensure fair recruitment practices. • Worker management measures will be implemented to maintain positive relations between workers and communities and prevent potential social risks. • The Project will maintain regular engagement with Ilgor MFY and other affected communities through established communication channels.

			distance from residential areas. They recommended dust suppression measures, landscaping, avoiding noisy construction activities during night-time, and routing heavy vehicles through major roads rather than internal residential streets. • The community noted that existing waste collection services are generally adequate, although occasional delays occur. No concerns were raised regarding future hospital waste management. • The community reported that there are no significant employment challenges, with residents engaged in public sector employment, education, entrepreneurship, and small businesses. • The project was viewed as an opportunity for local employment and economic activity. • No concerns were raised regarding workforce influx, community safety, gender-based violence, or social conflicts, as existing safety measures and community monitoring mechanisms are considered effective.	• A Project Grievance Redress Mechanism (GRM) will be disclosed and made available through accessible channels, including MFY representatives, written submissions, and electronic communication methods. • Vulnerable groups will be considered during ongoing engagement to ensure inclusive participation and access to project benefits.

Target Group	Consultation Agenda	Method and Date of Consultation	Inputs From Stakeholders	Project Response
			• Vulnerable groups, particularly elderly persons, low-income households, persons with allergies, and persons requiring additional support, were identified as requiring continued consideration. • Participants confirmed that there are no cultural heritage sites or community assets within or near the project area that may be affected. • Community members recommended regular information sharing and transparent communication between the Project and local residents. Existing grievance channels through MFY representatives, community meetings, Telegram groups, and local authorities were considered accessible and effective.	

Vulnerable Groups (Ilgor MFY)- women, elderly persons, low-income households, and other vulnerable community members (10 participants: 8 women and 2 men)	Livelihoods and economic security; access to essential services and infrastructure; housing and living conditions; social inclusion, safety, and security; community health and wellbeing; infrastructure, sanitation, and environmental conditions; grievance mechanisms; and potential Project impacts, benefits, and concerns.	Focus Group Discussion (FGD) conducted on 20 May 2026 at Nurafshon (due to venue limitations in Ilgor MFY, with participants from the nearby Ilgor MFY).	• Participants identified sewing/tailoring and casual labour as key livelihood sources, although income remains irregular and limited. • Existing support programmes through the mahalla, including the Women's Notebook (Ayollar daftari) and Youth Notebook (Yoshlar daftari), were recognised but considered insufficient to fully address vulnerable households' needs. • Access to basic services was generally considered adequate; however, improved targeted social assistance was requested. Housing conditions were generally satisfactory, although unreliable gas and electricity supply during winter and high energy costs were identified as key concerns. • The community was considered safe and socially cohesive, with no concerns related to discrimination, GBV, harassment, or social exclusion raised. • Participants highlighted healthcare challenges, including limited availability	• The Project will maintain regular engagement with vulnerable groups throughout construction and operation through the SEP. • Measures will include targeted communication to ensure vulnerable groups are informed of Project activities, employment opportunities, and available grievance channels. • The Project will implement a GRM accessible to vulnerable stakeholders, with support provided where required to facilitate participation. • Potential community health, safety, labour influx, and worker-community interaction risks will be managed through appropriate mitigation measures, including worker codes of conduct, community health and safety measures, and monitoring of social impacts. • Opportunities for local employment and skills development will be explored during Project implementation, subject to contractor requirements and

Target Group	Consultation Agenda	Method and Date of Consultation	Inputs From Stakeholders	Project Response
			of qualified medical staff, insufficient specialist services, and high out-of-pocket costs for medicines and treatment of chronic diseases such as hypertension, diabetes, and arthritis. Infrastructure was generally adequate, although seasonal utility disruptions, reduced water pressure during summer, lack of a sheltered bus stop, and reliance on septic tanks were noted as concerns. • The mahalla administration was identified as the primary grievance mechanism. • Participants expressed strong support for the Project and expected benefits through improved healthcare services, employment opportunities, and potential support for vulnerable groups. • They recommended prioritising local employment opportunities and ensuring affordable healthcare benefits for elderly persons, persons with disabilities, and low-income households.	applicable recruitment procedures. • Stakeholder feedback regarding healthcare improvement and community benefits will be considered during Project planning and community investment discussions.

Women residents of Ilgor MFY	Gender roles and participation; women's livelihoods and employment opportunities; skills development and training needs; access to healthcare; community health, safety and security; GBV/SEA/SH risks; environmental and social concerns related to construction (dust, noise, traffic); water, waste and sanitation; cultural heritage; grievance mechanism and communication preferences; expectations and concerns regarding the Project.	Focus Group Discussion (FGD) with women residents of Ilgor MFY. Date: 19 May 2026. Location: Ilgor Makhalla. Participants: 10 women.	• Participants highlighted that women actively participate in MFY activities and community events, although elderly women and women from lower-income households face barriers to participation. • Women's main livelihood activities include sewing, tailoring, small-scale trade, home-based food production and agricultural work. • Key barriers to employment and economic advancement include childcare responsibilities, limited access to finance, lack of training opportunities, transport constraints and limited awareness of labour rights. • Participants identified potential employment opportunities through the Project in areas such as cleaning, catering, laundry, administrative support and healthcare-related services, provided that employment is safe and culturally appropriate. • Women requested vocational training opportunities, particularly in sewing,	The Project will implement measures through the ESMP, SEP, LMP and CHSS Plan to address stakeholder concerns, including: prioritising local employment opportunities where feasible and promoting equal access for women; considering skills development and training opportunities during Project implementation; ensuring fair and safe working conditions and awareness of worker grievance mechanisms; implementing dust suppression, noise management and traffic safety measures during construction; maintaining regular engagement with women and vulnerable groups through inclusive consultation activities; establishing a transparent and confidential GRM with accessible channels for women and vulnerable groups; conducting awareness activities on GBV/SEA/SH risks and reporting mechanisms; and ensuring that hospital services are designed to improve access to quality healthcare for surrounding communities, including vulnerable households.

			catering, computer skills and small business management. • Participants reported challenges accessing specialist healthcare, maternal care and emergency services and expressed strong support for the proposed hospital, particularly for improved women's and children's healthcare. • Key construction-related concerns included increased dust, noise and potential disturbance from construction activities. • Participants recommended regular watering of roads, limiting noisy activities to daytime hours, maintaining equipment, and providing advance information on disruptive works. • No significant concerns were raised regarding waste, water supply, or impacts on community safety; however, women noted limited awareness of formal GBV reporting mechanisms and requested confidential complaint channels and awareness activities. • Participants identified the need for improved	

Target Group	Consultation Agenda	Method and Date of Consultation	Inputs From Stakeholders	Project Response
			recreational facilities for women and children and highlighted the importance of preserving community traditions and social cohesion. Overall, stakeholders expressed support for the Project and expected improved healthcare services, employment opportunities and local economic benefits.	

Affected Community – Male Residents of Nurafshon MFY	• Community profile and socio-economic conditions; • Awareness and expectations regarding the Fergana Eco City Hospital Project; • Potential environmental and social impacts (air quality, noise, traffic, waste management, water resources); • Employment and livelihood opportunities; • Workforce influx; community health, safety and security; • Vulnerable groups; • Cultural heritage; • Grievance mechanisms; and • Stakeholder engagement.	Focus Group Discussion (FGD) with affected community members (Men's Group) held on 25 May 2026 at Nurafshon MFY. The session was attended by 11 male participants.	• Participants highlighted that Nurafshon MFY is a rapidly developing residential area with improved infrastructure, green spaces, schools, and commercial facilities due to Eco City development. • The community expressed strong support for the proposed hospital, noting that it would improve access to quality healthcare, reduce travel time and costs, and create employment opportunities, particularly for medical professionals and local residents. • Participants reported no major concerns regarding air quality, biodiversity, cultural heritage, water supply, or community safety. However, they requested that construction activities minimise disturbance to residents, including avoiding noisy works during night-time and early morning hours. • Participants recommended the use of dedicated construction access routes to avoid impacts from heavy vehicles on residential roads and ensure pedestrian safety.	• The Project will implement appropriate environmental and social management measures during construction and operation, including dust suppression, noise control, traffic management, and worker code of conduct requirements. • Construction traffic will be managed through designated access routes, where feasible, to minimise impacts on residential areas and vulnerable road users. • Employment and procurement opportunities for local residents will be encouraged through appropriate recruitment procedures and contractor requirements. • The Project will maintain regular communication with the community through the SEP and establish a formal GRM accessible to all stakeholders. • Community concerns regarding construction timing, traffic safety, waste management, and community health and safety will be incorporated

Target Group	Consultation Agenda	Method and Date of Consultation	Inputs From Stakeholders	Project Response
			• Waste collection services were generally considered adequate, although irregular collection schedules were noted as an existing concern. • The community highlighted the importance of local employment opportunities, skills development (particularly digital skills), and maintaining respectful behaviour by incoming workers. • Existing grievance channels through MFY representatives, Telegram groups, and community meetings were considered accessible and effective.	into the ESMP and relevant management plans.

Vulnerable groups in Nurafshon MFY (10 participants: 9 women and 1 man, including elderly persons, low-income households, women, and other vulnerable residents)	Discussion covered livelihoods and economic security; access to healthcare, education, utilities, and community services; housing and living conditions; access to land and public spaces; social inclusion, participation, and safety; community health and wellbeing; infrastructure, sanitation, and environmental conditions; grievance mechanisms; and potential Project impacts, benefits, and concerns for vulnerable groups.	Focus Group Discussion (FGD) conducted on 20 May 2026 at 10:00 AM at Nurafshon MFY, Ferghana City.	• Participants identified sewing, tailoring, cleaning/domestic work, informal trade, seasonal labour, and family support as key livelihood sources for vulnerable households, with winter months identified as a period of increased financial hardship due to reduced income and higher household expenses. • Existing government and mahalla support mechanisms were considered helpful but insufficient to meet the needs of the most vulnerable households. • Nurafshon MFY was described as a well-developed residential area with good access to schools, healthcare facilities, shops, roads, public transport, and recreational areas. However, vulnerable groups continue to face challenges related to affordability of services, healthcare costs, mobility limitations, and access to adequate social support. • Housing conditions were considered generally stable, although some vulnerable households face difficulties maintaining or improving	• The Project will maintain ongoing engagement with vulnerable groups throughout the Project lifecycle through the SEP and ensure that their concerns and needs are considered in Project planning and implementation. • The Project will establish and disclose an accessible Grievance Redress Mechanism (GRM), including channels suitable for vulnerable persons, women, elderly residents, and persons requiring additional support. • Measures will be implemented to manage construction-related impacts, including traffic management, dust suppression, worker code of conduct, community health and safety measures, and maintaining access to community facilities and public spaces. • The Project will explore opportunities for local employment, including opportunities for vulnerable groups where feasible, in accordance with fair

			their homes due to financial constraints. • Participants highlighted the importance of maintaining access to community resources, particularly public spaces such as parks, and raised concerns regarding energy affordability due to the absence of natural gas supply in some buildings and reliance on electricity for cooking and heating. • The community was generally considered safe and socially cohesive, with the Women's Committee and mahalla administration identified as trusted mechanisms for supporting vulnerable residents. • No significant concerns regarding discrimination, GBV, harassment, or social exclusion were raised. • Key health concerns included hypertension, diabetes, and allergies, particularly among elderly persons and low-income households. • Participants noted the need for improved availability of qualified medical personnel, specialist services, and affordable medicines.	recruitment and labour practices. • Feedback regarding healthcare needs, access to services, and community support priorities will be considered during Project community investment and stakeholder engagement planning.

Target Group	Consultation Agenda	Method and Date of Consultation	Inputs From Stakeholders	Project Response
			• No major safety concerns were reported; however, participants requested that the Project manage construction traffic, worker behaviour, dust generation, and potential disruptions to existing community services. Dust from construction activities was identified as a potential concern, particularly for residents with allergies and respiratory conditions. • Participants viewed the Project positively and identified improved healthcare services, employment opportunities for local residents, and potential improvements in infrastructure and services as key benefits. • No specific vulnerable group was identified as being at disproportionate risk from the Project at this stage.	

Affected Community – Women's Group, Nurafshon MFY	Gender roles and participation; women's inclusion and vulnerability; household economy and livelihoods; employment and skills development opportunities; education and social development; environmental and community concerns (air quality, noise, transport, waste, natural environment); community health, safety and security; healthcare expectations; wellbeing and quality of life; cultural heritage; grievance mechanisms; and project-related impacts.	Focus Group Discussion (FGD) with women residents of Nurafshon MFY. Date: 21 May 2026. Venue: Nurafshon MFY. Participants: 10 women.	• Women reported increased participation in community life, improved access to education, employment opportunities, and social support programmes. Women actively participate in MFY activities, although employed women may have less time for community engagement. • Existing support mechanisms for vulnerable women, including financial assistance, loans, grants, and counselling, were considered effective. Women are mainly engaged in public sector employment, sewing, baking, and light industrial activities. • Participants expressed strong interest in employment opportunities expected from the Project, including jobs in hospital services, catering, nursing, and small businesses. • Suggested training areas included sewing, design, and draughtsmanship. • No cases of child labour, forced labour, GBVH, harassment, or community safety concerns were reported.	• The Project will prioritise local employment opportunities where feasible, including opportunities for women during construction and operation phases. Skills development and training opportunities will be considered to support access to available employment opportunities. • The Project will implement measures to prevent discrimination, harassment, GBVH, child labour, and forced labour in accordance with applicable labour requirements and lender standards. • Community health and safety measures, including dust suppression, traffic management, noise control, and waste management procedures, will be implemented during construction. • The Project will maintain communication channels with the community through the Stakeholder Engagement Plan (SEP) and Grievance Redress Mechanism (GRM), including accessible

			• Participants highlighted increased allergy cases and limited availability of specialised healthcare services as existing concerns and expressed expectations that the hospital would provide access to qualified doctors and affordable healthcare. • No significant concerns were raised regarding dust, noise, traffic, waste management, or other construction impacts, given the distance of the construction site from residential areas. However, participants recommended dust control measures such as increasing green spaces and tree planting, and avoiding noisy construction activities during night-time hours. • The community identified healthcare, education, and water supply as key priorities and suggested additional recreational facilities such as a botanical garden. • Participants requested that the hospital implement an electronic queue management system during operation to ensure fair access for patients.	mechanisms for women and vulnerable groups. • Operational planning will consider community feedback, including efficient patient access arrangements such as electronic queue management. • Landscaping and green space development will be incorporated into the Project design to support environmental quality and community wellbeing.

Affected Communities – Men's Group (Urtashura MFY)	Community profile and socio-economic conditions; community governance and social cohesion; gender roles and inclusion; awareness and perceptions of the proposed Fergana Eco City Hospital Project; expected project benefits; access to healthcare services; potential environmental and social impacts including air quality, dust, noise, traffic safety, waste management, water resources, labour influx, community health and safety, vulnerable groups, cultural heritage, and grievance mechanisms.	Focus Group Discussion (FGD) conducted with 9 male community members at Urtashura MFY Office on 21 May 2026 at 09:30.	• Community members highlighted that the area has experienced positive development associated with Eco City, including improved infrastructure, landscaping, housing development, and increased economic opportunities. • The community has a well-established governance structure through the MFY chairperson, Council members, Mahalla Seven group, women's affairs assistant, social worker, and informal community leaders. • Residents reported strong social cohesion, effective communication channels (including Telegram groups), and established mechanisms for resolving disputes. • Women's participation in household and community decision-making was considered to have improved, supported by education, vocational training, and employment opportunities. Participants had limited prior information about the Fergana Eco City Hospital Project but expressed increased interest after receiving project	• The Project will maintain regular engagement with Urtashura MFY and surrounding communities throughout the project lifecycle. Information disclosure activities will continue through appropriate communication channels, including MFY representatives, community meetings, and other accessible platforms. • The Project will implement measures to maximise local benefits, including transparent recruitment practices, prioritisation of local employment where feasible, and communication regarding available opportunities. • Environmental and social management measures will include dust suppression, noise control, traffic management, construction vehicle routing, waste management procedures, and community health and safety measures. • Particular attention will be given to maintaining safe access routes, protecting vulnerable groups, and managing risks associated

			information during the consultation. • The project was viewed positively due to expected improvements in healthcare access, reduced travel time and costs, availability of specialist medical services, and creation of employment opportunities during construction and operation. • Residents reported no significant existing air quality, noise, or vibration concerns and considered project impacts manageable due to the distance between the construction area and residential areas. • Recommended mitigation measures included landscaping, tree planting, maintaining green spaces, avoiding night-time noisy activities, and controlling construction vehicle movements. • Traffic safety was identified as an important consideration, with a recommendation to use dedicated construction access routes and avoid heavy vehicle movement through residential streets.	with construction activities and workforce presence. • The Project Grievance Redress Mechanism (GRM) will be disclosed and made available through the MFY and other accessible channels, allowing community members to submit concerns verbally, in writing, or electronically. • Continued stakeholder engagement will ensure that community concerns are identified and addressed throughout construction and operation phases.

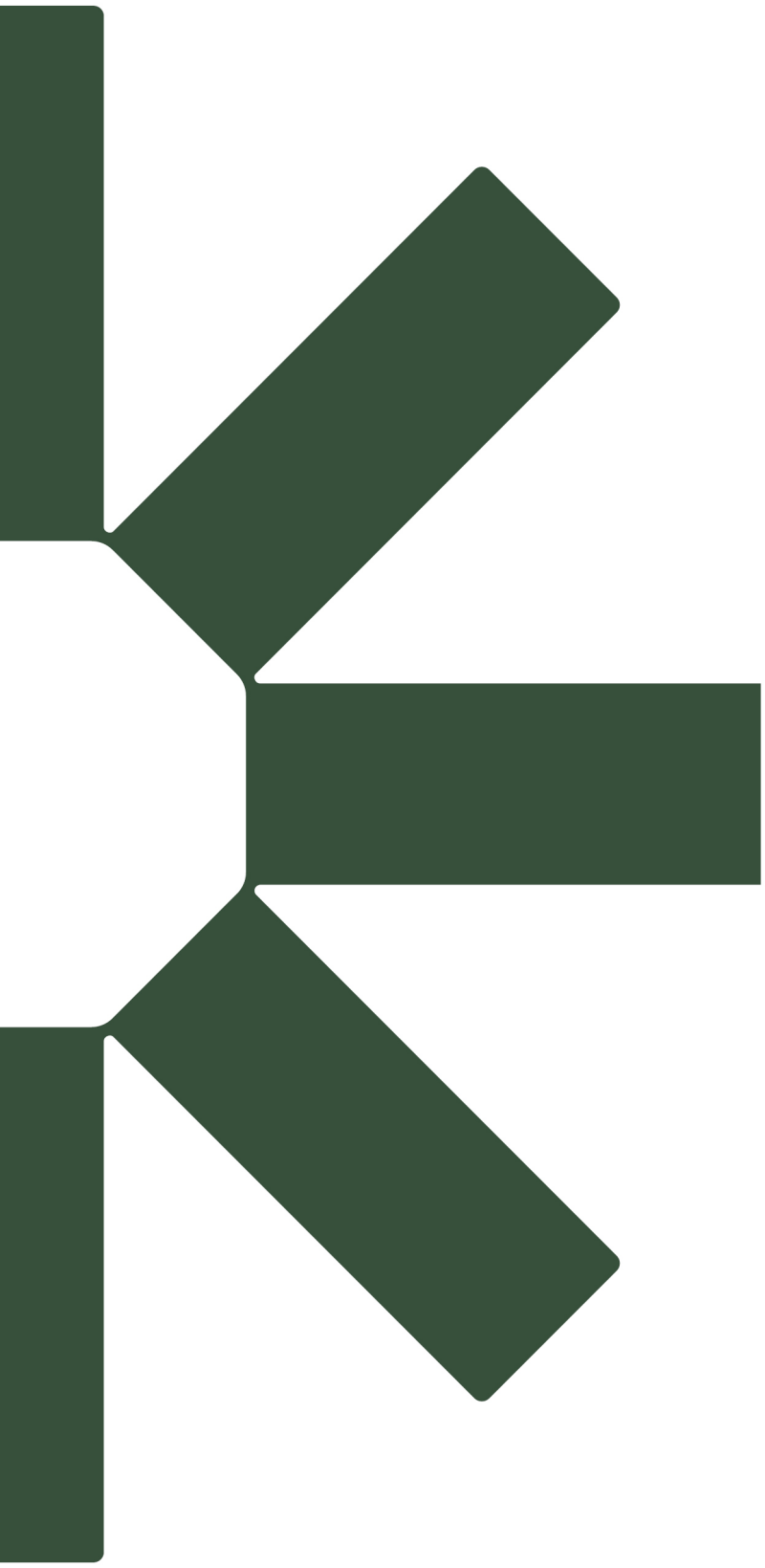
			• The community reported that municipal waste collection services are available, although delays in collection sometimes occur. • No concerns were raised regarding future hospital waste generation. • Drinking water supply is available, although sewerage coverage remains incomplete in parts of the community. • Main livelihoods include farming, livestock activities, teaching, entrepreneurship, and skilled trades. • No child labour issues were reported. • Residents anticipated that the project could stimulate local economic activity and employment. • Existing labour influx from Eco City activities has not resulted in negative social impacts, and the community reported positive relations with external workers. • Healthcare accessibility was identified as a current challenge, as existing facilities are located mainly in the city centre and require travel.	

			• Residents considered the proposed hospital a significant benefit. • Security arrangements, including preventive inspectors, surveillance systems, and community reporting mechanisms, were considered effective. • No concerns regarding GBVH, harassment, or social conflict associated with previous Eco City activities were reported. • Vulnerable groups were considered limited in number and supported through community networks, government programmes, charitable organisations, and local entrepreneurs. • No cultural heritage sites, burial grounds, or archaeological resources were identified near the project area. • Residents recommended maintaining transparent communication and accessible grievance channels through community meetings, • Telegram groups, MFY representatives, and other available mechanisms.	

Women's Group – Affected Community (Urtashura MFY)	Gender roles and participation; women's livelihoods and employment opportunities; skills and training needs; access to healthcare services; community health, safety and security; environmental and social concerns related to construction (dust, noise, traffic, waste management); community wellbeing; cultural heritage; grievance mechanisms; expectations and potential benefits associated with the Fergana Eco City Hospital Project.	Focus Group Discussion (FGD) conducted with women residents of Urtashura MFY on 20 May 2026 at 13:30. The discussion had 9 female participants from the affected community.	• Participants highlighted that women's participation in household and community decision-making has improved, with increasing involvement in mahalla activities and access to education, training and employment opportunities. • Women commonly engage in sewing/tailoring, baking, nursing, embroidery (do'ppi making), greenhouse farming and other home-based activities. Participants identified nursing training as a priority opportunity linked to the proposed hospital and expressed interest in employment opportunities in nursing, catering, cleaning and other support services. • The community reported that existing support systems through the Mahalla Women's Committee and government programmes are effective, including assistance for vulnerable women and female-headed households. • No significant barriers to education, employment, financial services or training were identified. Participants welcomed the project and	• The Project will prioritise local employment opportunities during construction and operation where feasible, including opportunities for qualified women and local residents. • The Project will consider targeted skills development and training opportunities, including healthcare-related training, to enhance local employment potential. • Measures will be implemented to ensure equal opportunity, non-discrimination and safe working conditions in line with lender requirements (IFC PS2/EBRD PR2). • Community health and safety risks will be managed through the Community Health and Safety Management Plan, including traffic management measures, heavy vehicle routing, road safety controls, awareness campaigns and protection of vulnerable road users (children, elderly persons, women and persons with disabilities). • Dust, noise, waste and other construction-related impacts will be managed

			expected positive benefits, particularly employment opportunities for qualified local women, small business opportunities around the hospital, and improved access to healthcare services. • Participants reported that the community is generally safe, with no observed increase in crime, GBVH, harassment or security concerns associated with Eco-City development. • Regarding environmental and social risks, participants did not report existing concerns regarding air quality, noise or vibration but recommended increasing greenery and tree planting as a mitigation measure. Road safety was identified as the main concern, particularly due to narrow roads, lack of pedestrian footpaths and the presence of schools and kindergartens along roads that may be used by project vehicles. • Participants recommended routing heavy vehicles through bypass roads to avoid residential streets. Waste collection delays were	through appropriate mitigation measures, including dust suppression, waste management procedures and restrictions on disruptive activities during sensitive hours. • The Project will maintain ongoing engagement with Urtashura MFY through the Stakeholder Engagement Plan (SEP) and provide accessible grievance channels, including confidential mechanisms for women and vulnerable groups. • The Project will coordinate with local authorities and community representatives to address infrastructure concerns raised during consultation where relevant.

Target Group	Consultation Agenda	Method and Date of Consultation	Inputs From Stakeholders	Project Response
			identified as an existing community issue. • The community identified gas supply, electricity and drinking water access as key priorities for improving quality of life. • Participants reported that grievances are typically raised through the mahalla, with Telegram groups considered an effective communication channel. • No concerns regarding cultural heritage impacts were identified. • Overall, participants expressed strong support for the hospital project and confidence in its potential benefits.	



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