Initial Poverty and Social Analysis

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Mongolia: Improving Access to Health Services for Disadvantaged Groups Project

Asian Development Bank

INITIAL POVERTY AND SOCIAL ANALYSIS

Country:	Mongolia	Project Title:	Improving Access to Health Services for Disadvantaged Groups
Lending/Financing Modality:	Project	Department/ Division:	East Asia Department/ Urban and Social Sectors Division

I. POVERTY IMPACT AND SOCIAL DIMENSIONS

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

The project will contribute to poverty reduction in Mongolia by improving the access to quality and affordable primary and secondary health services in poorer areas of Ulaanbaatar *ger* (traditional tent) areas. Accessibility to quality health services will improve through (i) expanding district hospital and FHCs, especially in less developed areas of Ulaanbaatar *ger* areas, (ii) increasing planning and management capacity of the MOHS and the Ulaanbaatar City Health Department, (iii) improving the clinical skills especially of primary health care workers, and (iv) strengthening the purchasing capacity of the health insurance organization, which will result in increased financial protection against ill health.

The project is aligned with the goal of the Health Sector Strategic Master Plan, 2006–2015 to provide responsive and equitable pro-poor, client-centered, and quality health services.[a] The project is included in the Mongolia indicative assistance pipeline, 2015-2017.[b] It is consistent with the interim country partnership strategy, 2014–2016 for Mongolia which emphasizes social development through efficient delivery of health services under its health and social protection focus.[c] The project will support the renewed emphasis on health of ADB's Midterm Review of Strategy 2020 to protect the most vulnerable members of society and promote universal health coverage.[d] The project is aligned with the three operational areas of the Operational Plan for Health, 2015–2020.[e]

B. Poverty Targeting

☐General Intervention ☐Individual or Household (TI-H) ☐Geographic (TI-G) ☒Non-Income MDGs (TI-M1, M2, etc.)

The project will contribute to achieving MDG 4: Reduce Child Mortality and MDG 5: Improve Maternal Health. Increasing access to health services will also support Mongolia in meeting the expected post-2015 sustainable development goal of universal health coverage to which Mongolia has committed.

C. Poverty and Social Analysis

1. Key issues and potential beneficiaries.

The expected beneficiaries of the project are mostly community members living in *ger* areas of Ulaanbaatar (120,000 potential beneficiaries for primary care and 300,000 for district hospital services). Almost 50% of Mongolians live in Ulaanbaatar, of which 60% reside in *ger* areas. Of the population in the capital city, 23.5% is classified as poor. Mongolia has achieved MDG 4 targets for infant and under-5 mortality and MDG 5 targets for maternal mortality, but regional disparities subsist which are directly linked to a number of factors, including poverty, the age of the mother, educational level, and place of residence. Health achievements have to be maintained and this requires continuous investments in the health sector. As Mongolia develops economically, noncommunicable diseases take precedence over infectious diseases. Increasing urbanization and its negative effects on the lifestyle of communities, and risk factors such as alcohol and tobacco consumption, poor diet, and lack of physical exercise result in high rates of noncommunicable diseases, a major challenge to the health care system. Cardiovascular diseases, cancers, injuries, and poisoning represent over 70% of all deaths in Mongolia.

2. Impact channels and expected systemic changes.

The project will contribute to improving the health status of the poor and disadvantaged in general by improving the access to primary and district health services of higher quality. Access to health services will be facilitated by increased services availability through the construction of a new model district hospital and the renovation of 2 others, and the establishment of 10 FHCs in areas deprived of facilities. Quality of services will be improved through institutional and human resources capacity building for MOHS and Ulaanbaatar City Health Department. Financial accessibility to health services will be increased by strengthening the purchasing capacity of the state health insurance organization, which will lead to increased financial protection of the insured (most poor are insured).

3. Focus of (and resources allocated in) the PPTA or due diligence.

A PSA will be conducted during the PPTA stage to identify the health concerns, needs, and priorities of ger area communities to adapt supply of health services, including community outreach and integrated social services. This will allow for differentiated coverage and better use of project resources. The detailed PSA will demonstrate the impact channels and systemic changes by (i) assessing project design features, (ii) understanding the project social

context, (iii) assessing project responsiveness to community needs, (iv) maximizing social inclusion, and (v) addressing potential social risks.

II. GENDER AND DEVELOPMENT

1. What are the key gender issues in the sector/subsector that are likely to be relevant to this project or program?
Women are the majority of users and providers of the healthcare system in Mongolia. As users, the project will pay particular attention to providing gynecology and obstetrics services adapted to women's needs, and to managing the risks to which women are exposed. For instance, women are particularly exposed to infections during child deliveries because of higher instances of blood transfusions and open wounds. Pediatric services will be provided to minimize the burden to women (e.g., convenient schedule and location). As the majority of providers (82% of the health workforce but underrepresented as decision-makers), women are more exposed to the risk of hospital-acquired infections in general. Hence, the project will include appropriate measures, including protective gear, to minimize infectious risks. Women will benefit proportionally more from capacity development measures of the project. Women are underrepresented in management positions (less than 30%).

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

The project will provide a better access to quality primary and secondary health services, especially in the field of gynecology and obstetrics services. A gender analysis will be conducted as part of the PSA to identify project-related gender gaps and disparities. A social and gender action plan will be prepared during the PPTA.

3. Could the proposed project have an adverse impact on women and/or girls or widen gender inequality?
☐ Yes ☒ No

The project will increase accessibility to quality primary and district hospital services to all community members in poorer areas of Ulaanbaatar, including women and girls.

4. Indicate the intended gender mainstreaming category:
☒ GEN (gender equity) ☐ EGM (effective gender mainstreaming)
☐ SGE (some gender elements) ☐ NGE (no gender elements)

III. PARTICIPATION AND EMPOWERMENT

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

The main stakeholders are the general population (particularly the poor) of the specific areas where the new and renovated district hospitals, and FHCs will be established. Key stakeholders include (i) local government representatives, social workers, and NGOs active in social sectors; and (ii) health workers and patients of existing (public and private sector) and the future facilities. Representatives of MOHS and Ulaanbaatar City Health Department will closely interact with the project.

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

To ensure inclusive development, the project will involve community representatives, particularly women, as stakeholders, decision-makers, and beneficiaries at all levels and stages of project processing. Planning workshops during project preparation will ensure women's strong participation.

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

☒ Information generation and sharing (H) ☒ Consultation (H) ☐ Collaboration ☐ Partnership

Social analysis during the PPTA will ensure the quality of participation by identifying the constraints that community members must overcome in order to get the health care they need and participate in defining the health care they demand. Relevant local NGOs, community-based organizations, and professional organizations (e.g., Family Health Clinic Association) will be consulted during project preparation. A communication strategy will be prepared during the PPTA.

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

The project will ensure participation of the poor and disadvantaged communities in meetings; workshops; focus group discussions; training; and capacity building, policy debate, and advocacy. Project benefits will target the poor.

IV. SOCIAL SAFEGUARDS

A. Involuntary Resettlement Category ☐ A ☐ B ☒ C ☐ FI

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

Civil works will be planned. Sites with potential involuntary resettlement impacts will be excluded.

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

☐ Resettlement plan ☐ Resettlement framework ☐ Social impact matrix
☐ Environmental and social management system arrangement ☒ None – due diligence will be conducted

B. Indigenous Peoples Category ☐ A ☐ B ☒ C ☐ FI

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

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

There are no specific ethnic minority communities affected. All residents will equally benefit from the project, including ethnic minorities and the poor.

3. Will the project require broad community support of affected indigenous communities? ☐ Yes ☒ No

There are no ethnic minorities in Ulaanbaatar (project area).

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

☐ Indigenous peoples plan ☐ Indigenous peoples planning framework ☐ Social Impact matrix
☐ Environmental and social management system arrangement ☒ None

Measures to address ethnic minority groups' inclusion will be incorporated into a social and gender action plan, if necessary.

V. OTHER SOCIAL ISSUES AND RISKS

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

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

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

Analysis of social risks to identify potential risks that may arise in the project will be conducted, and mitigation measures will be developed during the PPTA and incorporated in project design (e.g., awareness raising on communicable diseases, including HIV/AIDS during construction of the district hospital). The affordability of improved services, especially secondary health services, will be studied during the PPTA and relevant measures will be proposed, if necessary. Labor standards and safety requirements will be applied and monitored during project implementation.

VI. PPTA OR DUE DILIGENCE RESOURCE REQUIREMENT

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

☒ Yes ☐ No

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

A total of 3.5 person-months of international and national consultants will be engaged to conduct poverty, gender, and social analysis. Budget for survey and participatory workshops are provided in the cost estimates and financing plan of the PPTA.

ADB = Asian Development Bank, FHC = family health center, MDG = Millennium Development Goal, MOHS = Ministry of Health and Sports, NGO = nongovernment organization, PSA = poverty and social analysis, PPTA = project preparatory technical assistance.

[a] Government of Mongolia. 2005. *Health Sector Strategic Master Plan, 2006–2015*. Ulaanbaatar. p. 36. The Health Sector Strategic Master Plan is in the process of being reviewed and updated.
[b] Memorandum of Understanding signed between ADB and the Ministry of Finance on 2 June 2015.
[c] ADB. 2014. *Interim Country Partnership Strategy: Mongolia, 2014–2016*. Manila.
[d] ADB. 2014. *Midterm Review of Strategy 2020: Meeting the Challenges of a Transforming Asia and Pacific*. Manila.
[e] ADB. 2015. *Operational Plan for Health, 2015–2020*. Manila.
[f] National Statistics Office. 2013.