INITIAL POVERTY AND SOCIAL ANALYSIS

Country:	REG	Project Title:	Supporting Effective Coverage of Health Technology in the Pacific	
Lending/Financing Modality:	Investment Project/Grant	Department/ Division:	PARD/PAUS	
I. POVERTY IMPACT AND SOCIAL DIMENSIONS				
A. Links to the National Poverty Reduction Strategy and Country Partnership Strategy				
The project will improve infectious disease control and prevention in Samoa, Tonga, Tuvalu and Vanuatu, through the establishment of cost effective interventions. Access to safe, reliable, and affordable healthcare is central to the National Health Strategies. By strengthening health systems to respond to communicable and chronic diseases, it will improve health service management. Through better targeting of health services, the participating DMCs will make progress towards universal health coverage reaching the poor, remote and vulnerable groups.				
B. Poverty Targeting: General Intervention Individual or Household (TI-H) Geographic (TI-G) Non-Income MDGs (TI-M1, M2, etc.) Cancer, diarrhea and pneumonia are poverty issues with poor people more likely to die from them. Vaccinations are pro-poor, providing relatively larger benefits to low-income households. Cancer is a major cause of premature death in the Pacific and its significance will undoubtedly grow as countries experience epidemiological and demographic transitions. Initiatives for infectious disease control are needed to lower the costs of key inputs for the essential package, including large-scale commodity purchases; to expand technical assistance; and to promote evidence generation for infectious disease. C. Poverty and Social Analysis				
1. Key issues and potential beneficiaries. 50% of the population are women and with the rise of chronic disease burden, their risks of getting cancer increases. This project will help by strengthening health systems to support service delivery. The primary beneficiaries of the project would be women, and children under the age of 5 years. 2. Impact channels and expected systemic changes. By strengthening health service delivery and improving health information, the project will help create a more equitable primary service delivery, reduce inappropriate hospital admissions by increasing surveillance, and strengthen supply chains. It will also increase the availability and the quality of the health services including health facilities in remote areas. 3. Focus of (and resources allocated in) the existing TA for due diligence. The TA will (i) review the government policies and strategies for poverty reduction and gender development, (ii) conduct the poverty (impact) and social analysis of the project in accordance with ADB requirements, and (iii) prepare the Summary Poverty Reduction and				
Social Strategy in accordance with ADB policies.				
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? The project is targeted to females and children. Women and children have specific health needs compared with men. Men and women may also have different vulnerability to diseases and may have different levels of access to, or understanding of, information about disease prevention and treatment. To ensure the effectiveness of gender mainstreaming and gender-related outcomes of the project, the TA will discuss with stakeholders and prepare project gender action plan (GAP), key features of which are mirrored in the project design and monitoring framework, loan assurances, and project administration manual. The GAP will be aligned with national and health sector gender equality commitments in participating DMCs.				
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 has significant scope to address gender, inclusion, and social protection by improving access to health services. A gender action plan will be prepared during TA.				
3. Could the proposed project have an adverse impact on women and/or girls or widen gender inequality? ☐ Yes ☐ No				
4. Indicate the intended gender mainstreaming category: ☐ GEN (gender equity) ☐ EGM (effective gender mainstreaming) ☐ SGE (some gender elements) ☐ NGE (no gender elements)				
II. 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 project will impact women and children. During project preparation, consultation and participation will include: (i)				
group discussions with (potential) beneficiaries, health workers, and community-based organizations; (ii)				
consultation of health staff and district health managers, sub-national level government administration, central				
ministries, and partners; and (iii) where appropriate, workshop with ministries, partners, and nongovernment organizations.				
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?				
The TA will review, through a participatory process, the risk factors and the specific vulnerability of the poor, migrant,				
and mobile populations. Based on this analysis, the project design will include features to address the specific needs				
and characteristics of these groups.				
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?				
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				
III. 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 .				
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				
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				
3. Will the project require broad community support of affected indigenous communities? Yes No				
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				
IV. OTHER SOCIAL ISSUES AND RISKS				
1. What other social issues and risks should be considered in the project design?				
☐ Creating decent jobs and employment ☐ Adhering to core labor standards ☐ Labor retrenchment				
☐ Spread of communicable diseases, including HIV/AIDS ☐ Increase in human trafficking ☐ Affordability				
☐ Increase in unplanned migration ☐ Increase in vulnerability to natural disasters ☐ Creating political instability				
☐ Creating internal social conflicts ☐ Others, please specify				
2. How are these additional social issues and risks going to be addressed in the project design? None				
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				
				
and/or gender analysis, and participation plan during the PPTA or due diligence?				
Under the project preparatory work, 4 person-months of national safeguards/gender specialists will be hired to				
conduct the project preparatory work, 4 person-months of national safeguards/gender specialists will be filled to conduct the poverty (impact) and social analysis of the project, prepare gender action plan, assess the compliance of				
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