



Initial Poverty and Social Analysis

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Proposed Loans Greater Mekong Subregion Healthy Border Special Economic Zones Project

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Asian Development Bank

INITIAL POVERTY AND SOCIAL ANALYSIS

Country:	Cambodia, Lao People's Democratic Republic, Myanmar	Project Title:	Greater Mekong Subregion Healthy Border Special Economic Zones Project
Lending/Financing Modality:	Project	Department/Division:	Southeast Asia Department/Human and Social Development Division

I. POVERTY IMPACT AND SOCIAL DIMENSIONS

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

The project will reduce poverty by improving the health of the migrant workforce and their families in border areas of Cambodia, Lao People's Democratic Republic (Lao PDR), Myanmar, and Thailand especially in areas with inadequate health services and poor occupational and environmental health safeguards. The improvement of migrant health in the Special Economic Zones (SEZs) will increase work capacity and productivity. The project will work closely with national authorities (health, immigration, local governments and private sector operators) to identify and target migrant workers. Men and women migrant workers will be consulted during the project design phase. The project will achieve this by (i) strengthening coordinated health service provision for migrant workers and their families through public health capacity-building and infrastructure upgrades in border areas; (ii) improving environmental and occupational health management and safeguards in selected SEZs; (iii) improving health financing schemes and their coverage for migrants, referral systems to relevant local and cross-border health facilities. It fits within the Asian Development Bank (ADB) Greater Mekong Subregion (GMS) regional cooperation strategy and country partnership strategies and country operations business plans for Cambodia, the Lao PDR, Myanmar, and Thailand and is in line with the proposed GMS Strategy 2030 in supporting regional public goods.

B. Poverty Targeting

General intervention Individual or household (TI-H) Geographic (TI-G) Non-income MDGs (TI-M1, M2, etc.)

The focus of this project is to improve the quality of life of men and women migrant workers and their families in SEZs (and potentially the Thai Eastern Economic Corridor) through ensuring that they and neighboring communities have access to effective healthcare, better living conditions, and are less vulnerable to occupational hazards.

C. Poverty and Social Analysis

1. Key issues and potential beneficiaries. Although incomes have improved across the region, there is still significant variation. In 2017, Thailand's gross national income per capita was \$17,090, compared to Lao PDR (\$6,650), Viet Nam (\$6,450), Myanmar (\$5,830) and Cambodia (\$3,760). Poverty is dropping but levels of multi-dimensional poverty show large disparities: Thailand 0.8% and Viet Nam 5% compared to Cambodia 34.9%, Myanmar 38.3% and Lao PDR 40.5%. Sustained regional economic growth requires a healthy migrant workforce. Constraints are (i) inadequate health service provision for migrants in border areas; (ii) lack of environmental and occupational health safeguards in SEZs; and (iii) social, legal, and financial barriers to accessing services for migrant workers and their families. The expected beneficiaries of the project will be men and women migrant and non-migrant workers and their families in selected SEZs as well as local communities near SEZs. More research on men and women migrants and how they access health in SEZs will be undertaken during project preparation. Other stakeholders include district health staff, SEZ investors, managers, provincial governments, Ministries of Health, other ministries, nongovernment organizations (NGOs), and other development partners involved in improving migrant health.

2. Impact channels and expected systemic changes. The project will improve the quality of health services as well as environmental and occupational health safeguards for migrants in and around border SEZs in Cambodia, Lao PDR, Myanmar, and Thailand. By strengthening workplace health, the project will improve the health of men and women migrants and local communities and contribute to sustainable regional economic growth through increased productivity. Poor, migrant populations will benefit from reduced burden of disease due to greater access to regional health financing and coordinated health services. Further, through improved dissemination of health information, the project will strengthen regional health security through decreased disease transmission.

3. Focus of (and resources allocated in) the transaction technical assistance (TA) or due diligence. The TA will (i) review the government policies and strategies for poverty reduction and gender equality, (ii) conduct the poverty (impact), social and gender analysis of the project, and (iii) prepare the Summary Poverty Reduction and Social Strategy; in accordance with ADB policies.

II. GENDER AND DEVELOPMENT
<p>1. What are the key gender issues in the sector and/or subsector that are likely to be relevant to this project or program? The project acknowledges that women and men have differential health care needs and proposes to address the needs of men and women migrant workers and their families by undertaking: (i) an analysis of access to, and type of, medical services currently available to female migrant workers and women relatives as compared to male migrant workers in the SEZs; (ii) a vulnerability and risk assessment of female migrant workers in SEZ workplaces, living quarters and public spaces (including disease vulnerability, SRH needs, and incidence of, GBV); and (iii) a comparative analysis of wages and benefits among female and male migrant workers.</p>
<p>2. Does the proposed project or program have the potential to contribute 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The proposed project includes concrete actions to empower women and men to better understand how, when and where to access health care services. A gender action plan will be prepared to mitigate any negative impacts and support positive design measures to enhance women's empowerment and gender equity in the project areas. During the project design various key stakeholders will be consulted to ensure that migrant workers in SEZs benefit equitably from project activities.</p>
<p>3. Could the proposed project have an adverse impact on women and/or girls or widen gender inequality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>The project is not likely to have adverse impacts on women and/or girls or widen gender inequality. Any potential impacts will be identified and mitigated through project design measures, particularly in the participatory planning and design phase.</p>
<p>4. Indicate the intended gender mainstreaming category:</p> <p><input type="checkbox"/> GEN (gender equity) <input checked="" type="checkbox"/> EGM (effective gender mainstreaming)</p> <p><input type="checkbox"/> SGE (some gender elements) <input type="checkbox"/> NGE (no gender elements)</p>
III. PARTICIPATION AND EMPOWERMENT
<p>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 district health staff, provincial governments, Ministries of Health, other ministries, SEZ investors, managers, NGOs and other development partners involved in migrant health. The expected beneficiaries of the project will be men and women migrant and local workers and their families in selected SEZs as well as communities living near SEZs. Inclusive stakeholder consultation will occur at all levels during the project design process in order to identify strategic and practical needs.</p>
<p>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?</p> <p>The stakeholder consultations will seek to increase local ownership of the project and to maximize the project impact by incorporating local needs. The impact of the project on improving access to health services will be evaluated, particularly for migrants and other vulnerable groups. Focus group discussions on health service needs of poor male and female migrant and non-migrant workers and their families and on barriers to access such services, will be conducted during project preparation.</p>
<p>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?</p> <p><input checked="" type="checkbox"/> Information generation and sharing <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Collaboration <input checked="" type="checkbox"/> Partnership</p> <p>Civil society organizations have taken part in preliminary consultations and relevant civil society organizations will be consulted during project design processes. They may also be used as service providers to reach the intended beneficiaries.</p>
<p>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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Improved occupational and environmental health and increased access to migrant-friendly health services (including SRH), at hospital and health center level as well as private sector facilities, by poor workers and their families in and around SEZs is essential for the success of the project. The project preparation TA will conduct the necessary due diligence on access to services, health expenditure and health financing, disaggregated by income level, sex and nationality/ethnicity. Target measures for affordable and inclusive services will be examined.</p>

2. SOCIAL SAFEGUARDS	
A. Involuntary Resettlement Category <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> FI	
1. Does the project have the potential to involve involuntary land acquisition resulting in physical and economic displacement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No There will be upgrading, renovation and building of health facilities under the project. Some facility improvements will be undertaken but within existing facility footprints. To be determined during the project preparation.	
2. What action plan is required to address involuntary resettlement as part of the PPTA or due diligence process? <input type="checkbox"/> Resettlement plan <input checked="" type="checkbox"/> Resettlement framework <input type="checkbox"/> Social impact matrix <input type="checkbox"/> Environmental and social management system arrangement <input type="checkbox"/> None	
B. Indigenous Peoples Category <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Project interventions are aimed at improving access to health services for migrant workers and local communities in and around SEZs, which may include ethnic minority communities. Better occupational and environmental health will add to improved well-being of migrants and local families working in, or living near, SEZs. Ethnic workers, their families and ethnic communities will benefit from improved migrant-friendly services. Any effects will be positive rather than negative.	
2. Does it affect the territory s or natural and cultural resources indigenous peoples own, use, occupy, or claim, as their ancestral domain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Will the project require broad community support of affected indigenous communities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No The project focuses on migrant workers who will be consulted as part of project design.	
4. What action plan is required to address risks to indigenous peoples as part of the PPTA or due diligence process? <input checked="" type="checkbox"/> Indigenous peoples plan <input type="checkbox"/> Indigenous peoples planning framework <input type="checkbox"/> Social Impact matrix <input type="checkbox"/> Environmental and social management system arrangement <input type="checkbox"/> None	
3. OTHER SOCIAL ISSUES AND RISKS	
1. What other social issues and risks should be considered in the project design? <input type="checkbox"/> Creating decent jobs and employment <input type="checkbox"/> Adhering to core labor standards <input type="checkbox"/> Labor retrenchment <input type="checkbox"/> Spread of communicable diseases, including HIV/AIDS <input type="checkbox"/> Increase in human trafficking <input type="checkbox"/> Affordability <input type="checkbox"/> Increase in unplanned migration <input type="checkbox"/> Increase in vulnerability to natural disasters <input type="checkbox"/> Creating political instability <input type="checkbox"/> Creating internal social conflicts <input checked="" type="checkbox"/> Others, please specify _identifying cases of sexual exploitation, abuse and harassment among industries and factories in SEZ's 1. How are these additional social issues and risks going to be addressed in the project design? Occupational and environmental health standards as well as affordability of health services are key issues affecting migrant health. The project preparation TA will prepare feasibility studies on integrated health services targeting men and women local and migrant populations in selected SEZs, including affordability and out-of-pocket analyses, and assessments on occupational and environmental health. Also, issues related to other risks will be addressed during project preparation.	
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? Gender and social development consultants will be engaged to conduct due diligence on poverty, social impacts, gender and indigenous people's analysis, and confirm relevance of gender action plan, and indigenous people's development plan. Other specialists will be engaged as needed.	

Source: Asian Development Bank.