



Initial Poverty and Social Analysis

Project Number: 54118-001
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People's Republic of China: Strengthening Public Health Institutions Building Project

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Asian Development Bank

CURRENCY EQUIVALENTS

(as of 5 November 2021)

Currency unit	–	yuan (CNY)
CNY1.00	=	\$0.1563
\$1.00	=	CNY6.3972

ABBREVIATIONS

ADB	–	Asian Development Bank
COVID-19	–	coronavirus disease
CPS	–	country partnership strategy
CSO	–	civil society organization
EID	–	emerging infectious disease
PRC	–	People's Republic of China
PSGA	–	poverty, social, and gender analysis
TA	–	technical assistance
WHO	–	World Health Organization

NOTE

In this report, "\$" refers to United States dollars.

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INITIAL POVERTY AND SOCIAL ANALYSIS

Country:	People's Republic of China	Project Title:	Strengthening Public Health Institutions Building Project
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Lending/Financing Modality:	Project	Department/ Division:	East Asia Department/ Urban and Social Sectors Division
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I. POVERTY IMPACT AND SOCIAL DIMENSIONS

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

The PRC's Fourteenth Five-Year Plan, 2021–2025 highlights building a strong public health system as one of the main mechanisms to improve its citizens quality of life and promote comprehensive development.^a Under output 1, the project will explore system elements that have important functions in the wider health sector, such as equitable access to health care services and long-term health needs of vulnerable groups, which is in line with ADB's strategic operational priority 1: addressing remaining poverty and reducing inequalities.^b The project responds to one of the key development challenges identified in the CPS for the PRC, 2021–2025 namely, contributing to high quality development by responding to health security threats, such as the ongoing global pandemic, which impacts poverty and welfare through illness, death, and lost incomes. The CPS aims at strengthening national and regional health security under strategic priority 3.

B. Poverty Targeting

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

The project is in line with the Sustainable Development Goal on promoting healthy lives and well-being. It will (i) improve the public health ecosystem by upgrading public health facilities, improving referral systems to mobilize all levels of health care during pandemics, and piloting innovative smart digital technology for disease prevention, detection, and response; and (ii) modernize disease prevention policies, research, and control systems by enhancing health security preparedness plans including continuity of essential services, risk communication and community engagement, and emergency response. Under output 2, gaps in core infrastructure and systems capacities in public health systems will be addressed to withstand demand for health care as well as maintain essential health services in times of epidemics and other public health emergencies particularly to vulnerable groups. Further, under output 3, the project will assess and provide recommendations on how to improve access to public health care services and address the needs of vulnerable groups that can be considered for future investments.

C. Poverty and Social Analysis

1. **Key issues and potential beneficiaries.** Primary beneficiaries of the project are (i) people who access the expanded services for health hazards and critical care in three public health facilities to be upgraded in Fangchenggang, Guangxi Zhuang Autonomous Region (municipal population was 0.96 million in 2019);^c Guiyang, Guizhou Province (municipal population was 4.98 million in 2019);^d and Yan'an, Shaanxi Province (municipal population was 2.26 million in 2019);^e and (ii) PRC residents who will be covered by updated national public health preparedness and response strategy and operational plans that will be adopted for management of public health emergencies from EIDs and other health hazards. This is expected to mitigate potential impacts of EIDs which can cause illness, unemployment, and catastrophic health expenditure costs and subsequently negatively impact poverty and welfare. The project will also directly benefit approximately 300 health care practitioners (50% women) who will be trained on health security topics.

2. **Impact channels and expected systemic changes.** Output 2 of the project will help ensure access to essential health services in times of epidemics and other public health emergencies particularly to vulnerable groups such as the economically disadvantaged, ethnic minorities, the elderly, and the chronically ill. This will be done by engaging community-based organizations in developing emergency preparedness plans designed to ensure these groups are able to access essential health services. The public health preparedness plans will prioritize (i) evacuation procedures: identifying appropriate modes of transportation and protection for vulnerable groups, (ii) risk communication: utilizing different modalities and channels of communication to vulnerable groups, and (iii) continuity of services: ensuring continued access to basic necessities. Ensuring access to critical health services will help reduce adverse impacts of public health emergencies on poverty reduction. Health is recognized as a critical economic asset for the poor that enhances labor productivity, education, and investment, and enables the demographic transition.^f The project is also in line with the PRC's efforts to address multidimensional poverty through improving the quality of health care.

3. **Focus of (and resources allocated in) the transaction TA or due diligence.** A PSGA will be conducted during project preparation to identify gender issues in health including EIDs; identify vulnerable groups in relation to health hazards; and investigate the potential impacts of the project on the poor and other vulnerable groups, as well as on women and girls. The social development and safeguards consultant will review issues affecting vulnerable groups' access to health services during public health emergencies, the findings of which will be used to identify approaches and methodologies to strengthen inclusive and participatory aspects in designing and implementing the project.

II. GENDER AND DEVELOPMENT

1. What are the key gender issues in the sector and/or subsector that are likely to be relevant to this project or program? Women in the project area are expected to benefit from upgraded public health emergency facilities and trainings on public health issues strengthening national health security. Some gender issues relevant to this project would be the additional health risks women are exposed to during pandemics and other public health emergencies, as most health professionals are women, and women in the PRC are the main force of community pandemic prevention and coordination. It is also notable that health resources for reproductive and sexual health were redirected toward containment of the COVID-19. Gender norms that may influence well-timed access to required health services will be explored and coverage of social and medical insurance, since women are more likely to take part-time jobs due to family care responsibilities and are thus less likely to be eligible for employer-sponsored health insurance. Participation of women in consultations will confirm factors that affect access to essential health services during emergencies to ensure that women's needs and concerns are reflected in the project design.

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 access to and use of opportunities, services, resources, assets, and participation in decision-making? Yes No

The project will provide ample opportunities for women to actively participate in the design especially in the identification of gender and women empowerment concerns, including benefits from (i) gender-disaggregated data and information system established for health services; (ii) women's participation in decision-making for an emergency preparedness and response strategy, as well as health information system development to integrate their needs; (iii) gender-awareness promotion for both service receivers and providers across the full range of health areas; and (iv) more high-level managerial and professional health service positions to be taken by women, which will give female providers better career prospects. The potential for effective gender mainstreaming will be explored during the transaction TA, and women's inputs and suggestions will be incorporated into the gender action plan.

3. Could the proposed project have 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)

III. PARTICIPATION AND EMPOWERING THE POOR

1. Who are the main stakeholders of the project, including beneficiaries and affected people? Explain how they will each participate in the project's design. The main stakeholders include the three municipal governments and their agencies including, among others, the provincial health commissions and the provincial development and reform commission, and bureaus of disease control and prevention. Other stakeholders include social organizations active in the project areas, particularly in response to public health emergencies (All-China Women's Federation, nongovernment organizations, foundations, etc.) The beneficiaries include people who will access the expanded services for disease prevention and critical care in the public health facilities to be upgraded, and PRC residents who will be covered by the updated national public health preparedness and response strategy and operational plans.

2. Who are the key, active, and relevant CSOs in the project area? Medical associations active in the project sites are composed of medical and technology practitioners organized to promote health workers' rights, help them exercise their responsibilities and find better ways to serve peoples' health. These include Guiyang Medical Association, Guiyang Traditional Chinese Medical Association, Guangxi Medical Association, Guangxi Medical Doctor Association, Shaanxi Province Medical Association, and Shaanxi Medical Doctor Association, among others.

3. Are there issues during project design for which participation of the poor and vulnerable is important? Yes No **If yes, what are these issues?** This will be critical for output 1, which aims to help ensure access to essential health services during public health emergencies, particularly to vulnerable groups.

4. How will the project ensure the participation of beneficiaries and affected people, particularly the poor and vulnerable and/or CSOs, during project design to address these issues?

Stakeholder consultations during project preparation will guarantee broad participation of beneficiaries, including vulnerable groups. Consultation will ensure key project information, including schedule of project activities and avenues for community and CSO participation, will be explained. Stakeholder feedback and suggestions will be documented and integrated in project design; poverty, social, and gender analysis; and environmental impact assessment.

5. What level of CSO participation is planned during the project design?

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

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

Under output 2, existing public health facilities will undergo renovation and new facilities will be established to ensure measures for infection prevention and control are in place. For existing facilities, due diligence of past land acquisition and resettlement will be carried out. The subproject selection criteria will exclude health facilities with residual land acquisition or resettlement issues, or outstanding grievances. Outputs 1 and 3 will involve modernization of existing systems and capacity building efforts, and unlikely to trigger any civil works and thereby involuntary resettlement impacts.

2. What action plan is required to address involuntary resettlement as part of the transaction TA 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

The project will be implemented in pilot sites and will not directly target ethnic minorities. The project is not expected to cause adverse impacts on ethnic minority groups. Improved management of epidemics of infectious diseases and other health hazards will benefit communities regardless of ethnicity. Measures to enhance access to and inclusiveness of health services will be included in the social and gender action plan to promote socially inclusive and culturally responsive health care services and risk communications.

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 transaction TA or due diligence process?

- Indigenous peoples plan Indigenous peoples planning framework Social impact matrix
 Environmental and social management system arrangement None

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 (H) Adhering to core labor standard (H) 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? Employment opportunities will stem from facility refurbishment, and core labor standards will be included in the loan assurances.

VI. TRANSACTION TA OR DUE DILIGENCE RESOURCE REQUIREMENT

1. Do the terms of reference for the transaction TA (or other due diligence) contain key information needed to be gathered during transaction TA 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 the participation plan during the transaction TA or due diligence? The transaction TA includes an international social development and safeguards expert, national social development and gender expert, and national safeguards specialists. Budget is included under the contracts of these experts to carry out consultations and conduct the required surveys for the PSGA.

ADB = Asian Development Bank; COVID-19 = coronavirus disease; CPS = country partnership strategy; CSO = civil society organization; EID = emerging infectious disease; PRC = People's Republic of China; PSGA = poverty, social, and gender analysis; TA = technical assistance.

^a Government of the PRC. 2021. [The Outline of the Fourteenth Five-Year Plan for National Economic and Social Development of the People's Republic of China and the Long-Range Objectives Through the Year 2035](#). Beijing (in Chinese).

^b ADB. 2019. [Strategy 2030 Operational Plan for Priority 1: Addressing Remaining Poverty and Reducing Inequalities, 2019–2024](#). Manila.

^c Hong Kong Trade Development Council. [Fangchenggang \(Guangxi\) City Information](#) (accessed 10 August 2021).

^d Hong Kong Trade Development Council. [Guiyang \(Guizhou\) City Information](#) (accessed 10 August 2021).

^e Hong Kong Trade Development Council. [Yan'an \(Shaanxi\) City Information](#) (accessed 10 August 2021).

^f OECD. 2003. [DAC Guidelines and Reference Series: Poverty and Health](#). Paris.

Source: ADB.