INITIAL POVERTY AND SOCIAL ANALYSIS

Country:	Cambodia, Lao People's Democratic Republic, Myanmar, Viet Nam	Project Title:	Greater Mekong Subregion Health Security 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

Increased connectivity and economic growth through trade and tourism have opened up many formerly isolated areas to large-scale investments and encouraged rapid and massive population movements within and between Greater Mekong Subregion (GMS) countries. Improved transport and regional connectivity is driving the spread of communicable diseases such as emerging diseases (among them swine flu, severe acute respiratory syndrome and avian influenza), dengue, HIV, artimisinin-resistant malaria and neglected communicable diseases in the GMS. Strengthening surveillance and response systems is a priority.

The project will reduce poverty by improving the health of migrants and mobile populations in areas where many communicable diseases are associated with poverty and poor environmental sanitation and poor health services. Migrant and mobile populations have limited access to health care, and often cannot afford or do not want to use basic health services. The effective treatment of these infections has been demonstrated to increase work capacity and productivity. It will reduce the burden of common endemic diseases by (i) strengthening surveillance of communicable diseases; (ii) improving communicable disease diagnostic and treatment, and (iii) strengthening regional coordination, knowledge sharing and capacity building for communicable diseases control. It fits within the Asian Development Bank (ADB) GMS regional cooperation strategy and country partnership strategies and country operations business plans for Cambodia, the Lao People's Democratic Republic, Myanmar, and Viet Nam, and is in line with Mid Term Review of the Strategy 2020 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.)

Currently, provincial and district health authorities in these countries face a number of challenges in addressing CDC in migrant and mobile populations, particularly in the border areas. In those areas, the proportion of the population living below the poverty line is above the national average. Migrants and mobile populations also suffer from a lack of access to medical and education services.
The increasing population mobility arising from increasing economic integration in the GMS means that there are growing risks of diseases moving into general population. Without proper diagonostic, treatment, prevention, and elimination programs, these diseases disable and eventually kill an unknown number of people every year.

The project aims to improve the health and economic security of the GMS population. It will contribute to achieving the Millennium Development Goals by reducing risks of child mortality and malnutrition, and reducing the spread of other communicable diseases.

C. Poverty and Social Analysis

1. Key issues and potential beneficiaries. Regional CDC requires functional health systems and surveillance and response systems. Constraints are (i) physical barriers to accessing services, in particular reaching mobile and migrant populations; (ii) lack of diagnostic services and treatment capacity; and (iii) financial barriers to accessing services. Potential beneficiaries and stakeholders in particular are the migrant and mobile populations, health staff, provincial and district health managers, provincial governments, ministries of health, other ministries, NGOs involved in CDC, and partners involved in CDC.

2. Impact channels and expected systemic changes. By strengthening communicable diseases response capacity in four GMS countries, the project will enable rapid response to disease outbreaks, particularly outbreaks of emerging diseases that have the potential to inflict major damage on the economies of the subregion. In addition, re-emerging epidemic diseases such as drug-resistant malaria and tuberculosis, HIV-AIDS, dengue and neglected tropical diseases, which span GMS borders, pose significant cross-border risks.

The project will increase the availability and the quality of the health services, in particular diagnostic services and treatment capacity. The project will focus on health facilities in remote areas, particularly on district hospitals. Poor,

migrant and mobile populations will benefit from greater availability of health services.

The project will increase the availability and the quality of the health services for the migrant and mobile populations and the population living in remote areas (many of them poor). I will decrease the direct and indirect costs of accessing to health services and will reduce the burden of diseases among beneficiaries.

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

The PPTA will 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, (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? Gender is a significant variable for understanding the spread of communicable diseases, as well as designing and delivering appropriate communicable diseases prevention, control, and response. Women and girls have specific health needs compared with men and boys, as is well understood in the context of sexual and reproductive health. However, men and women may also have different vulnerability to infectious diseases depending on how they are exposed through their different gender roles in households and productive activities, and/or they may have different levels of access to, or understanding of, information about disease prevention and treatment. Women are also usually custodians for the prevention, detection, and care of infectious diseases amongst family members.

Although the majority of health staff is often female, women are more concentrated in lower-level service delivery than decision-making or technical roles in the health sector. Increasing gender equity in all levels and functions of health sector staffing can improve CDC and wider health outcomes for communities, because female health workers are better placed to understand the specific health needs of women and to effectively outreach to women in communities.

To ensure the effectiveness of gender mainstreaming and gender-related outcomes in the project, the PPTA 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 Cambodia, Lao PDR, Myanmar, and Viet Nam.

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 Please explain. A gender action plan will be prepared during PPTA.

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

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 Project will directly target the migrant and mobile populations. All persons in the three countries and beyond will also benefit from the control of epidemics. During project preparation, consultation and participation will include (i) group discussions with (potential) beneficiaries, village health workers, and community-based organizations; (ii) consultation of health staff, provincial and district health managers, provincial governments, central ministries, and partners; and (iii) workshop with ministries, partners, and NGOs.

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 PPTA will review, through a participatory process, the risk factors and the specific vulnerability of the poor, migrant and mobile populations, particularly for communicable diseases. Based on the analysis, the project design will include features to address the specific needs and characteristics of the targeted groups. This might include features already included in current CDC2 project, such as model healthy villages.

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? International NGOs are active in communicable disease control in every country. The role of national NGOs varies in every country. Civil society organizations play an important role in delivering the right messages in case of outbreaks.
☒ Information generation and sharing (M) ☒ Consultation (H) ☒ Collaboration (M) ☐ Partnership (M)

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

Accessibility to and quality of the health services are two important features that will be discussed with potential beneficiaries of the project.

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 The project will not involve involuntary land acquisition.

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

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 ☐ 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?

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 gender analysis, and participation plan during the PPTA or due diligence? Under the PPTA, 2 person/months of international and 4 persons/months of national safeguards/gender specialists (one month per country will be hired to conduct the poverty (impact) and social analysis of the project, prepare gender action plan, assess the compliance of the project with ADB safeguards policies and implement a participatory design strategy. The PPTA budget for workshops will be $120,000, which will include meetings with stakeholders and beneficiaries.