COMBINED PROJECT INFORMATION DOCUMENTS / INTEGRATED SAFEGUARDS DATA SHEET (PID/ISDS)

Additional Financing

Report No.: PIDISDSA21373

Date Prepared/Updated: 10-Aug-2017

I. BASIC INFORMATION

A. Basic Project Data

Country:	Myanmar	**Project ID:**	P160208
		Parent Project ID (if any):	P149960
Project Name:	Additional Financing: Essential Health Services Access Project (P160208)		
Parent Project Name:	Essential Health Services Access Project (P149960)		
Region:	EAST ASIA AND PACIFIC		
Estimated Appraisal Date:	12-Jun-2017	**Estimated Board Date:**	07-Dec-2017
Practice Area (Lead):	Health, Nutrition & Population	**Financing Instrument:**	Investment Project Financing
Borrower(s)	Ministry of Planning and Finance		
Implementing Agency	Ministry of Health and Sports		

Financing (in USD Million)

Financing Source	Amount
International Development Association (IDA)	100.00
Global Financing Facility	10.00
Financing Gap	0.00
Total Project Cost	110.00

Environmental Category:	B-Partial Assessment
Appraisal Review Decision (from Decision Note):	The review did authorize the team to appraise and negotiate
Other Decision:	
Is this a Repeater project?	No

B. Introduction and Context

Country Context

Since Essential Health Services Access Project (EHSAP) was originally approved in 2014, there have

been historic elections in 2015 in Myanmar, resulting in the formation of a new democratically elected Government coming into power in April 2016, thus acceleratingMyanmar's transition towards a democratic free-market system and a country striving to attain peace from the long-standing ethnic conflicts. The new Government, led by the National League for Democracy, has since reaffirmed its commitment to achieving Universal Health Coverage (UHC) by 2030, in line with the spirit of Sustainable Development Goals. It has also endorsed the National Health Plan (NHP) in March 2017 as a critical first phase on the path to the UHC goal.

Since the approval of EHSAP, new evidence relevant to the health sector has emerged, in terms of a Census carried out in 2014, a very first Demographic & Health Survey (DHS) in 2015 and a Myanmar Poverty and Living Condition Survey in 2016. Some of the new data derived from these sources include: Infant Mortality Rate (IMR) of 40 per 1,000 live births, Under-five mortality rate (U5MR) of 50 per 1,000 live-births, Maternal Mortality Ratio (MMR) of 220 per 100,000 live-births, stunting rate of 29% among under-five children. The new data sources show that there remain large disparities in health outcomes and in access to health services, due to poor infrastructure, financial barriers, and conflict.

Health spending in Myanmar has increased steadily in the last 5 years, in support of the Government's commitment to UHC. Nonetheless, because of historically low levels of spending on health, in 2014 Myanmar's total health expenditure per capita continued to be one of the lowest in the world: 26,600 Kyat, or US$20, about 2.3 percent of GDP (WHO Global Health Expenditure Database). This level of spending is very low as compared to other countries in the region and countries at a similar level of income. In terms of the composition of health spending, government's share of total health spending is estimated to be about 30 percent. Out-of-pocket (OOP) spending by households remains the dominant source of financing for health, comprising an estimated 70 percent of total health spending. It is estimated that 1.7 million persons are pushed into poverty annually due to their OOP expenditure on health care. Increasing public spending on health and ensuring financial protection against healthcare expenditures will be critical to achieving UHC in Myanmar.

Sectoral and Institutional Context

The Ministry of Health and Sports (MOHS) completed the formulation of the NHP through an inclusive and transparent process. The NHP sets a promising and strategic direction by aiming to achieve universal access to a basic package of essential health services by the end of 2021.

Furthermore, the foundations and principles of the EHSAP are reinforced and further concretized and institutionalized in the NHP. They include:

- A focus on the frontlines of service delivery, providing essential health services, and supply side readiness (EHSAP's health facility funds aims to provide more financing to the primary health care level);
- A move away from implicit to explicit package of health services—defined as the basic essential package
- Greater inclusiveness and integration of health planning, in particular at the township level (EHSAP has an explicit Disbursement Linked Indicator (DLI) related to this and the Community Engagement Planning Framework, a social safeguards instrument, reinforces this);
- Systems building to complement and enable supply side readiness in the public sector primary health care—such as public financial management and skills building of human resources.

The NHP goes beyond these foundations and calls for new reforms in many areas of health systems, namely health financing, human resources (i.e., skills building), public financial management—budget planning, formulation, execution and reporting, and recognition and engagement with private

sector and ethnic health organizations. These reforms will expand access to health services and begin to address financial hardship from seeking care. The restructuring and the additional financing will help to support the implementation of some of these major reforms.

C. Proposed Development Objective(s)

Original Project Development Objective(s) - Parent

The Project Development Objective (PDO) is to increase coverage of essential health services of adequate quality, with a focus on maternal, newborn and child health (MNCH).

Current Project Development Objective(s) - Parent

The Project Development Objective (PDO) is to increase coverage of essential health services of adequate quality, with a focus on maternal, newborn and child health (MNCH), and, in the event of an Eligible Crisis or Emergency, to provide immediate and effective response to said Eligible Crisis or Emergency.

Proposed Project Development Objective(s) - Additional Financing

In support of the Myanmar National Health Plan 2017-2021, increase access to a basic essential package of health services of acceptable quality focusing on health and nutritional outcomes of women and children, while increasing financial protection, and to provide immediate and effective response in case of an eligible crisis or emergency.

Key Results

Women and children in Myanmar will have expanded access to basic essential package of health services (i.e. increase of live births attended by skilled health personnel and increase in proportion of women who deliver a baby and have a post-partum contact with a health provider within two days of delivery).
Service availability and readiness level at the primary health care facilities at the township and below will improve to deliver the basic essential package of health services
Out of pocket expenditure on health will reduce as share of the total health expenditure

D. Project Description

The proposed additional credit and grant would help finance the costs associated with an extended project period and scaled-up and additional activities arising out of the changed circumstances during project implementation, most notably the development of a National Health Plan (NHP).

Component Name:
Strengthening Service Delivery at the Primary Health Care Level
Comments (optional)
Specifically, the component supports the state/region and township levels, with examples listed below.
At the State/Region level, the component includes support for: better supervision and monitoring; strengthening of the training teams and cover training costs; filling gaps in skilled human resources for financial management administrative personnel through interim measures; deepening community engagement and coordination with private providers, non-governmental organizations (NGOs) and Ethnic Health Organizations.
At the Township level and below facilities, support would help to improve engagement with communities through inclusive planning and communications, to expand outreach and access to water and electricity and to maintain physical infrastructure.

Component Name:
Systems building
Comments (optional)
Component 2 supports reforms and activities aimed at strengthening the health systems. Some examples of expected results include: improved public financial management (e.g. planning, budgeting, allocation, reporting); scaled up infection control and health care waste management; and improved pandemic preparedness.

Component Name:
Contingent Emergency Fund
Comments (optional)

Component Name:
Health financing and Strengthening Monitoring and Evaluation (M&E)
Comments (optional)
Improving the health financing system--that mobilizes adequate resources, ensures effective use of resources and increases financial risk protection – is critical to achieving UHC and is an important reform area outlined in the NHP. Component 4 will support MOHS in implementing the related reforms. In addition, the component will also assist the Department of Medical Research (DMR) to conduct independent verification of the DLI achievement and M&E studies.

E. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)

The project is nation-wide in scope, with disbursement linked indicators tied to strengthened systems of financial management, inclusive planning as well as environmental and social safeguards (i.e. scaled up health care waste management and infection control, and stronger township health plan, including community engagement).

The support to frontline service delivery is expected to increase the coverage of health services by target populations and may generate incremental health care waste, such as sharps or contaminated waste, which needs to be handled properly. Eligible expenditure items may include minor renovations and repairs of existing facilities. Specific environmental safeguard mitigation measures are described in the project Environmental Management Plan (EMP) including ECOPs to address generic construction impacts and Health Care Facility Waste Management Plan to address health care wastes of the HCFs supported and would be applied under the project. Standard Operating Procedures for Health Care Waste Management are being finalized by MOHS.

It will be important that these basic services are available and accessible in an equitable manner to the entire population including remote populations and ethnic minorities. The implication of fee-exemption schemes and other possible financial protection measures also need to make sure equitable application across different social groups, in a culturally and linguistically appropriate manner for ethnic groups. OP 4.10 is triggered and specific social safeguard measures will be applied under the project as described in the Community Engagement Planning Framework (CEPF).

It will be important that these basic services are available in an equitable manner to the entire population including remote populations and ethnic minorities. The implication of fee-exemption schemes and other possible financial protection measures also need to make sure equitable application across different social groups. OP 4.10 is triggered and specific social safeguard measures are applied under the project as described in the Community Engagement Planning Framework (CEPF).

F. Environmental and Social Safeguards Specialists

Martin Fodor, Environmental Safeguards Specialist

Zeynep Durnev Darendeliler, Social Safeguards Specialist

II. IMPLEMENTATION

The project will continue to be implemented by MOHS at the central level, regional/state level and at the township level. The primary health care facilities, which are at township and below, will be the key implementers, as well as the Union Ministry's central level programs responsible for strategies and guidelines, capacity building, and monitoring and supervision.

III. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	OP 4.01 is triggered as the project may increase health care waste and create minor environmental impacts associated with small scale renovation activities in selected health care facilities. In order to address the OP 4.01 requirements, MOHS prepared, under the ESHAP, an Environmental Management Plan (EMP) adapted to the project that includes: (i) specific ECoPs to address impacts linked to planned minor refurbishment works (e.g., wall painting, window repairs) and (ii) a general brief Health Care Waste Management Plan (HCWMP) and Standard Operating procedures (about to be finalized) adapted to the project that will ensure addressing properly health care waste management impacts. These will continue to be used for the Additional Financing activities. The EMP and HCWMP include, among other aspects, info on: characteristics and hazards profile of health care waste (solid, liquid, infectious, pathological, sharps, pharmaceutical, radioactive and mixed); medical waste containment and storage requirements and locations; treatment, disposal and transportation, including options; emergency actions; responsibilities for health care waste management, and training. The EMP including the ECoPs and the Health Waste Management Plan are annexed to the project Operational Manual, and have been disclosed in country and Info Shop. Public consultations were held by MoH on the draft EMP in Yangon on July 7, 2014 and in Mawlamyine on July 8, 2014 to collect further input from stakeholders on project potential impacts.

		Additional consultations with stakeholders were help in April 2017 to discuss guidelines development. During project implementation of this additional finance, the project intends to support strengthening of infection control systems at the national and facility levels. A social assessment was undertaken during project preparation of the parent project to assess potential social impacts and risks as per OP 4.01 and OP 4.10, and measures to address such impacts during project implementation are addressed in the Community Engagement Planning Framework as well as site-specific plans in the form of adapted Township Health Plans.
Natural Habitats OP/BP 4.04	No	Although the project covers the entire country, the project interventions linked to health care facilities are not located in or nearby protected areas or in areas with natural habitats. The project will not finance construction of new, or expansion of existing, health facilities given the weak capacity of the Borrower to implement relevant Bank environmental safeguard procedures. The investments will focus only on recurrent cost of front line services and may include only minor rehabilitation or repairs to facilities within the same footprint.
Forests OP/BP 4.36	No	The project does not include any activities that could affect forest, forest health and forest-dependent communities.
Pest Management OP 4.09	No	Project will not finance pesticides, such as for control of vector-borne diseases such as malaria and dengue.
Physical Cultural Resources OP/BP 4.11	No	As there will be no new constructions or expansions of health facilities, it is highly unlikely that the project will affect any physical cultural resources. There are no township hospitals or lower level hospitals which are on a national or international heritage list. As such, the project will not adversely affect sites with archeological, paleontological, historical, religious, or unique natural values
Indigenous Peoples OP/BP 4.10	Yes	The project is nation-wide in scope and includes areas with ethnic minorities that are covered under OP 4.10. Myanmar is made up of 135 officially recognized ethnic

		nationalities, grouped into 8 ethnic races including the majority Bamar. In the absence of exact census figures, it is estimated that ethnic nationalities account for about 30% of the total population. They live mainly in the 7 ethnic States (Kayah, Kayin, Kachin, Chin, Mon, Rakhine, and Shan) in the border areas. The provision of health services supported by the project is not expected to have adverse impacts on ethnic minorities. However, issues related to equity in access and culturally appropriate delivery of services in areas with ethnic minorities, as well as other vulnerable population groups such as internally displaced persons, remain a challenge. A social assessment (SA) was undertaken during project preparation of the parent project, along with consultations with various stakeholders, including organizations representing and working with ethnic minorities. A Community Engagement Planning Framework (CEPF) was prepared based on the SA and consultation process. The Framework includes the elements of an Indigenous Peoples Planning Framework as required under OP 4.10, but also addresses broader social issues and potential impacts for all communities. It contains procedures for a practical and site-specific participatory planning process involving free, prior and consultations, social analysis and preparation of site specific plans incorporating findings from the consultation and assessment process. The CEPF adapts existing procedures, using the Township Health Plans, to meet OP 4.10 requirements for providing culturally appropriate benefits to ethnic minorities. The Township Health Plan is adapted to include elements contained in an Ethnic Minority Plan where ethnic nationalities are present, but also addresses the concerns of other vulnerable and under-served population groups based on the community engagement process described in the CEPF. The CEPF envisages that broad community support to Township Health plans will be achieved through the participatory planning process and the involvement of township and village health committees.

		Against a target of 50 townships for the first year, 41 Township Health Plans submitted for review had community engagement activities reflecting inclusiveness of vulnerable groups. The remaining 9 reported that community engagement took place, but the documentation for this engagement was not satisfactory according to the verification agency. Special attention will be paid in supervision to the root causes of why these 9 townships did not document the community engagement satisfactorily with a view to remedy this in the next township planning exercise. A simple guideline for community engagement within the township health planning process, including a checklist on how to organize and record community consultation meetings, has been developed and the 50 townships were trained on how to use these guidelines. The guidelines will be included in the CEPF and disclosed prior to the additional financing. However, there are challenges to implementation of CEPF. Challenges include reaching out to ethnic nationalities or minorities where Ethnic Health Organizations (EHOs) do not exist due to language, physical accessibility and representation. The project is working with other donors and NGOs who are more active in reaching out to ethnic nationalities to partner with them on outreach to communities. Well established EHOs, such as Karen and Mon, have been involved not only in the relevant townships and states/regions, but also at the National level, in particular the formulation of the National Health Plan (NHP). For the first time, EHOs are recognized as important providers of health services and the plan identifies greater collaboration and coordination moving towards Universal Health Coverage. Despite the progress, there continues to be a need to ensure better assessment of specific access constraints faced by marginalized populations and minorities and establishment of broad community support for Township Health Plans as planned for in the CEPF.
Involuntary Resettlement OP/BP 4.12	No	The project will not finance construction of new, or expansion of existing, health facilities and will therefore not involve any land

		acquisition. To date, none of the activities implemented or planned require land acquisition or resettlement. The project will only finance activities that have short-term minor impacts associated with the renovation and refurbishment of the HCFs financed under component 1. The renovation and refurbishment activities would be done in within existing buildings footprint, and without expansion. Therefore, the policy will not be triggered for the purposes of the additional finance.
Safety of Dams OP/BP 4.37	No	The Project will not finance any activities related to the construction of dams nor affect operations of existing dams or affiliated reservoirs.
Projects on International Waterways OP/BP 7.50	No	The project will not affect international waterways.
Projects in Disputed Areas OP/BP 7.60	No	No activities are planned in any disputed areas.

IV. Key Safeguard Policy Issues and Their Management

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:
The Project may increase health care waste and create minor environmental impacts associated with small scale renovation activities in health care facilities (HCF) and the provision of medical equipment that can generate waste. Further, there are associated impacts related to lack of proper heath care waste management practices. Some aspects of the project implementation (e.g., purchase of medication, syringes, etc.) could lead to an increase in site-specific environmental and health risks.It is not expected that this additional finance will cause any potential large scale, significant and/or irreversible impacts. The project may have some short-term minor impacts associated with the renovation and refurbishing activities of the HCFs financed under project component 1. The renovation and refurbishing activities would be done in within existing buildings footprint, and without expansion. The associated impacts are expected to be of small scale, localized, in short-term period and manageable if good design and construction practices are followed. Project will follow existing ECOP to address impacts linked to planned minor refurbishment works (e.g., wall painting, window repairs). The project will support Townships and States/Regions with ethnic minorities. Overall, communities will benefit from enhanced health services and will be encouraged to engage in a participatory planning process to improve health services at townships and village levels. However, in the absence of culturally and linguistically appropriate mechanisms of participation there is a risk of exclusion for ethnic group beneficiaries. The CEPF adapts

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existing procedures, using the Township Health Plans, to meet OP 4.10 requirements for providing culturally appropriate benefits to ethnic minorities. The Township Health Plan is adapted to include elements contained in an Ethnic Minority Plan where ethnic minorities are present, but also addresses the concerns of other vulnerable and under-served population groups based on the community engagement process described in the CEPF.
Currently, implementation experience on establishing a grievance handling and community feedback mechanism has been uneven in townships and not systematized across the project. Guidelines for improving communities' role in providing feedback and oversight have been developed and will be implemented under the additional financing.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:

There are no indirect or long term impacts due to anticipated future activities in participating townships.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.

Not applicable

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.

The additional financing has a specific disbursement link indicator related the implementation of a Health Care Waste Management (HCWM) system in all the HCF included in the Project. The objective is that by 2022, 280 townships will have all hospitals and station hospitals and 80% rural health centers are implementing HCWM and infection control measures according to SOP.

The MoH has undertaken a social assessment (SA) and consultation process during the parent project preparation to assess potential social impacts and risks, and to inform the preparation of the Community Engagement Planning Framework (CEPF). The CEPF provides measures to ensure culturally appropriate benefits through a participatory community engagement process.

The safeguards rating for the parent project has been Moderately Satisfactory since 2015, mostly due to delays in implementation. The MOH has developed experience implementing World Bank-financed projects over time including requirements regarding Safeguard Policies. A number of lessons learned during the implementation of the Project have been incorporated into the existing design. There is a fully functional Safeguard unit in charge of managing safeguard-related aspects of the project. The Bank will continue providing capacity building and operational support to the implementation of the Project, including safeguards.

The MOH has gained experience implementing an ESMP including a: (i) application of specific ECOP to address potential adverse environmental impacts linked to planned minor refurbishment works (e.g., painting, window repairs, possible risks from dismantling asbestos containing materials such as roofs, etc.) and (ii) a HCWM plan to address solid and liquid wastes that will be generated by the Health Care Facilities supported by the project.

The MoH, with support from the World Bank, will provide the necessary training for Township Medical Officers and other relevant stakeholders including among other aspects capacity building for health care waste management and project safeguards management in line with the applicable safeguards documents targeting strengthening of related procedures and regulations; skills of staff, and providing initial supplies to allow proper implementation of procedures in the health facilities.

The CEPF prepared for the project includes a participatory consultation and community engagement process to address such concerns at the State, Township and Village level. The CEPF envisages that the Township Health Plans will be prepared through this community engagement process and with the involvement of health committees, which will ensure broad community support to the project's financing of operational expenses at participating Townships.

Throughout the implementation of the project, the MoH has developed guidelines for community engagement in Township Health Plans and is training township health departments in integrating community engagement into the township health planning process. These guidelines will need be improved to include measures specified in the CEPF under the Additional Financing however, in order to ensure that the planning process is meaningfully accessible to ethnic groups in a culturally appropriate manner and in the appropriate language.

The MoH has also developed guidelines for a grievance redress mechanism, though these will need to finalized and implemented systematically under the Additional Financing.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

Key stakeholders include: MoHS, relevant donors, State and Township medical staff and administrators; other health care providers, such as NGOs, faith-based organizations, City Development Committees (Pollution Control and Cleansing Department), private providers, and ethnic health organizations providing health services in some ethnic nationality/minority areas which are not covered by the Government; professional organizations; NGOs and civil society organizations with an interest in the health care sector; and local communities at township and village levels, including vulnerable and under-served population groups such as ethnic minorities.

Project preparation included an Environmental Management Plan (EMP), and a social assessment and consultations with the various stakeholders listed above. The SA and EMP included field visits to two townships and five villages. Public consultations on the draft EMP and CEPF (version of June 2014) were held by MoH representatives on July 7 in Yangon and July 8 in Mawlamyine. The CEPF includes a process for consultations and participatory planning at the township level during project implementation, including measures to address particular issues for vulnerable and under-served population groups such as ethnic minorities.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	09-Jun-2014

Date of submission to InfoShop	24-Aug-2014
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	
"In country" Disclosure	
World	03-Jul-2014
Comments:	
Myanmar	30-Jun-2017
*Comments:*The EMP has been re-disclosed.	
Indigenous Peoples Development Plan/Framework	
Date of receipt by the Bank	09-Jun-2014
Date of submission to InfoShop	24-Aug-2014
"In country" Disclosure	
World	03-Jul-2014
Comments:	
Myanmar	30-Jun-2017
*Comments:*Community Engagement Planning Framework has been re-disclosed.	
If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.	
If in-country disclosure of any of the above documents is not expected, please explain why::	

C. Compliance Monitoring Indicators at the Corporate Level

OP/BP/GP 4.01 - Environment Assessment						
Does the project require a stand-alone EA (including EMP) report?	Yes	[X]	No	[]	NA	[]
If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?	Yes	[X]	No	[]	NA	[]
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	Yes	[X]	No	[]	NA	[]
OP/BP 4.10 - Indigenous Peoples						
Has a separate Indigenous Peoples Plan/Planning Framework (as appropriate) been prepared in consultation with affected Indigenous Peoples?	Yes	[X]	No	[]	NA	[]
If yes, then did the Regional unit responsible for	Yes	[X]	No	[]	NA	[]

safeguards or Practice Manager review the plan?						
If the whole project is designed to benefit IP, has the design been reviewed and approved by the Regional Social Development Unit or Practice Manager?	Yes	[X]	No	[]	NA	[]
The World Bank Policy on Disclosure of Information						
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes	[X]	No	[]	NA	[]
Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?	Yes	[X]	No	[]	NA	[]
All Safeguard Policies						
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes	[X]	No	[]	NA	[]
Have costs related to safeguard policy measures been included in the project cost?	Yes	[X]	No	[]	NA	[]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes	[X]	No	[]	NA	[]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes	[X]	No	[]	NA	[]

V. Contact point

World Bank

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VII. Approval

Task Team Leader(s):	Name:Hnin Hnin Pyne	
Approved By:		
Safeguards Advisor:	Name: Svend Jensby (SA)	Date: 27-Jul-2017
Practice Manager/Manager:	Name: Caryn Bredenkamp (PMGR)	Date: 28-Jul-2017
Country Director:	Name:Gevorg Sargsyan (CD)	Date:11-Aug-2017