

INTEGRATED SAFEGUARDS DATA SHEET

APPRAISAL STAGE

Report No.: ISDSA12798

Date ISDS Prepared/Updated: 20-Apr-2015

Date ISDS Approved/Disclosed: 21-Apr-2015

I. BASIC INFORMATION

1. Basic Project Data

Country:	Lao People's Democratic Republic	Project ID:	P151425
Project Name:	Lao PDR Health Governance and Nutrition Development Project (P151425)		
Task Team Leader(s):	Laura L. Rose, Phetdara Chanthala		
Estimated Appraisal Date:	22-Apr-2015	Estimated Board Date:	23-Jun-2015
Managing Unit:	GHNDR	Lending Instrument:	Investment Project Financing
Sector(s):	Health (75%), General water, sanitation and flood protection sector (10%), Public administration- Health (10%), General energy sector (5%)		
Theme(s):	Nutrition and food security (40%), Population and reproductive health (30%), Child health (20%), Health system performance (10%)		
Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)?			No
Financing (In USD Million)			
Total Project Cost:	26.40	Total Bank Financing:	26.40
Financing Gap:	0.00		
Financing Source			Amount
BORROWER/RECIPIENT			0.00
International Development Association (IDA)			26.40
Total			26.40
Environmental Category:	B - Partial Assessment		
Is this a Repeater project?	No		

2. Project Development Objective(s)

The Project development objective is to help increase coverage of reproductive, maternal and child health, and nutrition services in target areas.

3. Project Description

The Project supports two important Government of Lao PDR Programs to improve health and nutrition outcomes. The first is the Health Sector Reform Strategy (HSRS) which was approved in 2013 and is built around five priority areas: (i) human resources for health, (ii) health financing, (iii) governance, organization, and management, (iv) health service delivery, and (v) health information systems. The second is the Multi-sectoral Food and Nutrition Security Action Plan (MFNSAP) which has been drafted to accelerate multi-sector actions to address the crisis in under-nutrition. There are numerous active development partners in Lao PDR, including the UN agencies (e.g. UNICEF, UNFPA, WHO), the European Union, the Asian Development Bank (ADB), and bilateral partners (Korea, Japan, USA) who are aligning behind these Government policies. IDA financing is proposed for a Project that comprises the following activities which complements those of other donors in support of the Government's Program:

Component 1: Health Sector Governance Reform (US\$0.5 million)

The Component will support the expansion and continued improvements to the district health management information system (DHIS2); support to train internal Ministry of Health (MOH) staff in access and utilization of the system is also covered. This system is utilized by the MOH to report on their health indicators and provides key management information to inform policy direction and resource allocation. Data generated by this system will be utilized to inform on targets to be attained in order to ascertain achievement against the disbursement linked indicators (DLIs) supported under Component 2, Service Delivery. This component will also assist the GOL to establish a system for civil registration and vital statistics (CRVS).

Component 2: Service Delivery (US\$18 million)

This Component aims to support the GOL's aim to strengthen reproductive, maternal, and child health, and nutrition services. Financing will be provided based on results which are tracked through a set of DLIs. DLIs are a set of tracer indicators aimed at measuring performance against service delivery outcomes and health system strengthening actions.

Two sets of DLIs have been adopted: One set of three DLIs at the Central level focuses on management and health system actions that support decentralized service delivery and thereby support achievement of the Project objectives. The second set of DLIs focus on service delivery in 14 of the 18 provinces. While the DLIs for the 14 provinces will measure performance against the same seven indicators, there will be 14 province specific DLI tables which indicate the province specific baseline, the target and the amount the individual province can achieve for each DLI. The total amount available for component 2 for each province will be allocated based on a formula, which includes provincial level population and poverty data. The final formula will be agreed during negotiations. IDA will disburse funds to the Central MOH upon achievement of the Central DLI targets, which are monitored annually and subject to independent verification. Funds will also be disbursed to the center (who will then transfer to each of the provinces) based on their annual provinces achievement against province specific DLI targets. The provincial DLIs will be monitored through (i) the national health management information system and provincial registers; and (ii) independent verification through a national agency. In addition, a supervisory checklist will be introduced to periodically review performance of the health centers and district hospitals to form the backbone of the service monitoring efforts. Support for the independent verification mechanism is provided under Component 4.

Component 3: Nutrition Social and Behavior Change Communication (US\$4 million)

This component will complement the health facility and community-based nutrition-related services supported under Component 2 by financing the implementation of nutrition- and health-related SBCC. Activities supported under this Component are organized under two sub-components. Sub-component 3.1 supports efforts related to the preparation of national strategy for a SBCC and sub-component 3.2 supports implementation of SBCC at the national and village level in a selected number of high priority districts. SBCC content will cover both nutrition-specific as well as nutrition-sensitive interventions.

Sub-Component 3.1: Preparing an SBCC Strategy (US\$0.5 million)

This sub-component will help the National Nutrition Committee prepare a high impact, integrated social and behavior change communication strategy which is a key priority identified in the MFNSAP. The component will finance technical assistance for: (a) stocktaking of existing SBCC materials and delivery approaches, as well as additional formative research (mostly qualitative) to help fill priority gaps (e.g. maternal nutrition, animal and child feces disposal and clean play areas for infants); (b) development of an integrated SBCC Strategy and Implementation plan, including stakeholder consultation; and (c) development of an SBCC campaign concept and umbrella slogan, and a set of integrated campaign tools, such as mass media tools (TV spots, videos, radio programs, posters, banners, social media applications, and collaterals), and also tools/scripts to organize community edutainment events interpersonal communications toolkits for village facilitators, as well as job-aids for health center (outreach) staff.

Sub-Component 3.2: Implementation of SBCC Strategy (US\$3.5 million)

At the national level, the sub-component will supplement existing Government's budget to finance the following items: (i) delivery costs of the mass-media campaign, including air-time/radio time, social-media costs, staging of community edutainment events focused on selected districts; (b) printing/production costs for SBCC materials, including job-aids for health center (outreach) staff, village facilitator toolkits, posters and production of other collaterals; and (c) equipment needs for villages to support SBCC activities, such as pocket projectors, height boards and weighing scales, as well as equipment for SBCC-activities supported by the District Health Office (DHO).

At the village level, the sub-component complements national activities through community-based SBCC activities aimed at contributing to improvements in: maternal nutrition and related caring practices; infant and young child feeding and caring practices; appropriate sanitation and personal as well as environment-related hygiene behaviors; household air pollution through use of near smokeless cookstoves; dietary diversification, and other determinants of nutrition at the village level. Village-based facilitators, who will comprise mostly female village health volunteers and/or members of Lao Women's Union, will support the SBCC implementation at a village level, under the guidance of district health staff. The geographical area of the village-level activities will be identified by the government, and would include priority target "convergence" districts in 3 provinces from the MFNSAP following a phased approach and with the aim to cover entire districts. The delivery mechanism and implementation are expected to be replicated and scaled up in other areas, contributing to sustainability.

Two innovative multi-sectoral programs are highlighted:

- **Open Defecation Free (ODF) villages.** While SBCC activities will deliver messages on sanitation and hygiene to target audiences, complementary community mobilization is needed to empower villagers to collectively stop the practice of open defecation. This is especially important due to the externalities of open defecation. In line with the priority actions under MFNSAP, the project will support district-wide implementation of Community-Led Total Sanitation (CLTS) for the targeted districts. District Health staff will be facilitators for CLTS, working closely with village-based facilitators. The project supports the achievement of ODF villages, through CLTS and SBCC activities. It will follow the MOH's Operational Guideline and ODF verification guideline. The project supports operational costs for SBCC and CLTS, and training for facilitators, Health Office staff and sanitation suppliers. The project will not pay for construction of latrines, as households are expected to self-finance. In order to address any environmental impacts from construction of these latrines, measures under the ECOP adopted by Nam Saat of MOH will be applied. This ECOP has been reviewed by the World Bank and found to be acceptable.
- **Cookstoves.** The GOL has created a Lao Clean Stove Initiative Inter-Ministerial Taskforce with support from the World Bank, initiated an assessment of the practicability and cost-effectiveness of introducing near smokeless "super-clean" cookstoves into households in the poorest rural communities of Lao PDR. Initial results suggest the cookstoves are a cost effective way to reduce household air pollution (HAP). Cleaner and more convenient cookstoves fit well also with specific measures to improve nutrition in the MFNSAP such as cooking demonstrations to improve food safety and treatment of household water by boiling. Preliminary financial modeling of the cost of a 50,000 super clean stoves distribution program in Lao PDR indicates that private sector financing is plausible. Addressing HAP and promotion of clean cookstoves will be included in Behavioral Change Activities in IDA financing. As the specific activities will not be known by appraisal the MOH will adopt ECOPs acceptable to the World Bank prior to implementation of any such activities.

Component 4: Project Management, Monitoring and Evaluation (US\$2.5 million)

This Component will support project management, including the general monitoring and evaluation (M&E) efforts. It will cover contracting of a firm or institution to independently verify the results achieved under the DLIs. It will also support contracting of technical assistance (TA) to help Provinces achieve the DLIs. Financing is also to be used for the design of a supervision checklist which will be used as part of the verification process. Periodic studies and surveys will be financed to better understand health seeking behavior, and to enable better targeted interventions.

Component 5: Contingent Emergency Response (US\$0 million)

The objective of the contingent emergency response component with a provisional zero allocation is to allow for the reallocation of financing in accordance with the IDA Immediate Response Mechanism in order to provide a rapid response to disaster or emergency events, as needed. This component would finance expenditures on a positive list of goods and/or specific works and services required for emergency recovery. An Emergency Response Manual (ERM) will apply to this component, detailing streamlined financial management, procurement, safeguard and any other necessary implementation arrangements.

4. Project location and salient physical characteristics relevant to the safeguard analysis (if known)

The Program will cover the whole country. Support from IDA for the service delivery (Component 2) through DLIs, and the support under Component 4 will exclude Provinces supported by Lao-Lux, and therefore only cover 14 of the 17 Provinces. Financing from IDA under Component 1 and the SBCC design under Component 3, will be national.

5. Environmental and Social Safeguards Specialists

Ruxandra Maria Floroiu (GENDR)

Satoshi Ishihara (GSURR)

6. Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	<p>This policy is triggered because of any potential environment impact by the project although these are expected to be minimal.</p> <p>The Project will not finance any civil works. There will be no new construction of buildings; rehabilitation or refurbishment of existing health centers or administrative offices or minor repairs (window rehabilitation, wall painting, internal wall demolition, etc.). The Project is also expected to generate medical waste.</p> <p>The Project will support SBCC and CLTS activities to achieve Open Defecation Free (ODF) villages. The Project will finance operational costs for SBCC and CLTS, and training for village facilitators, health staff and sanitation businesses. No civil works would be financed for this activity. Villagers would build latrines by themselves. In order to address any environmental impacts from construction of these latrines, measures under the ECOP adopted by Nam Saat of MOH will be applied. This ECOP been reviewed by the Bank and found to be acceptable.</p> <p>Cook stoves</p> <p>As the specific activities are not known by appraisal the MOH will adopt ECOPs acceptable to the World Bank prior to the commencement of any such activities.</p> <p>Any technical assistance that has environment and social implications has to adopt the Bank's safeguard policy requirements. The Bank policy applies for any TOR that are prepared for these activities.</p>
Natural Habitats OP/BP 4.04	No	<p>The Project will not cause any degradation of natural habitats as defined under the safeguard policy. The nature and scope of the Project involves only technical assistance and service delivery that will not have the potential to</p>

		cause any significant loss or degradation of natural habitats weather directly or indirectly.
Forests OP/BP 4.36	No	The Project will not finance forest related sector activities or other interventions that have the potential to impact upon forested areas.
Pest Management OP 4.09	No	The Project will not involve any procurement of pesticides nor cause any increased use of pesticide. It will not lead to use or procurement of pesticides equipment or to any present pest management practices.
Physical Cultural Resources OP/BP 4.11	No	Civil works of are not eligible for financing under this Project. Therefore, the Project activities will not adversely affect sites with archaeological, paleontological, historical, religious, or unique natural values.
Indigenous Peoples OP/ BP 4.10	Yes	<p>OP4.10 is triggered, because the target Districts where the Project components 2 and 3 would be implemented will include those districts where poor ethnic groups reside. Moreover, the Component 3 to support behavior change communication as well as ODF and cook stove initiatives will target vulnerable population groups including some of the ethnic groups. TA to be financed includes the design of a social and behavior campaign and studies assessing knowledge, attitudes, and practices towards nutrition.</p> <p>The Department of Planning and International Cooperation together with the Department of Hygiene and Health Promotion has undertaken a social assessment (SA) which included participatory assessments and free, prior and informed consultations with ethnic groups, in order to assess the Project's potential positive and adverse effects on local communities including but not limited to ethnic groups, and examine alternatives where adverse effects may be significant. In particular, the SA has reviewed existing barriers for ethnic women and children to receive proper health services, including those related to language, traditions, customs, values, etc. This assessment was carried out in a participatory manner with measures to address these barriers, which allowed their perspectives to be collected and reflected in the Project design. The SA found a broad community support among ethnic groups who joined the participatory assessment to the Project.</p> <p>The existing Ethnic Group Development (EGDP) of the HSIP and CNP was updated based on the finding of the SA which provides measures to ensure free, prior and</p>

		informed consultations with ethnic minorities during implementation leading to their broad community support, and steps to be taken to address barriers to their receiving project benefit and address negative impact that may occur, if any.
Involuntary Resettlement OP/BP 4.12	No	The Project will not finance civil works, including minor repairs, neither will it involve land acquisition or involuntary resettlement.
Safety of Dams OP/BP 4.37	No	The Project does not involve any dam construction or rehabilitation or works on related reservoirs.
Projects on International Waterways OP/BP 7.50	No	The Project does not involve international waterways.
Projects in Disputed Areas OP/BP 7.60	No	The Project will not be located in any known disputed areas as defined in the policy.

II. 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:

Environmental Safeguards. The Project will not finance any scale of civil works. There will be no new construction of buildings; rehabilitation or refurbishment of existing health centers or administrative offices or minor repairs (window rehabilitation, wall painting, internal wall demolition, etc.).

The project will support SBCC and CLTS activities to achieve Open Defecation Free (ODF) villages. The project will finance operational costs for SBCC and CLTS, and training for village facilitators, health staff and sanitation businesses. The project will not pay for construction of latrines, as households are expected to self-finance. In order to address any environmental impacts from construction of these latrines, measures under the ECOP adopted by Nam Saat of MOH will be applied. This ECOP has been reviewed by the World Bank and found to be acceptable.

Social Safeguards. A Social Assessment confirmed that access to and quality of health services vary significantly among ethnic groups. Ethnic minority women, due to topographical and social/cultural reasons, are less likely to receive anti-natal care or give birth with the assistance of a trained professional. The Project will support activities in areas with diverse ethnic groups, thereby triggering OP/BP 4.10 on Indigenous Peoples

The proposed IDA financed Project will support the implementation of the Government's overall health sector program embedded in the Health Sector Reform Framework, in coordination with various projects financed by other development partners in Lao PDR including the ADB. To this end, the Bank and ADB will rely on common implementation arrangements developed by the Government to satisfy the fiduciary and safeguard requirements of both institutions, and will undertake joint implementation reviews.

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

Not applicable

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 MOH has had around 10 years of experience in implementing projects financed by the World Bank, and has carried out, both in planning and in implementation, activities associated with Environment Management Plans and Ethnic Group Development Plans satisfactorily. The EGDG prepared in 2014, was updated and will be used under this project given the similarity in nature, types, scale and scope of impacts that may occur as was found under a social assessment carried out during the preparation of this project.
5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.
The MOH, along with District Health Office representatives carried out consultations with potential project beneficiaries/communities through a participatory social assessment, using the mechanism of “free, prior and informed consultation” in accordance with the Bank’s Indigenous Peoples Policy (OP 4.10) to assess whether the potential target villages and their communities support the implementation of the project. Focus group discussions (FGD) were conducted in three provinces, one in each region of north, central and south, covering a total of 17 villages, to identify possible issues and concerns that may be raised by potential target beneficiaries, of whom the majority are ethnic groups. The EGDG was prepared based on key findings of the social assessment, and consultation meetings were held between March 25- 29, 2015, in Bolikhamxay, Salavan, and Oudomxay.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	24-Mar-2015
Date of submission to InfoShop	16-Apr-2015
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	00000000
"In country" Disclosure	
Lao People's Democratic Republic	24-Mar-2015
<i>Comments:</i>	
Indigenous Peoples Development Plan/Framework	
Date of receipt by the Bank	24-Mar-2015
Date of submission to InfoShop	16-Apr-2015
"In country" Disclosure	
Lao People's Democratic Republic	24-Mar-2015
<i>Comments:</i>	
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 [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
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 [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
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 [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
The World Bank Policy on Disclosure of Information			
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
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 [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
All Safeguard Policies			
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
Have costs related to safeguard policy measures been included in the project cost?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]

III. APPROVALS

Task Team Leader(s):	Name: Laura L. Rose, Phetdara Chanthala	
Approved By		
Safeguards Advisor:	Name: Peter Leonard (SA)	Date: 21-Apr-2015
Practice Manager/Manager:	Name: Toomas Palu (PMGR)	Date: 21-Apr-2015