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# INTEGRATED SAFEGUARDS DATA SHEET CONCEPT STAGE

Report No.: ISDSC1129

**Date ISDS Prepared/Updated:** 23-Mar-2015

Date ISDS Approved/Disclosed: 24-Mar-2015

### I. BASIC INFORMATION

#### A. Basic Project Data

Country:	Lao People's Democratic Republic		Project ID:	P1514	25	
<b>Project Name:</b>	Lao PDR Health Governance and Nutrition Development Project (P151425)					
Task Team	Laura L. Rose,Phetdara Chanthala					
Leader(s):						
Estimated	24-Mar-2015		Estimated	23-Jun	-2015	
<b>Appraisal Date:</b>			<b>Board Date</b>	e:		
Managing Unit:	GHNDR		Lending Instrument		ment Project Financing	
Sector(s):	Health (70%), General water, sanitation and flood protection sector (15%), Public administration- Health (10%), General energy sector (5%)					
Theme(s):	Child health (10%), Nutrition and food security (40%), Health system performance (10%), Population and reproductive health (40%)					
Financing (In US	SD M	illion)				
Total Project Cost:		52.00	Total Bank F	otal Bank Financing: 25.00		
Financing Gap:		0.00				
Financing Source				Amount		
BORROWER/RECIPIENT					5.00	
International Development Association (IDA)				25.00		
Asian Development Bank				22.00		
Total					52.00	
Environmental	B - P	artial Assessment	_			
Category:	ш					
Is this a	No					
Repeater project?						

#### **B.** Project Objectives

The objective of the proposed operation is increase coverage of reproductive, maternal and child and nutrition services in target areas.

#### C. Project Description

To progress toward attaining of the health-related MDGs by 2015 and achievement of universal health coverage by 2025, Lao PDR would need a program of support that delivers: (a) enhanced services for reproductive, maternal, and child health with special focus on better nutrition outcomes through multi-sectoral actions; (b) sustainable and equitable health financing for the protection of poor and most vulnerable; and (c) sustained capacity strengthening to deliver these services. The proposed Program, with support from the Asian Development Bank (ADB) and the International Development Association (IDA) will attempt to address constraints on both the supply and demand side. These include both the direct determinants of health and nutrition that are typically addressed through health service delivery systems (e.g. antenatal and post-natal care services, provision of commodities, etc.) and the non-health determinants of health and nutrition (such as behavior change communication). The Program will be national in coverage, with aspects of the support to be phased in; the initial coverage will include Provinces identified by the Government as priority areas for focus on nutrition interventions. The following description presents the components of the Program, including activities proposed for support by ADB, and provides IDA's expected financial contribution. It does not include other possible sources of funding such as the intention to apply for funding from the Global Financing Facility to Advance Women's and Children's Health (GFF) where Lao PDR is currently waitlisted for the front runner group. The proposed Program components are:

COMPONENT 1: HEALTH SECTOR GOVERNANCE REFORMS (US\$0.5 million), which supports the Government's Health Sector Reform Framework (HSRF) and will develop missing systems and institutional arrangements to deliver national health programs; reforms to be supported include the financial system, human resources, and health (including nutrition) information system. The component primarily comprises technical assistance and be financed by the ADB project investment loan. IDA's support will be the contracting of technical assistance to update the health management information system (DHIS2) for expansion purposes, and operating costs associated with operating the DHIS2.

COMPONENT 2: SERVICE DELIVERY (US\$18 million). Financing for this component will cover existing national programs to increase the utilization of maternal and child health services and family planning (Free Maternal, Neonatal, and Child Health-FMNCH), nutrition specific interventions, and provide financial protection for the vulnerable (Health Equity Funds-HEFs). ADB will parallel finance this through a Policy-Based Loan that will be used to finance grants to the provinces. IDA support will be based on the performance based lending modality utilizing disbursement linked indicators (DLIs) to implement results based management and to pay for performance at Provincial and central levels.

COMPONENT 3: MULTISECTOR RESPONSE TO IMPROVE NUTRITION (US\$4 million). This component will not having any support from ADB, and be wholly financed by IDA. It will support the design of a social and behavior change campaign (SBCC) to support attainment of Millennium Development Goal #4, Reduce Child Mortality. Activities to be supported include technical assistance to help design the campaign, and operating costs related to designing the SBBC. The second activity to be supported under this component will be support to village level sanitation through Grants provided to the Districts; it is expected to finance pour flush latrines (estimated at US \$1,300 per village) as well as the consultation and supervision costs of the District associated with the activity.

COMPONENT 4: MANAGEMENT, MONITORING AND EVALUATION (US\$2.5 million). The component will support routine Program management, including fiduciary tasks and monitoring and evaluation of the Program. Incremental operating costs, including translation, interpretation, equipment, supervision costs (transportation and per diem), technical assistance for the National Program Coordination Unit of the MOH's Department of Planning and International Cooperation. All of the foregoing will be financed by the ADB. Financing from IDA will cover technical assistance for Provinces to achieve the DLIs, contracting of a firm to carry out independent verification of the DLIs, technical assistance to design a supervision form, and technical assistance to carry out selected studies such as service delivery survey; availability and readiness assessment; public expenditure review, and rapid household surveys.

## D. 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. Support provided for village level activities using District grants would take into consideration supporting Provinces with Districts identified as priorities under the Multisectoral Nutrition and Food Security Action Plan.

#### E. Borrowers Institutional Capacity for Safeguard Policies

The proposed support is a follow-on operation of the previous ADB and World Bank support to the health sector. The previous IDA support includes the Health Services Improvement Project (HSIP) and the Community Nutrition Project (CNP), in which the recipient demonstrated the capacity to comply with World Bank safeguard policies during implementation. People from ethnic minorities were trained by the HSIP and CNP Projects giving them preference and posting them back in their original communities. These mitigation measures are in line with the Ethnic Group Development Plan (EGDP) applied by the Projects to help health workers from remote areas overcome their language difficulty. The ADB projects supporting the northern Provinces were implemented in accordance with their safeguard requirements. In the Provinces supported by HSIP, the district and provincial health officers are familiar with the Operational Manual, which includes environmental safeguard requirements, and the safeguard documents prepared for the Project.

#### F. Environmental and Social Safeguards Specialists on the Team

Ruxandra Maria Floroiu (GENDR) Satoshi Ishihara (GSURR)

#### II. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	The Program may involve renovation to facilities on their existing footprint, which would be financed solely by the ADB. IDA financing may support village level sanitation activities This may lead to some concerns relating to inconveniences or nuisances (e.g. dust, noise, construction waste) to surrounding areas during the renovation. However, these potential impacts on the environment are deemed to be minor, site specific and reversible in

		nature, and for which mitigation measures can be readily designed. Based on the past experiences with HSIP, CNP and the Avian and Human Influenza Control and Preparedness Project, and to ensure compliance with World Bank safeguards policies, an Environmental Code of Practices (ECOP) will be updated as part of the Operational Manual, which will be implemented by the Program team. The technical assistance envisaged under the IDA support will be contracted to carry out improvements to the existing management information system, supporting the design of a social and behavior change campaign to address nutrition issues, verifying results under the Service Delivery (DLI financed) component, designing a supervision checklist, and carrying out studies to inform that component. The support of these, as checked against the Interim Guidelines on the Application of Safeguards for TA activities by the Bank indicate that there would be no environmental impact as a result of the work
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Natural Habitats OP/BP 4.04	No	The Program will not cause any degradation of natural habitats as defined under the safeguard policy.
Forests OP/BP 4.36	No	The Program will not degrade critical forest areas as defined under the safeguard policy.
Pest Management OP 4.09	No	The Program will not involve any procurement of pesticides nor cause any increased use of pesticide.
Physical Cultural Resources OP/BP 4.11	No	The Program will not adversely affect sites with archaeological, paleontological, historical, religious, or unique natural values.
Indigenous Peoples OP/BP 4.10	Yes	OP4.10 is triggered, because the districts where the Program components 2 and 3 would be implemented will include those districts where poor ethnic groups reside. Moreover, the component to support behavior change communication will cover areas that include ethnic groups. Activities supported under the Program have been implemented under previous Bank projects in the health, and other sectors. The Department of Planning and International Cooperation together with the Department of Hygiene and Health Promotion will undertake a Social Assessment (SA), including in areas where ethnic groups are present, in order to assess the Program'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 will review existing barriers for ethnic women and children to receive proper health services, including those related to language, traditions, customs, values, etc. This assessment will identify, in a participatory manner, measures to address these barriers. Free, prior and informed consultation will be conducted with a representative sample of ethnic groups who are likely to participate in and affected by the Program. This process will allow their perspectives to be collected and reflected in the Program design and that their broad support to the Program is ascertained. To carry out the SA, the client will hire a social consultant whose qualification, experience and Terms of Reference are acceptable to the Bank.  The existing EGDP of the HSIP and CNP will be updated based on the SA and consultations, and disclosed both through Infoshop and in-country at convenient locations prior to Program appraisal.
Involuntary Resettlement OP/BP 4.12	TBD	Potential impacts under 4.12 will be assessed and determined during project preparation.
Safety of Dams OP/BP 4.37	No	The Program does not involve any dams.
Projects on International Waterways OP/BP 7.50	No	The Program does not involve international waterways.
Projects in Disputed Areas OP/ BP 7.60	No	The Program will not be located in any known disputed areas as defined in the policy.

#### III. SAFEGUARD PREPARATION PLAN

- A. Tentative target date for preparing the PAD Stage ISDS: 23-Mar-2015
- B. Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing<sup>1</sup> should be specified in the PAD-stage ISDS:

The existing EGDP of the HSIP and CNP will be updated based on the SA and consultations, and disclosed both through Infoshop and in-country at a convenient location prior to Program appraisal

#### IV. APPROVALS

Task Team Leader(s):	Name:	Laura L. Rose,Phetdara Chanthala	
Approved By:			
Safeguards Advisor:	Name:	Peter Leonard (SA)	Date: 24-Mar-2015
Practice Manager/ Manager:	Name:	Toomas Palu (PMGR)	Date: 24-Mar-2015

<sup>1</sup> Reminder: The Bank's Disclosure Policy requires that safeguard-related documents be disclosed before appraisal (i) at the InfoShop and (ii) in country, at publicly accessible locations and in a form and language that are accessible to potentially affected persons.