

**INTEGRATED SAFEGUARDS DATA SHEET
APPRAISAL STAGE**

Report No.: ISDSA8909

Date ISDS Prepared/Updated: 24-Aug-2014

Date ISDS Approved/Disclosed: 28-Aug-2014

I. BASIC INFORMATION

1. Basic Project Data

Country:	Myanmar	Project ID:	P149960
Project Name:	Essential Health Services Access Project (P149960)		
Task Team Leader:	Hnin Hnin Pyne		
Estimated Appraisal Date:	25-Aug-2014	Estimated Board Date:	14-Oct-2014
Managing Unit:	GHNDR	Lending Instrument:	Investment Project Financing
Sector(s):	Health (85%), Other social services (15%)		
Theme(s):	Health system performance (85%), Other social protection and risk management (15%)		
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:	100.00	Total Bank Financing:	100.00
Financing Gap:	0.00		
Financing Source			Amount
BORROWER/RECIPIENT			0.00
International Development Association (IDA)			100.00
Total			100.00
Environmental Category:	B - Partial Assessment		
Is this a Repeater project?	No		

2. Project Development Objective(s)

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).

3. Project Description

Component 1: Strengthening Service Delivery at the Primary Health Care Level (US\$86M)

The component focuses on channeling funds through MOH to the states/regions and townships for operational expenses or non-salary recurrent expenditures.

Resources to the Township and Below. US\$ 60 million (about 70 percent of the component allocation) is expected to flow to townships and below. The funds will be used to (a) assist basic health staff and medical officers to expand outreach, supervision, communications, and engagement with communities; (b) keep facilities, vehicles, furniture and equipment functioning and maintained; and (c) allow users of facilities to have basic needs met, such as clean water, therapeutic foods and emergency travel costs. Funds will be provided to Township Medical Officers (TMOs), for use at the township hospitals and onward disbursement to station hospitals, RHC, and maternal and child health centers, based on Standard Operating Procedures (SOP). The allocation of resources across facilities will be determined by a simple formula which results in a payment that is fixed for all facilities of a particular type (township hospitals, station hospitals, RHCs, secondary (urban) health centers, school health and maternal and child health clinics, but adds a 100 percent premium to facilities located in hardship townships. The formula is designed with the following principles in mind: simplicity, transparency (based on data that are easily available and beyond dispute), equity (with larger allocation to facilities in hardship townships) and predictability (in terms of the facility amounts and their timing).

Resources to the State/Regional Health Directorates. Around US\$24 million will be provided to the state/regional Health Departments for operational expenses, such as supervision, and coordination, convening, communication activities, hiring basic health staff or financial officers on contractual basis, and possibly for development of a convergence strategy by state authorities together with ethnic organizations. The amount provided to each of the 17 S/RHDs will consist of an annual allocation of US\$200,000 per state/region plus an amount that varies proportional to the number of townships in that state/region, for a total of between US\$250,000 and US\$400,000 per S/RHD per year.

Community empowerment. Communities will be informed of Government's efforts to improve services through increased operational budgets, empowered to demand services, and mobilized to participate in planning, funded through the allocation for facilities and community actions. A Community Engagement Planning Framework (CEPF) has been developed for this purpose.

Component 2: Systems Strengthening, Capacity Building, and Program Support (US\$8M)

Systems strengthening will focus on the definition and costing of an Essential Package of Health Services (EPHS) and a comprehensive health financing strategy for Universal Health Coverage. In addition, it includes the preparation of health care waste management guidelines, development of quality score card for township and below, and Standard Operating Procedures for FM and internal audit, among others. MOH at the central level intends to produce these outputs using in-house and national expertise and carrying out consultation meetings and workshops.

Capacity building includes training, courses, South-South learning, workshops and seminars. It will also support career development for basic health staff, who are recognized for their outstanding performance, and for MOH officials for further studies in health economics, financing, management, and other areas critical for universal health coverage. Criteria for selecting training programs, institutions and the trainees, and other relevant details will be included in the Operations Manual. This component will benefit technical and administrative staff at the central, regional/state, and township levels, and basic health staff providing key services. In addition, it will promote inclusion

of national and local organizations working with ethnic groups and vulnerable populations in capacity building activities.

Program support includes preparatory work for the implementation of Component 1, such as strengthening data and monitoring and evaluation (M&E) systems, including studies and surveys, and independent verification.

Component 3: Emergency contingency response

A provisional zero US\$ amount component is added to allow for rapid reallocation of funds in case of an emergency or disaster under streamlined procurement and disbursement procedures.

4. 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 and inclusive planning.

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) (inclusive of 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.

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).

5. Environmental and Social Safeguards Specialists

Svend Jensby (OPSOR)

Ruxandra Maria Floroiu (GENDR)

6. 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 further minor environmental impacts associated with small scale renovation activities planned for selected health care facilities and provision of medical equipment that can generate waste. In order to address the OP 4.01 requirements, MOH prepared before project appraisal an Environmental Management Plan (EMP) adapted to the project that will include: (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) adapted to the project that will ensure addressing properly health care waste management impacts. 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 before project appraisal. 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. During project implementation, the project intends to support the development of national health care waste management guidelines. A social assessment was undertaken during project preparation 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 does not focus on disease control and 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	<p>The project is nation-wide in scope and will include areas with ethnic minorities that are covered under OP 4.10. Myanmar is made up of 135 officially recognized ethnic groups, grouped into 8 “ethnic races” including the majority Bamar. In the absence of exact census figures, it is estimated that ethnic minorities account for one third or more about 30% of the total population. They, and live mainly in the 7 Ethnic States (Kayah, Kayin, Kachin, Chin, Mon, Rakhine, and Shan) in the border areas.</p> <p>The provision of health services supported by the project is not expected to have adverse impacts on ethnic minorities. However, the project presents issues related to equity in access and culturally appropriate delivery of services and their quality in areas with ethnic minorities as well as other vulnerable population groups. A social assessment (SA) was undertaken during project preparation, along with as are consultations with various stakeholders, including organizations representing and working with ethnic minorities.</p> <p>Participating townships have not been selected at the time of appraisal, and a Community Engagement Planning Framework (CEPF) has been prepared based on the SA and consultation process to address policy requirements. 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,</p>

		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 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. Broad community support to Township Health plans will be achieved through the participatory planning process and the involvement of township and village health committees.
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.
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.

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:

The project would channel funds through the Ministry of Health to the States/Regions and to Townships and below for operational expenses such as transportation, outreach, health promotion interventions, local labor, medical consumables, and minor maintenance and repair of buildings, vehicles, and equipment. This will not have significant social impacts on local communities, including ethnic minorities.

However, 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 the same existing buildings, within the same footprint and without the extension of the respective buildings. These activities are considered minor civil works which may generate limited adverse environmental impacts such as dust, noise, vibration, waste, solid waste and safety issues. Also, there could be isolated health risks associated with exposure to asbestos containing materials in the case of old facilities that are using asbestos roofs. Additionally, in the case of building renovation activities including changes of internal layout (e.

g., walls), there is a potential risk on the structure and safety of the existing buildings. These impacts are assessed to be of small scale, localized, in short-term period and manageable if good design and construction practices are followed. In this project case, specific Environmental Code of Practices (ECOPs) will be followed to avoid any possible impacts during such renovation works.

Further, there are associated impacts related to lack of proper health care waste management practices. Some aspects of the project's implementation (e.g., purchase of medication, syringes, etc) could lead to an increase in site-specific environmental and health risks. An Environmental Management Plan (EMP) has been developed to meet the project recognized potential of health-care activities in creating additional waste that may be hazardous to human health and the environment. In this respect it is important to ensure that when such waste is generated by the project activities there must be safe and reliable methods for its handling to avoid any public health consequences and any significant impact on the environment. Consequently, in addition to the ECOP, the EMP includes an HCF Waste Management Plan to address health care wastes of the HCFs supported by the project.

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. Through existing mechanisms, such as health committees at village and township levels, network of grassroots volunteers and women's groups, communities would be informed of efforts to improve service delivery, empowered to demand services, and mobilized to participate in planning processes concerning the Township Health Plans. Communities' role in providing feedback and oversight would be enhanced.

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

Other than the potential risks concerning private health service providers discussed above, 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 MoH has undertaken a social assessment (SA) and consultation process during 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.

Further, MOH prepared an EMP as the project EA safeguard document to include: (i) specific ECOPs 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 simple health care waste management plan to address solid and liquid wastes that will be generated by the Health Care Facilities supported by the project.

The MoH has no previous experience implementing World Bank-financed projects with its

specific requirements such as those under the Bank's policy on indigenous peoples. The Bank will provide capacity building and operational support to the implementation of the CEPF. The MoH, with support from the World Bank, will provide training for Township Medical Officers and other relevant stakeholders on the elements of the CEPF, particularly with regard to the community engagement and social analysis process, preparation and implementation of the Township Health Plan, including on strategies to enhance the participation of local communities and health committees, and broader consultations and engagement of stakeholders in regards to component 2. This will be included in the capacity building plan.

Additionally, healthcare waste guidelines and occupational health and safety training program will be developed under and financed by the project and provided to healthcare providers at HCFs on aspects linked to Medical Waste Management and Occupational health and Safety. Consultants with knowledge of environmental safeguard implementation (e.g., ECoPs and EMP provisions) will be hired to provide implementation support and monitor compliance with the project safeguard instruments.

Occupational and Environmental Health Staff under the guidance of the DG, DOH (at central level) and TMOs (at township level) will coordinate activities to ensure that the project investments comply with national environmental management requirements and the Bank's safeguard policies, including provisions of this EMP. The project will hire a consultant with health care waste management skills that will provide guidance and training to Occupation and Environmental Health Staff at DOH (central level), State/Region Health Department staff, TMOs, and HCFs staff on health care waste management. Further, a Training of Trainers (ToT) program will be developed under the project to reach all primary stakeholders involved in HCFs.

Component 2 will finance activities over the four year period (US 2.5 million), which include 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.

Consultations with ethnic group organizations during project preparation have not revealed any opposition to the proposed project and improved health services are in demand in the seven States, where the majority of ethnic groups live, as well as in the seven Regions of Myanmar. NGOs and ethnic group organizations, who provide health services in parallel with the Government mainly in remote areas, do not deliver health services that are any different from government delivered services, although the institutional and operational aspects may differ. Some risks and concerns were, however, raised, including language and cultural barriers and concerns that the Government's efforts to reach its universal health coverage goals may replace current health service providers organized by ethnic group organizations. 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 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. The Township Health Plans will include the elements of an Ethnic Minority Plan in Townships with ethnic minorities.

The DOH will be responsible for the implementation of CEPF and the site specific township health plans which incorporate CEPF principles. The Project will provide capacity building and

training support for staff to be able to supervise and implement participatory planning and monitoring the Project. During project implementation, WB will provide TA support to MOH to prepare the first batches of township health plans (10 - 15) until they have sufficient basic capacity to do so. The rest of the township health plans can be reviewed post randomly and/or during monitoring as plans will be participatory and include grievance redress mechanism. Once, as a result of such prior review, townships are judged to have developed the necessary capacity to prepare the township health plans, the WB's role will shift to post review of these plans. The implementation of the township health plans will be reported to MOH and the WB annually as part of MOH's annual reporting on project implementation.

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: MoH, State and Township medical staff and administrators; other health care providers, such as NGOs, faith-based organizations, private providers, and ethnic minority organizations providing health services in some ethnic minority areas 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 meetings were opened by Dr. Yin Thandar Lwin, Director of Public Health from DOH, MOH, who welcomed participants and introduced the purpose of the meeting – to seek inputs and feedbacks from the participants on the project design and the draft safeguard documents. Short relevant PowerPoint presentations were provided on project safeguards documents including the content of draft EMP. Project social and environmental safeguards documents have been finalized based on stakeholders input provided during consultations.

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
<i>Comments:</i> World Bank Group Myanmar Country website	
Myanmar	03-Jul-2014
<i>Comments:</i> Ministry of Health Website	
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
<i>Comments:</i> World Bank Group Myanmar Country website	
Myanmar	03-Jul-2014
<i>Comments:</i> Community Engagement Planning Framework disclosed on Ministry of Health website.	
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 type="checkbox"/>] No [<input type="checkbox"/>] NA [<input checked="" 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:	Name: Hnin Hnin Pyne	
<i>Approved By</i>		
Regional Safeguards Advisor:	Name: Peter Leonard (RSA)	Date: 25-Aug-2014
Practice Manager/Manager:	Name: Toomas Palu (PMGR)	Date: 28-Aug-2014