

Environmental and Safeguard Monitoring Report

2018 Annual Report

Jan 2019

MYA: Greater Mekong Sub-Region Health Security Project (L-3466)

Prepared by the Ministry of Health and Sports of the Republic of the Union of Myanmar for the Asian Development Bank

CURRENCY EQUIVALENTS

(As of 28 December 2018)

{The date of the currency equivalents must be within 2 months from the date on the cover.}

| | | |
|---------------|---|----------------|
| Currency unit | – | Kyat (MK) |
| MK1.00 | = | \$ 0.000645161 |
| \$1.00 | = | MK 1,550.0 |

ABBREVIATIONS

| | | |
|--------|---|--|
| ADB | - | Asian Development Bank |
| AMR | - | Anti-Microbial Resistance |
| AOP | - | Annual Operation Plan |
| CDC | - | Communicable Diseases Control |
| CEU | - | Central Epidemiology Unit |
| CLMVs | - | Cambodia, Lao PDR, Myanmar, Vietnam |
| CTA | - | Chief Technical Advisor |
| DMF | - | Design Monitoring Framework |
| DMS | - | Department of Medical Services |
| DOPH | - | Department of Public Health |
| EA | - | Executing Agency |
| EGDP | - | Ethnic Group Development Plan |
| EMP | - | Environmental Management Plan |
| FETP | - | Field Epidemiology Training Programme |
| FMM | - | Financial Management Manual |
| GAP | - | Gender Action Plan |
| GRM | - | Grievance Redress Mechanism |
| GMS-HS | - | Greater Mekong Sub-region Health Security Project |
| IA | - | Implementing Agency |
| IPC | - | Infection Prevention and Control |
| LBVD | - | Livestock Breeding and Veterinary Department |
| MEB | - | Myanmar Economic Bank |
| MEVs | - | Migrants and mobile populations, ethnic minorities and other vulnerable groups |

| | | |
|------|---|--|
| MOHS | - | Ministry of Health and Sports |
| MOU | - | Memorandum of Understanding |
| NCB | - | National Competitive Bidding |
| NHL | - | National Health Laboratory |
| OA | - | Other Account |
| OAG | - | Office of Auditor General |
| OEHD | - | Occupational and Environmental Health Division |
| PMM | - | Project Manager Meeting |
| PMU | - | Project Management Unit |
| POE | - | Point of Entry |
| PRC | - | Procurement Review Committee |
| SOE | - | Statement of Expenditure |
| SOP | - | Standard Operating Procedure |
| VBDC | - | Vector Born Disease Control Unit |
| WHO | - | World Health Organization |

NOTES

- (i) The (2018-19) fiscal year (FY) of the Government of the Republic of the Union of the Myanmar and Department of Public Health starts from 1st October and ends on 30th September.
- (ii) In this report, "\$" refers to US dollars.

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Contents

| | |
|--|-----------|
| I. EXECUTIVE SUMMARY | 5 |
| II. BACKGROUND..... | 7 |
| INITIAL ENVIRONMENTAL EXAMINATION OCTOBER 2016..... | 8 |
| III. PROJECT PROGRESS STATUS | 9 |
| <i>1st Quarterly Report</i> | <i>9</i> |
| <i>2nd Quarterly Report</i> | <i>9</i> |
| <i>3^d Quarterly Report.....</i> | <i>9</i> |
| <i>4th Quarterly Report (Q1 of year two implementation)</i> | <i>10</i> |
| SAFEGUARD: ENVIRONMENTAL, SAFEGUARD AND GENDER | 10 |
| <i>Human Resource Limitation.....</i> | <i>10</i> |
| <i>Buffering Mechanism for HR.....</i> | <i>11</i> |
| <i>Postpone Hospital and Laboratory Upgrading.....</i> | <i>11</i> |
| <i>Grievance redress mechanism</i> | <i>12</i> |
| <i>Mobile, Migrant and Vulnerable Population (MEVs) Approach.....</i> | <i>13</i> |
| COMPLIANCE TO LOAN AGREEMENT & COVENANTS | 13 |
| IV. RECORD OF CHANGES | 16 |
| V. MAJOR GAP AND CHALLENGES | 16 |
| VI. WAYS FORWARD | 17 |
| VII. CONCLUSION | 17 |
| VIII. ANNEX | 18 |
| 1.1 ENVIRONMENTAL MANAGEMENT PLANNING..... | 18 |
| 1.2 ENVIRONMENTAL MANAGEMENT (PROCUREMENT AND OPERATION PHASE) | 19 |
| 2.1 PROGRESS MONITORING ON ETHNIC GROUP DEVELOPMENT PLAN | 21 |
| 2.2 ETHNIC GROUP DEVELOPMENT PLAN | 23 |

I. EXECUTIVE SUMMARY

This document indicates as annual report for year 2018 of environmental and safeguards monitoring for the Greater Mekong Sub Region Health Security Loan Project (GMS-HS) implemented by Ministry of Health and Sports (MOHS), Myanmar. The loan is vitalized from July 2017 to June 2022. Due to the change in fiscal year, the reporting period covered 9 months for Year 1 implementation and 3 months for Year 2 implementation.

The project is categorized as a Category B project for **ADB Environmental Safeguards Categorization**.

The Year 1 implementation of GMS Health Security Project (Q1 to Q3 of 2018) was conjured with the achievement percentage as Output-1 for 42%, Output-2 for 17% and Output-3 for 63% respectively. The overall implementation of Year-1 was only 27% and the outstanding activities (Annex) will carry over into Year2 AOP and EAs committed to boost up the implementation into 170%. The project reached to related stakeholder and health staffs was more than two thousands with the gender distribution as 69% female participation. The total budget absorption for year 2017-18 including government mini-budget year (April-Sep 2018) was 492,423.17 USD, 38.06% of 1st disbursement amount 1.2 million and 27.41% of total budget for 2017-18, 1.796 million.

The 4th quarter for calendar year 2018 (October to December) implemented by Greater Mekong Sub-region Health Security Project was overlapped with the first quarter (Q1) for its year two implementation pursuant to newly changed Myanmar government fiscal year starting from 1st October to 30th September. So, that period was counted for Q1 report of year two implementation. After formulating the GMS-HS project's AOP year Two Implementation through collaborative workshop with township focal during September 2018, it was fine-tuned again on central-level and township-level proposed activities in accordance with EA guidance and ADB clarification. Together with Year Two AOP, the procurement plan for 2018-2019 fiscal year was revised and re-submitted to ADB.

Gender and Safeguard Position was trying to recruit since project initial phase, August 2017. But it was failed 2 times and still vacant position. The 3rd time recruitment process was started again from December 2018. Because of HR limitation, the existing consultants took the responsibilities of Gender and Safeguard aspects. M&E Specialist was taking care of Safeguard; IPC Specialist was for Environmental and Gender aspect was oversighted by Deputy Chief Technical Advisor.

The site-specific Laboratory and IPC assessment had done generally and it was noted as project construction/minor repaired activities might not to be initiated during interim budget period (April-September 2018) because there was not in place for financial management, blue print and proposal for upgrading facilities and procurement from projected townships. EA decided to conduct the proper joint assessment with engineering team to 12 townships for detail proposal

development in Year 2 Implementation with the purpose of developing the cost estimation, specification and site mapping ensuring the environmental safety in projected townships. It was informed to ADB while submitting the 3rd time- revised procurement plan in December 2018.

The draft GRM concept was prepared in March 2018 and presented it to EA. EA reviewed and recommended to wait for finalizing by Gender and Safeguard specialist. So, the process was block with HR limitation.

the project was fulfilled the accountability and transparency aspect to ADB and all relevant stakeholder and potential beneficiaries through (i) disclosure of information and timely reporting (ii) audit on the statement of expenditure for year 2017-2018 and mini-budget year and (iii) establishment of GMS-HS website with the space for announcement and GRM.

MEVs design feature and activities were planned in Year -1 for mapping. Its approaches were discussed and brained storming during the Training workshop on implementation of Township AOP in 17th -18th May 2018. The first draft concept note for MEV mapping was introduced to EAs and ADB in June 2018. It was guided to clarify more on methodology, systematic training and FDG guideline document. The challenges were brought into EA meeting on 26th December 2018 and it was directed to get the consultancy from migrant health focal, Dr. Sithu Aung, Director for Disease Control, DoPH in order to fulfill its investment for research study of ADB/MOHS initiative.

The targeted actions for next reporting were

- Site specific hospital and Laboratory repair assessment ensuring environmental safety
- Recruitment of vacant Gender and Safeguard position
- Township level project management capacity building to PIU focal covering finance, procurement, environmental, gender and safeguard areas
- Continue the disclosure of information to EA, ADB, project focal and beneficial through web page function
- Ensure the performance monitoring and environmental safety in award contracts for procurement packages
- Update the EDGP, EMP and GAP in quarterly progress reporting to EA and ADB

II. BACKGROUND

GMS countries specifically Cambodia, Lao PDR, Myanmar and Vietnam (CLMVs) had loan for the health security project from ADB on 22nd Nov 2016 with total amount of \$125 million. In these, Myanmar had received a \$12 million loan and the loan agreement was signed on 11th April 2017 between ADB and MOPF and became effective from 10th July 2017. The project completion date is 31st March 2022. Loan closing date is 30th September 2022. The MOU between MOPF and MOHS was signed on 31st January 2018.

The project focus on (i) overall health system strengthening, rather than concentrating on a single disease; (ii) streamlining support for regional cooperation with existing regional frameworks such as the APSED; (iii) supporting district health facilities close to remote populations rather than provincial health facilities; (iv) combining equipment investments with improvement of the quality of laboratory diagnostic and health services in the district hospitals; (v) focusing on Mobile, ethnic minorities and other vulnerable groups (MEVs); and (vi) uniting separate CDC health interventions on single diseases into one investment focusing on preventing and mitigating the risk of adverse public health events that endanger collective health.¹

The project locations were selected along borders and economic corridors supporting district health facilities close to remote populations and focusing on Mobile, Ethnic minorities and other Vulnerable groups (MEVs). The project covers five states and one region namely

Figure 1: GMS Health Security Project Area – Myanmar Border States and Division

| | | |
|---|--------------------------------------|---|
| 1 | Shan North- Capital: Lashio, | Border towns: Muse (PR China) |
| 2 | Shan East- Capital: Keng Tung | Border town: Tachileik (Lao PDR and Thailand) |
| 3 | Kayah State- Capital: Loakaw | Border town: Mese (Thailand) |
| 4 | Kayin State- Capital: Hpa-An | Border town: Myawaddy (Thailand) |
| 5 | Mon State- Capital: MawlaMyine | Border town: Ye (Thailand) |
| 6 | Tanintharyi Division: Capital: Dawei | Border town: Kawthaung (Thailand) |

The Ministry of Health and Sports is the executing agency (EAs) and the implementation agencies (IAs) are the Department of Public Health (DoPH), Department of Medical Services (DoMS), the National Health Laboratory (NHL) and 12 State/Region and township health departments.

The project's impact is a strengthened GMS public health security.

The outcome is: GMS health system performance regarding health security improved.

The Project has three outputs:

¹ Project Administration Manual, Jul 2017, Greater Mekong Sub-Region Health Security Project RRP REG-48118-002

- a. Output 1: Regional cooperation and communicable disease control in border areas improved
- b. Output 2: National disease surveillance and outbreak response systems strengthened
- c. Output 3: Laboratory services and hospital infection prevention and control improved

Initial Environmental Examination October 2016

The project is categorized as a Category B project in accordance with ADB's Safeguards Policy Statement 2009 (SPS). The Initial Environmental Examination (IEE) presented in this report is to assess the environmental impacts of the project and propose measures to mitigate negative impacts. The IEE has been prepared in October 2016.

The requirement for an environmental impact assessment is linked to the following Project output 3, namely: provide laboratory equipment and training for equipment for infection prevention and control, including laundry services and waste disposal. The screening addresses the potential impacts of the relevant project activities under the loan, which are re-defined for purposes of the IEE, namely:

- (i) Minor repair and improvement works;
- (ii) Laboratory equipment commissioning including IPC services;
- (iii) Operation of the existing solid waste management facilities; and
- (iv) Operation of the existing wastewater treatment facilities.²

That IEE has been prepared based on field surveys of 3 general hospitals (Hpa-an, Mawlamyine and Keng Tung) of the capitals of 3 out of 6 target border states/region (Kayin, Mon and Shan (East) States), and data obtained from interviews with key officials of the Department of Public Health and the Department of Medical Services of the MOHS, and WHO in dealing with environmental impact assessment, the regulation of hazardous substances, air and water pollution control, and health care waste management.

It is recommended that the Project should ensure that for the selected health facilities the laboratories should be well-managed with trained staff. Based on the field assessment and the project proposals, most of laboratories have standardized biosafety level 3² for the specialist hospitals, and standardized biosafety level 2³ for the general hospitals, as per WHO standards. However, most of laboratories in the provinces visited are not equipped with the collection and treatment systems for the waste emissions generated and the wastewater from the laboratories are not treated according to the environmental standards. Therefore, the implementing agencies need to consider the appropriate equipment and structures for further investments to

² Biosafety Level 3 is applicable to clinical, diagnostic, teaching, research, or production facilities where work is performed with indigenous or exotic agents that may cause serious or potentially lethal disease through the inhalation route of exposure. WHO. 2004. *Laboratory biosafety manual. Third edition.* Geneva

³ BIOSAFETY LEVEL 2. (BSL-2) practices and procedures are suitable for work involving agents of moderate potential risk to personnel and the environment. These agents can cause disease in healthy individuals and pose a moderate risk to the environment. WHO. 2004. *Laboratory biosafety manual. Third edition.* Geneva.

ensure that the operation of the health facilities are sound and will not cause significant impacts to the environment. The mitigation measures will also be managed by the provinces and made part of their operational plans for the health facilities invested. ²

III. PROJECT PROGRESS STATUS

In accordance to the Loan Covenants concerned to the Loan Agreement 3466-MYA, schedule 5, the present report was prepared to submit the progress for the period from October to December 2018. This report was named for Quarter One report of GMS-HS year two implementation.

The GMS-Health Security Project's progress from January to December 2018 were

1st Quarterly Report

- (i) Project Inception mission in June 2017;
- (ii) Project Management unit (PMU) establishment and recruitment of national consultants;
- (iii) Project Kick off workshop and formulation of Annual Operation Plan (2018) in Oct 2018;
- (iv) EAs opened the foreign currency account at Myanmar Economic Bank (MEB) and two local currency account for DoPH and DMS
- (v) Prerequisite course of Field Epidemiology Training Program (FETP) in Jan 2018

2nd Quarterly Report

- (vi) One week training program for rapid response team (RRT) in Feb 2018
- (vii) Project review mission by ADB in May 2018
- (viii) Hosting Regional Project Managers' meeting for GMS-HS project in May 2018
- (ix) Training workshop on Township AOP for projected townships in May 2018
- (x) Hosting Regional Workshop on improving Laboratory services and IPC in June 2018

3rd Quarterly Report

- (xi) Participation in Regional Workshop on Lab QA and Biosafety
- (xii) Bilateral Ministerial meeting with Thailand MOU
- (xiii) Hosting Regional Meeting on AMR surveillance
- (xiv) Hosting Regional workshop on Quarantine
- (xv) Development of GMS-HS web site
- (xvi) Support for Schistosomiasis outbreak response
- (xvii) FETP training programme, Intermediate course
- (xviii) DHF training for BHS staffs
- (xix) IPC TOT and multiplier trainings
- (xx) Workshop on strengthening surveillance on AMR
- (xxi) Workshop on QA management system and SOP development

- (xxii) Formulation of AOP2 and
- (xxiii) Procurement of furniture (Shopping 11.1) and IT equipment (NCB 1.1)

The Year 1 implementation of GMS Health Security Project (Q1 to Q3 of 2018) was conjured with the achievement percentage as Output-1 for 42%, Output-2 for 17% and Output-3 for 63% respectively. The overall implementation of Year-1 was only 27%.

The first disbursement from ADB was received about 1.29 million on 14.2.2018. The expenditure from July 2017 to Sep 2018 was 492,423.68 \$ which was 38% of disbursement and 24.41% of Year-1 AOP budget absorption rate. The cash balance after the closure of year-1 implementation was 801,381.32 USD.

4th Quarterly Report (Q1 of year two implementation)

The 4th quarterly progress report of calendar year 2018 implemented by Greater Mekong Sub-region Health Security Project was overlapped with the first quarter (Q1) for its year two implementation pursuant to newly Myanmar government fiscal year changed starting from 1st October to 30th September. So, this report was counted for Q1 report of year two implementation.

- (xxiv) Submission of Year Two AOP and revised Procurement Plan
- (xxv) Participation in Regional workshops (HCWMM and Nosocomial Infection)
- (xxvi) Business meeting for GMS-HS project Managers during WGHC meeting
- (xxvii) Laboratory assessment for development of SOPs and Lab Quality
- (xxviii) Development of poster and pamphlets for IPC
- (xxix) Audit on GMS-Health Security Project
- (xxx) Township OA subaccount Opening
- (xxxi) Procurement, Finance and Project Implementation Arrangement Meetings

Safeguard: Environmental, Safeguard and Gender

Human Resource Limitation

Gender and Safeguard Position was trying to recruit since project initial phase. But it was failed 2 times.

1st Time- the Vacancy announcement had done from 2nd to 16th July 2018. The interview process was conducted in August 2018. To be in line with ADB procurement policy (para 1.13d) and labor standard, the selection process was taken time and chose one candidate. In government process, the approval on selection from Union Minister was prior processing before submission one to ADB. And then contract preparation and negotiation with candidate was performed. This time, after 1st submission to ADB on 3rd January 2018, the candidate was denied the offer due to fewer wages.

2nd Time- After failing in first time, there was process for approval from Union Minister for re-advertisement. After getting the approval in June 2018, it was re-advertised from 2nd to 16th

July 2018. The interview process was conducted on 30th July 2018. After decided by interview committee, selected persons were submitted to Minister for approval on 15th August 2018. According to comments from Minister, the revised submission was submitted again on 10th September 2018 and got the approval on 26th September 2018. Recruitment process, submission 1 was sent to ADB on 9th October 2018. During contract negotiation with candidate, the selected one also rejected the offer on 6th November 2018 because of fewer wages, same reason with the previous one.

3rd Time- the recruitment process has to re-cycle again through the request for approval from minister office. The request was sent on 13th December 2018 and the minister office was approved on 15th January 2019. The announcement will post again in last week of January 2019.

Buffering Mechanism for HR

Because of HR limitation, the existing consultants took the responsibilities of Gender and Safeguard aspects. In February 2018, ADB organized the Environmental and Safeguard training to all government counterparts and PMU members. EA assigned one Assistant Director from CEU and Monitoring Specialist from PMU to attend that training and that responsibility was assigned to them.

Project review mission led by the Health Specialist of ADB, had fielded to Myanmar from 7 to 9 May 2018. The mission reviewed overall project progress and clarified the requirements for reporting (DMF, Loan Covenant, Procurement, EMP, EGDP and GAP). The mission emphasized the urgency of recruiting remaining consultants and EA has agreed to take advanced actions to ensure timely and successful implementation of project activities. The EA plans to advertise the national gender and social safeguards consultant position in June for contract award by July 2018. Meanwhile, the Environmental aspect was requested to take care by IPC specialist, Gender aspect was by Deputy Chief Technical Advisor and the safeguard portion was still monitored by Monitoring specialist.

Postpone Hospital and Laboratory Upgrading

In line with project's skeleton output and IEE's recommendation, the upgrading on hospital and laboratory was firstly planned in Year one Annual Operational Plan. The site-specific Laboratory and IPC assessment had done generally and it was noted as project construction/minor repaired activities might not to be initiated during interim budget period (April-September 2018) because there was not in place for financial management, blue



print and proposal for upgrading facilities and procurement from projected townships. It was recommended for detail assess again in next fiscal year after October 2018 for laboratory minor repair and IPC control requirements in hospitals. That finding was presented it to ADB during review mission in May 2018. Therefore, the revised procurement package for hospital and laboratory repair and maintenance for 12 townships was submitted to ADB in June 2018 mentioning about re-planning in next year AOP.

While formulation the Year 2 AOP in Sep 2018, the EAs called for proposal from 12 townships for that packages. While presenting the proposals from townships, it wasn't systematic and didn't cover all aspect for specification. Additionally, the construction time could take certain period and couldn't achieve within a year after assessment. Therefore, EA decided to conduct the proper joint assessment with engineering team to 12 townships for detail proposal development in Year 2 AOP. The targeted for Year 2 is to develop the cost estimation, specification and site mapping ensuring the environmental safety in projected townships. It was informed to ADB while submitting the 3rd time- revised procurement plan in December 2018.

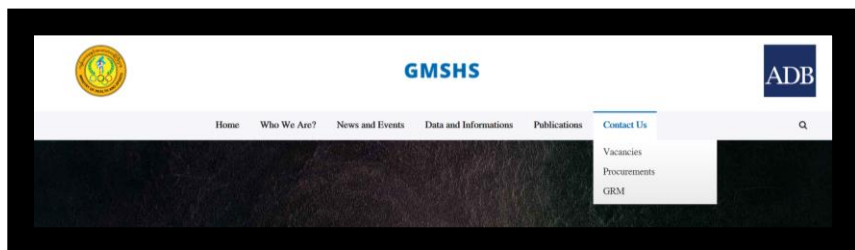
During the reporting period, there was no construction and facilities repair in GMS-HS project.

Grievance redress mechanism

After attending the safeguard training from ADB in January 2018, there was acknowledged for environmental and safeguard reporting, establishing GRM and ensuring EDGP planning. Therefore, M&E focal tried to cover that requirement through the technical assistant from ADB, country office. The draft GRM concept was prepared in March 2018 and presented it to EA. EA reviewed and recommended to wait for finalizing by Gender and Safeguard specialist. So, the process was block with HR limitation.

Nevertheless, the project was fulfilled the accountability and transparency aspect to ADB and all relevant stakeholder and potential beneficiaries.

- **Reports** - Quarterly progress reports and environmental report were submitted to ADB timely. The reports were also to project focals and higher officials in MOHS.
- **AUDIT** - PMU and EA highly prioritized and put effort on financial arrangement and auditing on project. Upon the request to OAG for auditing on project's financial statement, the OAG performed Audit for the period of April 2017-March 2018 from 26th November to 6th December 2018. For the period of April to September 2018 financial statement, the OAG team again did the audit from 26th December 2018 to 8th January 2018. The financial report was preparing by OAG and planning to share before end of March 2019.
- **Websites** - The approval for GMS-HS web page development from minister office on 21st August 2018 and there was application of domain request, web engineering



and design were processing within 2 months and its' web page address was as: www.gms-hs-mohs.gov.mm. In its development, there was room for vacancy, tender announcement and contact for grievance.

Mobile, Migrant and Vulnerable Population (MEVs) Approach

MEVs design feature and activities were planned in Year -1 for mapping. Its approaches were discussed and brained storming during the Training workshop on implementation of Township AOP in 17th -18th May 2018. In these, Dr. Ba Soe Thet from Shan East shared the experienced of MEVs mapping in Malaria program. The MEVs group work had conducted as the same templates used in Project Manager Meeting. The recommended action was that the PMU has to develop the definitive guideline and definition of MEVs for the MEVs mapping. The first draft concept note for MEV mapping was introduced to EAs and ADB in June 2018. It was guided to clarify more on methodology, systematic training and FDG guideline document and ultimately it was strategic investment of ADB/MOHS initiative required publication. Therefore, the mapping exercise was postponed to 4th quarter 2018 which would be fallen into next government fiscal year 2018-19.



While formulation the Year 2 AOP in Sep 2018, the agenda was recalled back to formulate explicitly. It was detail discussed in PMU meeting led by CTA. The challenges were brought into EA meeting on 26th December 2018 and it was directed to get the consultancy from migrant health focal, Dr. Sithu Aung, Director for Disease Control, DoPH in order to fulfill its investment for research study of ADB/MOHS initiative.

Compliance to Loan Agreement & Covenants

In accordance to the Loan Covenants concerned to the Loan Agreement 3466-MYA, schedule 5, the present report is prepared to submit the progress for the period between 1st January 2018 and 31st December 2018.

| Components | Description | Progress | % | Action Plan | Timeline |
|-----------------------------------|---|---|------|-------------|----------|
| Implementation Arrangement | Counterpart support (staffing, office spaces) | PMU office established at Disease control building, Naypyitaw. PMU is functioning with counterpart staffs and 5 national consultants. | 100% | | |

| Components | Description | Progress | % | Action Plan | Timeline |
|--|--------------------------|--|-------------|--|------------|
| | PIU | PIU Offices were equipped with furniture and IT equipment. Township focal need to operationalize PIU | 80% | Township focal need to operationalize PIU | |
| | Township AOP and budget | Year 2 (2018-19) township AOP was finalized in Sep/18 and sent the approved in Dec/18 | 100% | After FMM approval, the budget will disburse | April 2019 |
| | Financial Management | Audit on 2017-18 fiscal year and minibudget year were finished. FMM was reviewed by EAs, township level FMM was finalized Request for Township OA opening was submitted to MOPF | 70% | Approval for finalize FMM Audit report to ADB Finance training to townships | March 2019 |
| | Procurement | Complete the procurement package of NCB (1.1) and Shopping (11.1) in Year 1. Preparation of procurement packages (6 among total 13 packages) of Year 2 plan | 100% 20% | Advertise and tender opening for package | March 2019 |
| Regional Cooperation | Knowledge Management | Hosting 4 regional workshops in Year 1 Finalize the regional workshops timeline and hosting countries for year 2 | 100% 20% | Participating in PMM meeting | March 2019 |
| | Cross Border Cooperation | Support for MOU between Myanmar and Thailand in Year 1 No activities related to cross border, MEV and township level inter-sectorial intervention | 10% 0% | Process for MOU with Lao has to be initiated by IRD, PMU. Guideline development for cross border/ inter-sectorial meeting has to be developed by EAs, PMU | June 2019 |
| Mainstreaming the project in Township Operation Plan | | Year Two AOPs for townships were developed but budget were not disbursed yet. Prioritized township level activities for Feb-March 2019 before readiness of OA | 50% | Disburse Quarterly budget proposed by township to implement activities | Feb 2019 |
| National disease surveillance and outbreak response systems | FETP Intermediate course | 3 rd workshop of FETP intermediate course was conducted by URG | 100% | 4 th workshop will be used with GMS fund | Feb 2019 |
| | Targeted control D/S | Township level DHF training and case management training had done in Year 1. After conducting the project implementation meeting, the VBDC, OEH and DMS submitted | 100% 50% | Operate the activities according to their proposal | TBD |

| Components | Description | Progress | % | Action Plan | Timeline |
|------------------------------------|------------------------------------|--|--------------------|--|------------|
| | | their detail proposal and timeline for year 2 | | | |
| | Surveillance and Outbreak response | Schistosomiasis outbreak was supported in Year 1. No support for projected area and no central level activities concerned with surveillance in Year 1. Central level TOT for surveillance, RRT training was planned and formulated the topics for year 2 | 20% 30% | Conduct the Surveillance TOT and Multiplier training, RRT | March 2019 |
| Laboratory and IPC services | Capacity building | TOT for IPC and multiplier trainings were done. Lab Surveillance on AMR, QA and SOP for sample collection were trained in Year 1. | 90% | Dissemination of guideline and poster for IPC, SOP for sample collection Pre-service training will organize | Q1 2019 |
| | | Lab pre-service training was planned and formulated the topics. IPC posters were developed in Year 2 plan | 30% | | March 2019 |
| Environment | Hospital and laboratory upgrading | The site-specific Laboratory and IPC assessment had done generally and it was noted as project construction/minor repaired activities might not to be initiated in Year1. | 0% | Engineering team visit for upgrading Hospital and Laboratory | June 2019 |
| | | Lab assessment for QA and SOP were done in Dec 2018 for Year 2. | 30% | | |
| Safeguard | Grievance redress mechanism | The Grievance Redress Mechanism (GRM) was waiting for finalizing by Safeguard specialist. | 50% | Activate after specialist joining | Q2 2019 |
| | Human Resource | Recruitment of CTA and Finance Specialist position. All national position were In place except gender and safeguard. International consultancy was abolished. | 90% | Re-advertise Gender and Safeguard position | Q1 2019 |
| Ethnic Groups | MEVs Mapping | Although MEVs guideline was introduced in June, the revision need to proper methodology. | 0% | Proposal development with the guidance from migrant focal | Q2 2019 |

| Components | Description | Progress | % | Action Plan | Timeline |
|---------------------------------|---------------------|---|-----|---|----------|
| Gender Action Plan (GAP) | Gender Distribution | Activities and reports were ensured the gender inclusive and the female participation | 80% | After specialist recruitment, the capacity building on gender aspect in townships will initiated. | Q1 2019 |

IV. RECORD OF CHANGES

| Type | Version | Created/ Revision Date | Reason for Change | Main Contents of Change |
|---------------------------------|------------|------------------------|---|--|
| Procurement Plan | Version -1 | Jan 2018 | Realistic timeline and market price for 2018 | Under NCB 7.7.1 vehicle will be procured in Q1 2018 and the ambulance and mobile lab bank 7.2 in Q4 2018 |
| Procurement Plan | Version-2 | June 2018 | To cover the rebidding of vehicles, IT package, furniture and 2018-19 procurement package | The Laboratory procurement package, IT equipment, |
| Annual Operational Plan (AOP-2) | Version-1 | 14 November 2018 | Formulate the yearly plans | Cover central and township level plans; link with procurement plan, ADB & Government budget coding |
| Procurement Plan | Version-3 | 1 December 2018 | Link with AOP2, adjust the timeline & Government approved budget | Identify 13 packages procurements in year two implementation |

V. MAJOR GAP AND CHALLENGES

- Changing of Government fiscal year effects to implement the whole year 2017-18 Annual operation plan with 9 months periods (Jan-Sep). As consequence, the planning was disordered and implementation rate was low compared with previous expectation.
- Even though 9 months implementations of GMS-HS project for Year 1 (2017-18), the all consultants' position were not fully in place in their expertise especially finance sector. The double and triple workload for backup on the required areas, made the low performance against their TOR.

- Institutional Arrangement for getting qualified member for environmental and social safeguard aspect was still challenging in project implementation
- Site specific environmental management plans couldn't be formulated by respective townships due to initial phase of process and capacity requirements
- Proposed activities for Year 2 (2018-2019) need detail proposal development, outline, timelines, define output and its implementation by respective departments (accountability)

VI. WAYS FORWARD

The way forward for environmental and safeguard monitoring of GMS-HS project are

- Site specific hospital and Laboratory repair assessment ensuring environmental safety
- Recruitment of vacant Gender and Safeguard position
- Township level project management capacity building to PIU focal covering finance, procurement, environmental, gender and safeguard areas
- Continue the disclosure of information to EA, ADB, project focal and beneficial through web page function
- Ensure the performance monitoring and environmental safety in award contracts for procurement packages
- Update the EDGP, EMP and GAP in quarterly progress reporting to EA and ADB

VII. CONCLUSION

After spending one year of GMS-HS project implementation, the impact of environmental and safeguard issue did not huge strike to project notwithstanding the specialist because there was no major procurement and site specific facilities repair and maintenance. However, EA keep the effort on the recruitment of specialist for the technical requirement. Meanwhile, the coping mechanism was set up and got the technical assistance from ADB resident office. PMU keep the momentum for regular reporting and disclosure of information to related stakeholders ensuring the accountability and transparency in project implementation. The GMS-HS Year Two implementation was inspired to boost up among EAs members and paid highly attention from Union Minister due to loan project. The main procurement for the whole project will carry out in Year Two and it was close to monitor by higher officials through bimonthly PRC meeting. The township level implementation and its management were ready to initiate through township OA and capacity building for project implementation arrangement from year 2019 and so on. The implementation were parameterize with country specific DMF indicators. The project will support improving biosafety and quality of laboratory services, and expanding services for CDC along Eastern borders and economic corridors of Myanmar.

VIII. ANNEX

1.1 Environmental Management Planning

| Item | Status ⁴ (Y/N) | Follow up required (Y/N) | Comments/Actions required |
|---|------------------------------|-----------------------------------|--|
| Institutional Arrangements for Implementation of the Environmental Management Plan | | | |
| Environmental and Social Safeguard Officer appointed to the PMU | N | Y | Environmental aspect will cover by IPC specialist. OEH already assign safeguard for project and also potential gender and safeguard specialist will take its responsibility. Technical support from ADB country office still need. |
| International Environmental Specialist mobilized | N | Y | International position didn't code for environmental in Myanmar. International IPC won't hire in Myanmar and national IPC specialist will mobilize that aspect. |
| Contractor Environmental Health and Safety Officer mobilized by the Supplier/Contractor | N | Y | Project construction/minor repaired activities are not commenced yet as initial phase of project and site specific EMP and safeguard will be prior assessed and reported to ADB when it will vitalize. EMP measure will be included in bidding documents and contractors to supply minor repair |
| Site specific EMPs Prepared, Reviewed by Supervision Consultant, and approved by MOHS | N | Y | Site specific Laboratory and IPC assessment were done during Feb and March 2018. SEMP will identity again in 2019 while engineering team visit to projected townships for facility repair and maintenance. Additionally, in consultation with ADB safeguard officer and PMU will take necessities measure to formulate SEMP. |
| Hospitals health and safety guidelines are established | Y | Y | DMS published Hospital Infection Control guideline in 2016 |

⁴ Documentary evidence of each item to be maintained in PMU's environmental recording system and made available for review.

| Item | Status ⁴ (Y/N) | Follow up required (Y/N) | Comments/Actions required |
|--|------------------------------|--------------------------------|--|
| Grievance Redress Mechanism Established | N | Y | Grievance Redress Mechanism (GRM) draft concept was prepared by PMU in March 2018 and was reviewing by EAs. It will follow up by newly Gender and Safeguard Specialist to be activated. |
| Baseline Environmental Quality Monitoring | | | |
| Baseline Surface Water Quality | N | Y | Questionnaire had been carried out and result will be reported in IPC assessment. The result and required actions will be presented in quarterly progress report and bi-annual Environmental, Safeguard Monitoring report. |
| Baseline Air Quality Monitoring | N | Y | Same as above |
| Baseline Noise Monitoring | N | Y | Same as above |

1.2 Environmental Management (Procurement and Operation Phase)

| Item | Status ⁵ (Y/N) | Follow up required (Y/N) | Comments/Actions required |
|--|------------------------------|--------------------------------|---|
| Construction Phase | | | |
| Solid, liquid and hazardous waste management | N | Y | Project construction/minor repaired activities are not commenced yet as initial phase of project and site specific EMP and safeguard will be prior assessed and reported to ADB when it will vitalize. EMP measure will be included in bidding documents and contractors to supply minor repair |
| Health and safety | N | Y | Same as Above |
| GRM | N | Y | Same as Above |
| Surface water quality | N | Y | Questionnaire had been carried out and result will be reported in IPC assessment. The result and required |

⁵ Documentary evidence of each item to be maintained in PMU's environmental recording system and made available for audit

| Item | Status ⁵ (Y/N) | Follow up required (Y/N) | Comments/Actions required |
|--|------------------------------|--------------------------------|--|
| | | | actions will be presented in quarterly progress report and bi-annual Environmental, Safeguard Monitoring report. |
| Noise | N | Y | Same as above |
| Interview with Affected Persons | N | Y | Interview will be conducted part of GRM. |
| Environmental Safeguard Monitoring Reports submitted semi-annually | Y | Y | Environmental and Safeguard monitoring report was endorsed in April and PMU were compliance with the reporting system agreed between ADB and MOHS. |

2.1 PROGRESS MONITORING ON ETHNIC GROUP DEVELOPMENT PLAN (as of 28th December 2018)

| | Sub-outputs | EG Design Features/Activities | Performance Targets/Indicators | Status/Remarks |
|--|---|---|---|--|
| Output 1: improved GMS cooperation and CDC in border areas | <p>1.1. Improved regional, cross-border and inter-sector cooperation</p> <p>1.2. Enhanced knowledge management and community of practice (COP)</p> <p>1.3. Increased access to CDC in border areas, in particular for vulnerable groups such as migrants, HIV positive youth, pregnant women, and isolated EGs.</p> | <p>Enhance participation, capacity building and decision making opportunities for representatives of EG in regional, cross-border, and inter-sectoral events.</p> <p>Use workshops for EG advocacy and increasing EG awareness among workshop participants and stakeholders/governments.</p> <p>Ensure full participation of EG staff for outreach activities using IP-sensitive education and care procedures.</p> <p>Proactively target EGs at increased risk of infectious diseases with CDC activities in border areas.</p> | <p>Workshop materials clearly demonstrate mainstreaming of IP issues and promotion of EG-sensitive strategies.</p> <p>Participation of EG staff in outreach activities.</p> | <p>Not Yet Commenced from GMS-HS Project Support.</p> <p>No township level activities from GMS-HS project including cross-border, inter-sectoral events and outreach, have performed in year 2017-18 due to not readiness in township level OA account and guideline documents for each activities.</p> <p>Although the activities from GMS-HS support aren't commenced yet, it is targeted to promote such events and strengthen CDC intervention through participation of EG.</p> |
| Output 2: strengthened national disease surveillance and outbreak response systems | <p>2.1. Strengthened surveillance</p> <p>2.2. Strengthened response</p> | <p>Collect, analyze and report IP-disaggregated data.</p> <p>Ensure participation of EG staff in any outbreak response teams.</p> <p>Increase participation of EGs in field epidemiology training.</p> | <p>IP disaggregated reporting for CDC project activities in each country.</p> <p>In districts with over 20% EGs, each outbreak response team has at least one EG staff.</p> | <p>Achieved</p> <p>In DHISII software, 17 Communicable Disease Under Surveillance were reported monthly in electronic sex-disaggregated data format.</p> <p>All the GMS-Activities were recorded with sex-disaggregated data.</p> |

| | Sub-outputs | EG Design Features/Activities | Performance Targets/Indicators | Status/Remarks |
|--|---|--|---|--|
| | | | Of participants in field epidemiology training, at least 5% are EGs in Cambodia, 10% in Lao PDR, 20% in Myanmar, and 10% in Viet Nam. | It is planned to introduce the reporting system ensuring the disaggregated ethnic reached in project reporting. |
| Output 3: improved laboratory services and hospital infection prevention and control | 3.1 Improved laboratory quality and biosafety 3.2 Improved infection prevention and control in hospitals | Ensure representative EG participation in laboratory training programs for districts with large EG population. Ensure representative participation of IPs in scholarships for hospital infection prevention and control. Ensure EG sensitive facilities in isolation wards | Representative participation of EGs laboratory management and quality assurance training programs Representative participation of EGs in hospital infection and control training. All repaired isolation wards provide arrangements for EGs | The activities aren't commenced yet. Current assessment on Laboratory staff capacity, the competent laboratory technicians were serviced in ethnic regions. As it will be technical provision, it couldn't set up as target for ethnic representative in training, but it will ensure that the ethnic lab staffs will promote in built up capacity for sustainability reason. For IPC training, the local ethnic health staffs were trained and record their participatory. In preparation isolation wards, it will ensure the assignment of local ethnic staffs, ethnic language health notification and SOP. |
| Project Management | 3.1 Ensure Integration of project activities in regular services 3.2 Improve efficiency and | All implementation plans for specific project activities and annual operational plans (AOPs) supported provinces address gender and IP dimensions of project activities | Proportion of project implementation plans and AOPs that address EG dimensions adequately. Proportion of active focal points in implementing | On track The approved 2018 AOP, the budget line for CDC intervention in ethnic group by mapping exercise firstly. Although MEVs guideline was introduced in June, the revision need to proper |

| | Sub-outputs | EG Design Features/Activities | Performance Targets/Indicators | Status/Remarks |
|--|-------------|--|--|--|
| | governance. | <p>All implementing agencies have an EG focal point</p> <p>All quarterly reports report on progress in EG issues</p> | <p>agencies (based on participation in events.</p> <p>Proportion of quarterly reports that report on EG issues.</p> <p>Proportion of consultants with EG experience.</p> | <p>methodology.</p> <p>Preparation of the MEV research study in projected townships in Q4 2018.</p> <p>Currently 4 focal were assigned for PIU and their TOR and functions have to be firstly clarify during Township AOP implementation workshop. There couldn't feasible for additional focal points as the PIU is embryogenic stage and it could be integrated in their TOR for EG.</p> <p>All quarterly report will ensure on EG issue through systematic reporting from IAs.</p> <p>The recruited consultants especially DyCTA, IPC and M&E (50%) have EG working experience.</p> |

2.2 Ethnic Group Development Plan

| Item | Status ⁶ (Y/N) | Follow up required (Y/N) | Comments/Actions required |
|--|---------------------------|--------------------------|---|
| Focal Point for gender and social Safeguards appointed to in the PMU | N | Y | The recruitment of position was finished in Q3 2018 and the specialist will join in Nov 2018. |

⁶ Documentary evidence of each item to be maintained in PMU's safeguards recording system and made available for review.

| Item | Status ⁶ (Y/N) | Follow up required (Y/N) | Comments/Actions required |
|--|------------------------------|--------------------------------|---|
| Gender and Social Safeguards Specialist mobilized | N | N | |
| Focal points for EMGs and migrant safeguards by each S/RHD | N | Y | Only four townships focal were defined. The required focal for EMGs will be identified after project management training by PMU in each projected township. Currently, it was planned to nominate project focal as safeguard focal. |
| Grievance Redress Mechanism Established | N | Y | The Grievance Redress Mechanism (GRM) was reviewing. It will follow up by upcoming Gender and Safeguard Specialist. |
| Social Safeguards Monitoring Reports submitted semi-annually | Y | Y | Environmental and Safeguard monitoring report was endorsed in April and PMU will comply the reporting system agreed between ADB and MOHS. |
| Performance targets/indicators of the EGDP are met | N | Y | EDGP will report as project progress. |