

# Environmental and Safeguard Monitoring Report

---

Biannual Report  
January 2018

## MYA: Greater Mekong Subregion Health Security Project

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

## CURRENCY EQUIVALENTS

(as of 31 January 2018)

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

Currency unit	–	Kyat (MK)
MK1.00	=	\$ 0.000751916
\$1.00	=	MK 1,329.94

## ABBREVIATIONS

ADB	–	Asian Development Bank
AOP	–	Annual Operation Plan
APSED	–	Asia Pacific Strategy for Emerging Diseases
CDC	–	Communicable Diseases Control
DMS	–	Department of Medical Services
DOPH	–	Department of Public Health
EA	–	Executing Agency
ECD	–	Environmental and Conservation Department
EMP	–	Environmental Management Plan
EMP	–	Environmental Management Plan
GDP	–	Gross Domestic Product
GMS	–	Greater Mekong Sub region
GRM	–	Grievance Redress Mechanism
IA	–	Implementing Agency
IEE	–	Initial Environmental Examination
IHR	–	International Health Regulations
IPC	–	Infection Prevention and Control
MEB	–	Myanmar Economic Bank
MEVs	–	Migrants and mobile populations, ethnic minorities and other vulnerable groups
MOHS	–	Ministry of Health and Sports
OEH	–	Occupational and Environmental Health
PMU	–	Project Management Unit
SPS	–	Safeguard Policy Statement
WHO	–	World Health Organization

## **NOTES**

- (i) The fiscal year (FY) of the Government of the Union of the Myanmar and Department of Public Health end on 31 March.
- (ii) In this report, "\$" refers to US dollars.

This environmental and Safeguard monitoring report is a document of the borrower. The views expressed herein do not necessarily represent those of ADB's Board of Directors, Management, or staff, and may be preliminary in nature.

In preparing any country program or strategy, financing any project, or by making any designation of or reference to a particular territory or geographic area in this document, the Asian Development Bank does not intend to make any judgments as to the legal or other status of any territory or area.

## Table of Contents

<b>I. EXECUTIVE SUMMARY .....</b>	<b>5</b>
<b>II. PROJECT OVERVIEW .....</b>	<b>6</b>
Initial Environmental Examination October 2016 .....	7
<b>III. PROJECT implementation progress.....</b>	<b>8</b>
Safeguards: Environment, Ethnic and Gender .....	9
Compliance to recommendations of inception mission on Environmental and Safeguard .....	9
Compliance to Loan Agreement & Covenants.....	12
<b>IV. MAJOR GAP AND CHALLENGES .....</b>	<b>15</b>
<b>V. WAYS FORWARD .....</b>	<b>15</b>
<b>VI. CONCLUSION .....</b>	<b>16</b>

## **I. EXECUTIVE SUMMARY**

This document indicates as biannual report from July 2017 to January 2018 of environmental and safeguard monitoring for the Greater Mekong Sub Region Health Security Loan Project (GMS-HS) implemented by Ministry of Health and Sport (MOHS), Myanmar. The loan is vitalized from July 2017 to June 2022.

The project is linked to potential environmental impacts as the activities involved public risks and potential accidents, minor repair and the installation and commissioning of laboratory equipment and related services, upgrading medical waste management and waste water treatment facilities in target state/region hospitals. The project is therefore categorized as a Category B project in accordance with ADB's Safeguard Policy Statement 2009 (SPS).

The Initial Environmental Examination (IEE) for GMS-HS has been reported in October 2016 and the detail discussion and recommendation on Environmental and Social Safeguards were input during project inception mission led by Asian Development Bank (ADB) in June 2017. Upon this, the project has been progressed as the organization the focal persons for the project Management unit (PMU), institutional arrangements and other requirements for the loan covenant during reporting period. Hiring consultancy services were complied with ADB procurement policy (para 1.13d). The Monitoring and Evaluation Specialist has been assigned for environmental and safeguard monitoring.

The first project kick-off workshop was conducted in Naypyitaw where responsible focal persons from the central and twelve project areas had been participated. The annual operation plan (AOP) for the year one (2017-18) had been finalized and AOP and budget for year two had been drafted. In which, the budget was approved for implementing and monitoring of environmental management plan (EMP), laboratory, infection prevention control (IPC) hygiene and waste managements.

PMU will comply the reporting system agreed by ADB and MOHS and the monitoring report progress in biannual basis to ADB. The targeted actions for next reporting were (i) initiate the site specific environmental assessment during advocacy and assessment to project townships (ii) Formulate the grievance Redress Mechanism Performance monitoring (iii) ensure performance monitoring in award contracts for procurement packages for vehicle and disclosure of environmental and social safeguard monitoring report to respective stakeholder in projected twelve townships.

## II. PROJECT OVERVIEW

1. Ministry of Health and Sport, Myanmar, targets to comply with WHO standards of International Health Regulation (IHR) and Asia Pacific Strategy for Emerging Diseases (APSED) implementation which was evaluated in 2014 resulting as Core functions owned by MOHS are well in place, but other functions depending more on collaboration with other countries, sectors, partners, community, and the private sector are less advanced.

2. The Greater Mekong Sub region (GMS) comprises Cambodia, China (Yunnan and Guangxi), Laos, Myanmar, Thailand, and Viet Nam. Although the region has gone through rapid economic development, with overall GDP growth of 5-10% per year during the past decade, Economic growth in the GMS is highly vulnerable to outbreaks of emerging diseases, such as severe acute respiratory syndrome, avian influenza, and Middle East respiratory syndrome<sup>1</sup>. Myanmar requested renewed ADB assistance by the way of GMS health security strengthening towards the control of emerging infectious diseases and other diseases of regional importance.

3. The Project is being financed through a project loan between the ADB and the Government of the Republic of the Union of Myanmar. In Myanmar, the proposed project of \$12.8 million is to be financed by an ADB Special Funds loan of \$12 million and \$0.8 million in Government counterpart funds. The Department of Public Health and the Department of Medical Services will represent MOHS as the Executing Agency.<sup>2</sup>

4. 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.<sup>3</sup>

5. The Project have three outputs:

- a. *Output 1*: Regional cooperation and communicable disease control in border areas improved with 10 key milestones activities

---

<sup>1</sup> The cost of the 2003 outbreak of severe acute respiratory syndrome in terms of lost gross domestic product, measured in nominal terms, is estimated at \$18 billion for the East Asian and Southeast Asian economies

<sup>2</sup> Initial Environmental Examination Report, Oct 2016, Greater Mekong Sub-Region Health Security Project RRP REG-48118-002

<sup>3</sup> Project Administration Manual, Jul 2017, Greater Mekong Sub-Region Health Security Project RRP REG-48118-002

- b. *Output 2*: National disease surveillance and outbreak response systems strengthened with 13 key milestones activities
- c. *Output 3*: Laboratory services and hospital infection prevention and control improved with 16 milestones activities

Figure 1 **GMS Health Security Project Area**

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

1	Shan North- Capital: Lashio, Border towns: Namkhan/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)

**Initial Environmental Examination October 2016**

6. 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.

7. 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. <sup>2</sup>

8. 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.

9. 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 3<sup>4</sup> for the specialist hospitals, and standardized biosafety level 2<sup>5</sup> 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 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. <sup>2</sup>

### III. PROJECT IMPLEMENTATION PROGRESS

***Inception Mission:*** In June 2017, the ADB Project inception mission, led by the project officer, Dr Gerard Servias, Senior Health Specialist and his team visited Myanmar. The mission met the Project Director, DyDGs and other senior officials to review and update the project document. The aid memo was signed between the mission and EA to agree the project structure, counterpart supports, focal persons for the project management unit (PMU), recommendation on Environmental and Social Safeguards and other requirements of the loan covenant

***Kick-off Workshop:*** EA organized the first project kick-off workshop in Naypyitaw in November 2017, chaired by the Director General of DoPH. Focal persons from the Central Epidemiology Unit, National Health Laboratory, Department of Medical Care and representatives of other implementing IAs of 12 project sites participated the workshop. During the workshop, PMU introduced the GMS-HS project to participants and planned for project implementation for 2018. Four project focal persons were nominated for each project sites.

***Annual Operational Plan (AOP):*** During the Kick-off workshop, the annual operation plan (AOP) for year one (2017-18) was finalized and the AOP for year two (2018-19)

---

<sup>4</sup> 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

<sup>5</sup> 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.



was drafted to estimate the budget for the next fiscal year. In which, the budget was approved for implementing and monitoring of environmental management plan (EMP), laboratory, infection prevention control (IPC) hygiene and waste managements. The estimate budget of the AOP is 1.796 million USD. PMU submitted AOP 2018 to ADB after MOHS approval and ADB officially approved AOP in January 2018.

**Safeguards: Environment and Ethnic**

Safeguard issues were already discussed in between ADB and EA during the inception mission. EA assigned OEH Department to support environmental safeguard for project implementation. Environmental safeguard issues were advocated to State/Regional and other project sites during the kick-off workshop. Activities for environmental safe guard and monitoring, hygiene and waste management, infection prevention control were budgeted in AOP 2018. Similarly, the targeted activities for mobile and vulnerable ethnic (MEVs) community has been budgeted in the AOP 2018 during the project kick-off workshop. PMU will submit the safeguard monitoring report to ADB in 1<sup>st</sup> quarter of 2018.

Gender and Safeguard specialist was interviewed by EA and selected for the project. NOL already from ADB. Unfortunately, the candidate refused to sign the contract due to other priority. PMU will advertise the position. Monitoring specialist is taking safeguard monitoring before engagement of safeguard specialist. PMU will revise Gender Action Plan as soon as the gender specialist is appointed to the project.

**Compliance to recommendations of inception mission on Environmental and Safeguard**

The project was in inception phase and township level advocacy and detail initial assessments covering environmental impact monitoring, IPC, Laboratory and township operation plan in twelve project sites been scheduled in quarter one of year 2018.

recommendations on 28 Jun 2017	Progress- up to Jan 2018	Progress %	Action Plan	Timeline
-----------------------------------	-----------------------------	---------------	-------------	----------

recommendations on 28 Jun 2017	Progress- up to Jan 2018	Progress %	Action Plan	Timeline
The PMU needs to coordinate with the Department of Occupational Health and Safety (DOHS) in order to submit the necessary document to the ECD and receive the approval in accordance with the Myanmar's EIA procedures as soon as possible.	EA assigned OEH department to support Environmental safeguard. EMP documents weren't submit yet to ECD as project was inception phase.	50%	Self-monitoring of environmental effects of minor repair and improvement works in terms of environmental performance monitoring requirements identified in EMP.  Yearly EMP reporting to Environmental Conservation Department (ECD)	Q4 2018
A separate Environmental safeguards consultant or combined with Environmental and Social safeguards consultant needs to be hired to support the PMU. If adding up of additional consultant is not possible, additional tasks and TORs should be added to the one of the identified consultants.	Safeguard and its reporting were assigned to M & E Specialist. It was originally added in the TOR of Gender position.	100%	The TOR of M&E focal has to be realigned.	Q4 2018
PMU needs to prepare the budget and get the budget approval to implement EMP, to conduct baseline environmental conditions	In AOP, budget was approved for not only monitoring and also implementation of EMP, Lab, IPC hygiene and waste	100%	IPC, lab and waste management and Site specific EMP will be reported.	Q2 2018

recommendations on 28 Jun 2017	Progress- up to Jan 2018	Progress %	Action Plan	Timeline
survey, and for monitoring as soon as possible. (It was discussed that this budget can be from the government counterpart's fund).	managements.			
PMU has to assign a focal person for Environmental and Social Safeguards. (For social safeguards, focal points for EMGs and migrant safeguards at each S/RHD to be nominated and assigned.)	Township level focal for EMGs and migrants safeguard didn't assign yet.	0%	M&E focal will initially build up the capacity in site specific EMP in 2018 and township level focal and reporting will initiate in 2019.	Q4 2018
Baseline condition survey needs to be conducted before commencing of any project implementation activities. PMU should seek helps from the MOHS	Project was inception phased and township level advocacy and detail initial assessments have been scheduled in Q1.	0%	Township specific assessment and AOP will be reported	Q1 2018
PMU should seek helps from the DOHS or hire monitoring consultant firm.	M&E focal was in position in January 2018	100%		
PMU has to prepare SOP, OH and Waste Management plans asap and submit to ADB.	IPC and Lab assessment was scheduled in Feb 2018	0%	In assessment, there will be detail actions.	
PMU has to prepare this asap and submit to ADB. The Grievance redress mechanism (GRM) needs to be		0%	Structure and composition has to be reported.	

recommendations on 28 Jun 2017	Progress- up to Jan 2018	Progress %	Action Plan	Timeline
operationalized before project implementation activities started				
It is recommended that PMU needs to be oriented with the SPS and safeguards requirements.	PMU and M&E Focal was invited to attend safeguard orientation.	50%	Orientation will be in Feb 2018	Feb 2018

### 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 July 2017 and 31<sup>st</sup> January 2018.

Components	Description	Progress	Progress %	Action Plan	Timeline
<b>Implementation Arrangement</b>	Counterpart support (staffing, office spaces)	PMU office established at Disease control building, Nay Pyi Taw. Project Director, 3 Deputy Project Directors, Project Manager, focal persons for project finance and procurement were identified. Total 48 Project focal for 12 townships were identified.	60%	Regular updating and tracking system.	March 2018  Quarterly
	Project Management Unit (PMU)	PMU is functioning with counterpart staffs and 3 national consultants.	50%	Consultants will be recruited	Q1 2018
	IAs annual operational plan and	Kick-off workshop conducted. AOP 2018 is approved by ADB.	50%	AOP for S/R and district will	Q1 2018

Components	Description	Progress	Progress %	Action Plan	Timeline
	budget	Township level AOP has not completed.		be developed	
	Financial Management	FE account for advance payment was vitalized. Sub account for DOPH and DMS were activated. The first WA 0001 was already submitted. Financial Specialist position was interview by EA.	30%	Subaccounts at 12 project sites will be opened	Q3 2018
	Procurement	Procurement Committee was established. Procurement meeting was organized on 6 Dec 2017. Procurement plan was revised and approved. Bidding document for NCB-1 IT equipment and NCB-7.1 Vehicles, were prepared	30%	Contract for NCB 1 and NCB 7.1 will be awarded.	Q1
		Consultant services: 3 National consultants were contracted for PMU. Remaining position were re-advertised and interviewed by EA.  International positions will be considered after reviewing of project performance progress	30%	Contract for National positions (Finance, Lab and IPC) will be awarded.  International positions will be advertised	Q1 2018  Q3 2018
<b>Environment</b>	Site-specific	The project is categorized B for environment, as it involves			

Components	Description	Progress	Progress %	Action Plan	Timeline
	environmental Management plan (EMP)	laboratory biohazards and hospital solid and liquid waste management. Based on the findings of the Environmental Assessment, it is concluded that the project will have only minor or non-significant environment impacts.			
	Health facility waste management	In AOP, budget was approved for monitoring EMP, lab, IPC, hygiene and waste managements. Before getting Gender and safeguard consultant, M&E specialist will be assigned for EMP and safeguard monitoring	30%	IPC, lab and waste management assessment, site specific EMP will be reported.	Q 2, 2018
	Hospital and laboratory upgrading		0%	Actions will be due as AOP-2018	
	Grievance redress mechanism		0%	Structure and composition has to be reported.	Q1 2018
<b>Safeguard</b>	Human resource	Consultant recruitment was pending because EAs proposal for hiring government staff was not comply with ADB procurement policy (para1.13d)	30%	Consultant will be recruited according to ADB guideline	
	Procurement	Preparation of NCB was fully compliance with ADB policy. It was pre-procurement stage and monitoring was not required.	100%	Environment effect and performance monitoring will be included in	March 2018

Components	Description	Progress	Progress %	Action Plan	Timeline
				procurement stages.	
<b>Ethnic Groups</b>	The project is categorized B for indigenous peoples. Ethnic minorities in the proposed project areas will be positively affected given the type of project activities. Ethnic minority groups constitute about 30% of the population in the targeted border provinces and 50% in the targeted border districts in four countries, more so in Myanmar				
		Project activities for Ethnic minorities are already budgeted in AOP 2018.	10%	Township ODA will ensure the inclusion of EMVs participation	AOP 2018
<b>Gender Action Plan (GAP)</b>		Gender Consultants will be recruited. M & E specialist will monitor gender compliance in M&E framework.	0%	GAP will be revised. DMF will be monitored	Q1 2018

#### IV. MAJOR GAP AND CHALLENGES

- Institutional Arrangement for getting qualify members for environmental and social safeguard aspects 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
- Environmental and social monitoring criteria and check points have to be promoted among PMU and PIU

#### V. WAYS FORWARD

- Initiate site specific environmental assessment at all project areas and its EMP
- Formulate the Grievance Redress Mechanism (GRM) Performance monitoring
- Ensure performance monitoring in award contract for vehicle
- Disclosure of Environmental and social safeguard monitoring report to ADB's web site and also to stakeholders in projected twelve townships

## **VI. CONCLUSION**

Implementation of GMS Health Security Project is accelerating in 2018 through dedicated support from MOHS/EA, ADB and PMU nonetheless 6 months left behind as planning. Some institutional arrangement for environmental and safeguard monitoring was not in place but it was covered with existing human resources. MOHS comply the ADB guidelines, policies and safeguard mechanism currently procurement and operation phases as Loan Agreement. The reserved budget for implementing and monitoring of environmental management plan (EMP), laboratory, infection prevention control (IPC) hygiene, waste managements and activities on ethnic minorities were included in 2018 AOP. This report didn't include the site specific EMPS because the assessment wasn't finished and the project construction activities are not commenced yet. The investments in the health security project, overall, will bring forth more positive than negative environmental impacts and greater health security through the implementation of biosafety standard and the appropriate health care waste and environmental management practices.