Ethnic Group Development Plan

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Republic of the Union of Myanmar: Greater Mekong Subregion Health Security Project – Additional Financing

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ABBREVIATIONS

ADB	-	Asian Development Bank
AP	-	Affected Persons
CDC	-	Communicable Disease Control
COVID-19	-	Coronavirus Disease
DOMS		Department of Medical Services
EA	-	Executing Agency
EG	-	Ethnic Group
EGDP	-	Ethnic group Development Plan
GMS	-	Greater Mekong Subregion
GRM	-	Grievance Redress Mechanism
IA	-	Implementing Agency
IPP	-	Indigenous Peoples Plan
IR	-	Involuntary Resettlement
IRD	-	International Relations Department
LA	-	Land Acquisition
MOHS	-	Ministry of Health and Sports
MOPFI	-	Ministry of Planning, Finance and Industry
PAM	-	Project Administration Manual
PMU	-	Project Management Unit
SOE	-	Statement of Expenditure
TOR	-	Terms of Reference
UNOPS	-	United Nations Office for Project Services
SPS	-	Safeguard Policy Statement
WHO	-	World Health Organization

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EXECUTIVE SUMMARY

i. This Ethnic Group Development Plan (EGDP) similar to Indigenous Peoples Plan (IPP) as per ADB's Safeguard Policy Statement (SPS), has been prepared for the additional financing components of the ongoing project, "Greater Mekong Subregion Health Security Project." The core policy principles are the same with the EGDP prepared, endorsed, and disclosed in May 2016 as part of the ongoing project. The additional financing has been categorized as "B" for indigenous peoples as per ADB's SPS, 2009 and the impacts are positive on ethnic groups.

ii. The project impact and outcome will remain the same. Activities under the additional financing will be consolidated and delivered through the ongoing project's output 4 that is aligned with, and contributes to, the original project outcome. Output 4 will be rephrased as "emergency preparedness and response capacity for coronavirus disease (COVID-19) strengthened" which will fully capture the objectives of additional financing. The main activities under output 4 include: (i) procurement of medical and laboratory equipment to strengthen emergency and high-dependency care, (ii) procurement of hospital waste management systems and personal protective equipment to enhance hospital infection prevention control, (iii) minor renovation works to improve hospital capacity for isolation of infected patients, and (iv) capacity building to improve competencies of heath staff in the triage and clinical management of COVID-19 patients. The additional financing will expand the original project to support 31 district and township hospitals (25 to 100 bed capacity).

iii. There is no specific policy on ethnic group safeguards in Myanmar that provides clear procedure, regulation and guidelines relevant to the ethnic people's right, except some provisions in the constitution and laws. Therefore, the EGDP is primarily based on safeguard requirement-3 on Indigenous Peoples of ADB's SPS, 2009. The EGDP provides the guidance necessary to guarantee culturally appropriate project implementation for ethnic group beneficiaries. The project will ensure that ethnic groups are aware of the additional support provided by the government during the COVID-19 pandemic.

iv. The project is expected to have positive impacts on ethnic groups in terms of better health care in the project area. The project includes 13 locations that are areas with highly diverse sub-ethnic groups residing, especially in Puta-O and Pharkant in Kachin State, Kathar, Kawlin, Homalin and Tamu in Sagaing Region, Namhkhan, Mong Set and Mine Shu in Shan State, Bawlakhae in Kayah State, Boatbyin in Tanintharyi Region, Toungup in Rakhine State and Htantalan in Chin State. Many of the ethnic groups in these areas maintain their own distinct language with limited understanding of the Myanmar language, traditions and beliefs, cultural and costumes. Myanmar's ethnic minorities make up an estimated 30% - 40% of the population, and ethnic states occupy some 57% of the total land area along most of the country's international borders [1] Given the type of project activities, the project will not negatively affect the ethnic groups but will bring benefit to the people, including ethnic groups, who are living in the project areas.

v. During project preparation, consultation was limited due to the COVID-19 restrictions. Virtual consultations were undertaken with the heads of the township hospitals. Consultation will continue during project implementation, with relevant stakeholders identified and consulted with. The project's EGDP-related information will be disclosed with the ethnic groups and beneficiaries during consultations in the form of leaflets or brochures translated into the local language. The EGDP for the additional financing will also be disclosed at ADB's website prior to the staff review

[1] Myanmar Centre for Responsible Business. 2014. *Myanmar Oil & Gas Sector Wide Impact Assessment.*

meeting and the same will also disclosed on the website of Ministry of Health and Sports (MOHS). The monitoring reports on EGDP implementation will also be posted on the ADB website.

vi. The project will provide additional health-related benefits to all the beneficiaries including the ethnic groups. Additional financing provides an efficient mechanism to support the timely scale-up of priority actions under the Health Sector Contingency Plan. The project will benefit the ethnic groups in terms of better access to health services, including for female and vulnerable beneficiaries.The EGDP provides guidance to guarantee culturally-appropriate project implementation for ethnic group beneficiaries, and to develop measures to optimize the accessibility of ethnic groups to the project benefits

vii. The additional financing will follow the existing grievance redress mechanism of the ongoing project and loan. The beneficiaries can address their concerns through head of the village tract. The complaint will be assessed and a proposed solution negotiated between the compliantant and the representative of the implementing agency, who is head of the respective project hospitals (or their designated staff). If the complaint is not solved at this level it will be taken to the project management unit (PMU) or MOHS Steering Committee. The project representatives at various levels will be responsible for reporting any grievances up to the appropriate level. People are also free to approach the country's legal system at any time they wish to. People can also approach ADB's accountability mechanism and may submit complaints directly.

viii. MOHS will internally monitor implementation of the EGDP to: (i) ensure that measures designed to enhance positive impacts are adequate and effective, (ii) determine if the ethnic groups have any issues or concerns regarding project implementation, and (iii) propose corrective actions when needed. MOHS through its PMU will submit EGDP monitoring reports bi-annually to ADB.

ix. The MOHS through DOMS is the executing agency for the additional financing. The director general of DOMS will be the project director. The 31 district and township hospitals will act as implementing agencies.[2] The medical superintendents of each hospital will oversee the planning and implementation of project activities in their respective facility. A new PMU will be established under DOMS to support the project director in management, monitoring, and administration of the additional financing. A national safeguard specialist will be engaged under the consulting services who will support the project director and PMU to coordinate, implement, and monitor gender and safeguards activities including EGDP implementation. The indicative cost for implementing and monitoring the EGDP is estimated at $18,040. MOHS will bear the cost as part of their counterpart contribution and will ensure the fund flow for EGDP implementation after loan effectiveness. The project implementation period will be 1 November 2020 to 31 October 2022. The EGDP will be implemented in parallel with other activities.

[2] In the ongoing project, the National Health Laboratory and 13 state, regional, and township hospitals are the implementing agencies.

I. DESCRIPTION OF THE PROJECT

A. Background

1. The Asian Development Bank (ADB) approved the Greater Mekong Subregion Health Security project on 22 November 2016 for $125 million equivalent from its ordinary capital resources.[3] The project is being implemented in Cambodia, Lao People's Democratic Republic (PDR), Myanmar, and Viet Nam. It will improve the performance of the Greater Mekong Subregion (GMS) health system with regard to health security through three outputs (i) regional cooperation and communicable disease control in border areas improved, (ii) national disease surveillance and outbreak response system strengthened, and (iii) laboratory services and hospital infection prevention and control (IPC) improved. A fourth output was added to the project under the additional financing for the Lao PDR in May 2020 to provide emergency response to the COVID-19 outbreak, particularly for procuring the necessary medical products and equipment and training of frontline health workers. The project in Myanmar, a $12 million concessional loan from ADB's ordinary capital resources, is being implemented with the National Health Laboratory and hospitals in 13 state, regional, and township hospitals.. Project performance is rated on track.

2. As of 2 September 2020, Myanmar reported 938 confirmed cases of COVID-19, with 6 deaths.[4] This includes 393 locally transmitted cases in Rakhine State since 16 August 2020.[5] Myanmar remains highly vulnerable to a surge in case numbers. The country's high number of returning migrants, including from the People's Republic of China, Thailand, and other neighboring countries, increases the risk for imported COVID-19 cases.[6] Poor and crowded living conditions in urban and peri-urban areas, with inadequate water and sanitation infrastructure, create the conditions for local transmission and the potential for spread of COVID-19 to other parts of the country. The high prevalence of communicable and chronic illnesses that compromise immune and respiratory system functioning increases the risk of comorbidity and more severe clinical progression of COVID-19.[7] While MOHS has scaled up the country's testing capacity, the number of tests performed remains the lowest in Southeast Asia at 2,898 per million population.[8] The MOHS and the World Health Organization (WHO) assessed Myanmar's preparedness capacity for responding to COVID-19 at less than 60%, with weakness greatest at the subnational level.[9]

1. Given the rapidly unfolding and imminent threat of COVID-19 in Myanmar, the MOHS has requested ADB to provide $30 million additional financing for the ongoing GMS-HS Project to

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[3] The ongoing project comprises (i) loans to Cambodia (SDR15,012,000 [$21 million]), the Lao PDR (SDR2,856,000 [$4 million]), Myanmar ($12 million), and Viet Nam (SDR56,946,000 [$80 million]); and (ii) a grant to the Lao PDR ($8 million). ADB provided a loan (additional financing) to the Lao PDR ($20 million). ADB also provided project preparatory technical assistance of $1.3 million to Cambodia, the Lao PDR, Myanmar, and Viet Nam. ADB. Regional: Greater Mekong Subregion Health Security Project; ADB. Lao PDR: Greater Mekong Subregion Health Security Project (Additional Financing); and ADB. Technical Assistance: Greater Mekong Subregion Health Security Project.

[4] MOHS. MOHS. Coronavirus Disease 2019 (COVID-19) Surveillance Dashboard (Myanmar). Accessed 2 September 2020.

[5] United Nations Office for the Coordination of Humanitarian Affairs. 1 September 2020. Myanmar, Rakhine State: COVID-19 Situation Report No. 08.

[6] A total of 130,817 migrants returned to Myanmar from Thailand, China and Laos between 22 March and 16 July 2020, based on available data. A further 8,543 Myanmar nationals have returned via Government Assisted Relief Flights from various countries. International Organization for Migration Myanmar. COVID-19 Response Situation Report 10. 20 July 2020.

[7] Sector Assessment (Summary): Health (accessible from the list of linked documents in Appendix 2). The document outlines the prevalence of noncommunicable diseases associated with severe COVID-19 illness.

[8] As of 2 September 2020, the number of tests performed per million population were 5,967 for Cambodia, 5,410 for the Lao PDR, 10,729 for Thailand, 10,352 for Viet Nam, and 23,981 for the Philippines.

[9] WHO. 2020. *Country Preparedness and Response Status for COVID-19 as of 11 May 2020.* Geneva.

expand project interventions to district and township hospitals requiring investment to strengthen preparedness and response capacities for COVID-19 and other emerging disease threats. The MOHS's Health Sector Contingency Plan for responding to COVID-19 acknowledges the front-line role of district and township hospitals in responding to community transmission and prioritizes efforts to build capacity in these facilities for (i) clinical management and medical care services, (ii) infection prevention and control, and (iii) human resources. The proposed additional financing to the health security project is an efficient modality for the timely delivery of support to district and township hospitals, which meets the criteria for COVID-19 fast-track processing.[10] The approach leverages the experience of the Department of Medical Services (DOMS) with ADB project administration and its capacity to deliver activities with township hospitals to expedite the rapid rollout of MOHS's COVID-19 response. Channeling support as additional financing to the health security project ensures synergies between investment to combat COVID-19 and ongoing efforts to strengthen preparedness and capacity to respond to public health threats.

3. The overall project remains aligned with the governments' strong commitment to regional health security and achieving the core capacities of the International Health Regulation (2005).[11] It is also consistent with ADB Strategy 2030's operational priorities to (i) address remaining poverty and reduce inequalities through achieving better health for all; (ii) accelerate progress in gender equality in human development; and (iii) foster regional cooperation and integration, including the promotion of regional public goods to mitigate cross-border risks of communicable disease.[12] The overall project also remains in line with the ADB's country partnership strategy Myanmar (2017-2021), which prioritizes advancing regional public health to address constraints to inclusive development.[13] The additional financing project will complement ADB's COVID-19 Active Response and Expenditure Support Program to Myanmar that supports implementation of the government's COVID-19 Economic Relief Plan, including investment for health systems strengthening.[14] ADB coordinates with other development partners through the health cluster coordination mechanism, established by MOHS with the support of WHO to ensure alignment of externally-financed projects with the government's plans.

4. The implementation of the ongoing GMS Health Security Project in Myanmar is rated on track. Against an elapsed time of 65.0% as of 2 September 2020, cumulative contract awards and disbursements for Myanmar are $3.74 million (31.13% of ADB financing) and $4.65 million (38.77% of ADB financing; including advances of $1.3 million), respectively. Of the 10 outcome and output indicators for Myanmar, 5 are already achieved, 4 are partially achieved, and one has yet to start. The delivery of expected outputs is rated *successful*. Project covenants including each safeguard covenant item are either complied with or are being complied with. Monitoring implementation of the ethnic groups development plan and environmental safeguards is being further improved. The identified project implementation risks have been adequately addressed, and the management of risks is rated successful.

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[10] ADB. 2020. *Comprehensive Response to the COVID-19 Pandemic*. Manila. The project enables the rapid scale-up of Myanmar's COVID-19 response through investment in equipment, infrastructure, and human resource capacity critical to mitigating the spread and impacts of COVID-19.

[11] WHO. 2005. *International Health Regulations.* Geneva; and WHO. 2017. *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies.* Geneva.

[12] ADB. 2018. Strategy 2030: Achieving a Prosperous, Inclusive, Resilient, and Sustainable Asia and the Pacific. Manila.

[13] ADB. 2017. *Country Partnership Strategy: Myanmar, 2017-2021.* Manila.

[14] ADB. Myanmar: COVID-19 Active Response and Expenditure Support Program.

B. Impact, Outcome, and Outputs

5. The project is aligned with the following impact: GMS public health security strengthened.[15] The project will have the following outcome: GMS health system performance with regards to health security improved. The impact, outcome, and corresponding indicators remain unchanged from the original project. Activities under the additional financing will be consolidated and delivered through output 4 that is aligned with, and contributes to, the original project outcome. Output 4 will be rephrased as "emergency preparedness and response capacity for COVID-19 strengthened" which will fully capture the objectives of additional financing. In line with the Health Sector Contingency Plan for COVID-19, activities under output 4 will strengthen capacity across three core areas of district and township hospital service delivery, namely (i) clinical management and medical care services, (ii) hospital IPC, and (iii) human resources.

6. The additional financing will enhance the project outcome with respect to Myanmar's progress towards compliance with the requirements of the IHR. This will be achieved through support to 31 district and township hospitals requiring immediate investment for upgrading clinical care, IPC, and human resource capacity for responding to COVID-19 and other future public health threats.[16] The 31 target hospitals include hospitals in areas that are highly vulnerable because of poverty, ethnicity, and inadequate access to essential services, including health care.[17] The subprojects/hospitals covered under additional financing are described below in Table 1 and the location map is provided in Figure 1:

Table 1: List of Hospitals under the Due Diligence for Additional Financing

#	Name of Subproject/Hospital	Name of Township	Name of District
1	Pharkant Township Hospital	Pharkant	Mohnyin
2	Puta-O Township Hospital	Puta-O	Puta-O
3	Bawlakhae District Hospital	Bawlakhae	Bawlakhae
4	Kam amaung Township Hospital	Kam amaung	Hpa pun
5	Myawaddy District Hospital	Myawaddy	Myawaddy
6	Htantalan Township Hospital	Htantalan	Phalan
7	Toungup Township Hospital	Toungup	Thandwe
8	Namhkham Township Hospital	Namhkham	Muse
9	Mong Set District Hospital	Mong Set	Mong Set
10	Kalaw District Hospital	Kalaw	Kalaw
11	Mine Shu Township Hospital	Mine Shu	Loilin
12	Ye Township Hospital	Ye	Mawlamyaing
13	Tanintharyi Township Hospital	Tanintharyi	Kawthaung
14	Boatbyin Township Hospital	Boatbyin	Dawei
15	Homalin District Hospital	Homalin	Homalin
16	Tamu District Hospital	Tamu	Tamu
17	Kathar District Hospital	Kathar	Kathar
18	Kawlin Township Hospital	Kawlin	Kathar
19	Satote Tayar Township Hospital	Satote Tayar	Minbu
20	Mindone Township Hospital	Mindone	Thayet
21	Gangaw District Hospital	Gangaw	Gangaw
22	Thayarwady District Hospital	Thayarwady	Thayarwady
23	Shwe Kyin Township Hospital	Shwe Kyin	Bago

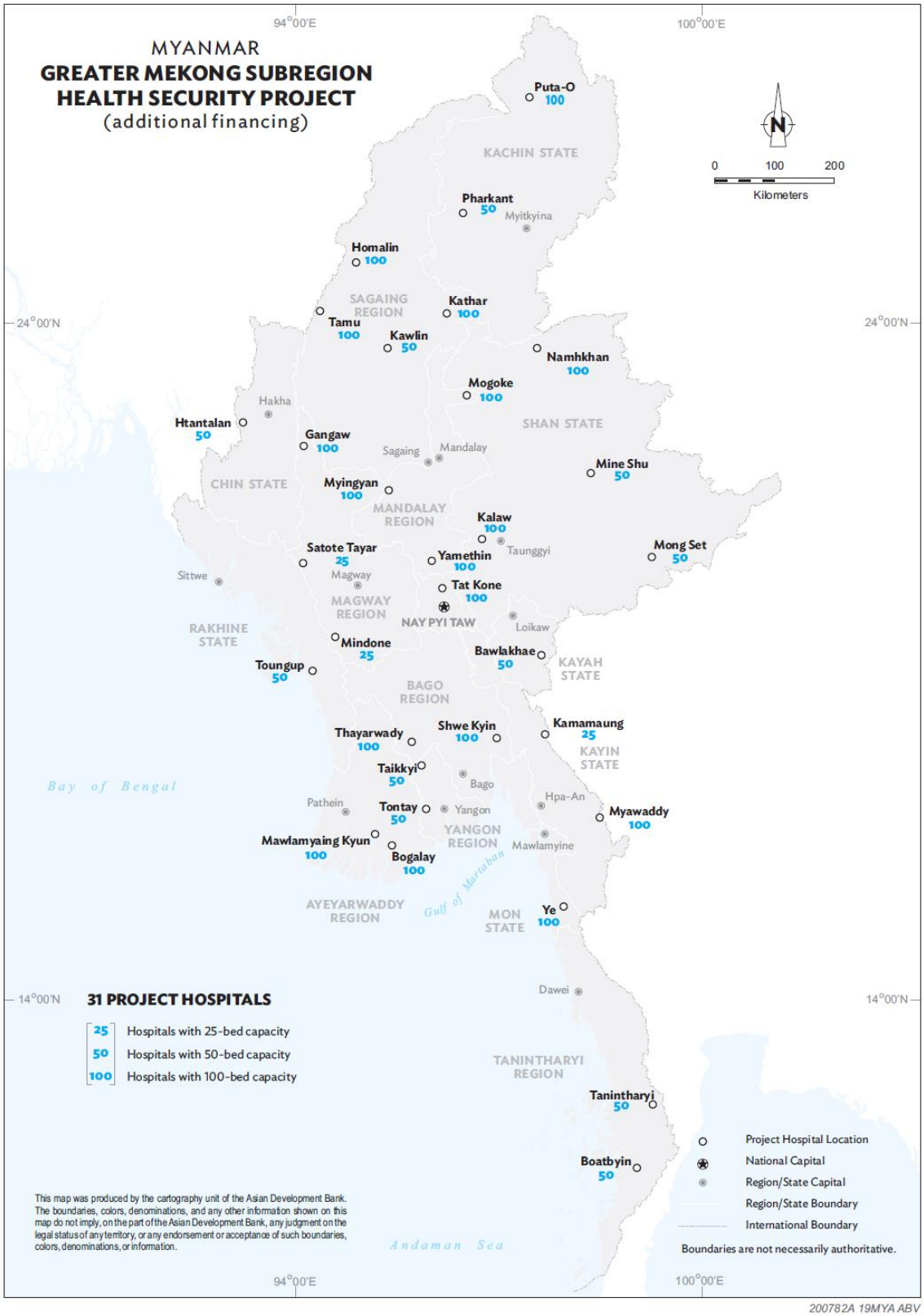
[15] Defined by the GMS Health Security Project.

[16] Twenty-nine of the 31 hospitals are newly added to the project under the proposed additional financing. Two facilities, Myawaddy District Hospital and Ye Township Hospital, are also supported under the original project.

[17] The MOHS has identified more than 100 hospitals requiring upgrading to respond to COVID-19. Hospitals that are accessible to ethnic populations and to populations in hard-to-reach and border areas were prioritized for ADB support. Hospital selection was coordinated with other development partners involved in MOHS's COVID-19 response.

#	Name of Subproject/Hospital	Name of Township	Name of District
24	Tontay Hospital	Tontay	Yangon South
25	Taikkyi Hospital	Taikkyi	Yangon North
26	Mawlamyaing Kyun Township Hospital	Mawlamyaing Kyun	Labutta
27	Bogalay Township Hospital	Bogalay	Phyapon
28	Tat Kone Hospital	Tat Kone	Nay Pyi Taw
29	Myingyan District Hospital	Myingyan	Myingyan
30	Yamethin Hospital	Yamethin	Yamethin
31	Mogok Hospital	Mogok	Mandalay

Figure 1: Location of of Hospitals



II. LEGAL AND POLICY FRAMEWORK

A. Myanmar National Laws and Policies on Ethnic Groups

7. There is no specific policy on ethnic group safeguards in Myanmar that provides clear procedure, regulation and guidelines relevant to the ethnic people's right, except some provisions in the constitution and laws as mentioned in the following section. While Myanmar has signed the United Nations Declaration on the Rights of Indigenous Peoples, there are no laws or regulations that provide for the recognition of customary land tenure or clear regulations to determine the ownership and extent of ancestral domains and to protect the rights of ethnic nationalities to their ancestral (customary) lands as well as for them to maintain their economic, social, and cultural well-being.

8. The review of current government legal provisions that may, directly or indirectly, impact on ethnic groups and current institutional practices that reflect treatment of ethnic groups is summarized as below:

- Constitute of Myanmar (2008): The Article 22 of the Constitution provides for: (i) development of language, literature, fine arts and culture of the National races; and (ii) promotion of solidarity, mutual amity and respect and mutual assistance among the National races; and promotion of socio-economic development including education, health, economy, transport and communication, of less-developed National races. According to the Article 27 of the Constitution, the Union shall assist development, consolidation and preservation of National Culture. Article 348 also stipulates that The Union shall not discriminate any citizen of the Republic of the Union of Myanmar based on race, birth, religion, official position, status, culture, sex and wealth.

- The Development of Border Areas and National Races Law (1993,1st amendment 2006 and 2nd amendment 2015): The Law aims to strengthen the amity among the national races and to preserve and maintain the security, prevalence of law and peace and order of the border areas. The law also calls for the development of infrastructure for national races in the border areas and the preservation of their culture, literature, and customs. The amendments allows to obtain international aids for the implementation of development activities and emphasize on the capacity building of human resources in the areas. However, the law does not explicitly provide for protection of the rights of ethnic nationalities.
- The Ethnic Right Protection Law (2015): The Law recognizes the cultural specialties of the ethnic people and calls for special measures to safeguard the peoples, institutions, property, cultures and environment of these groups. The law allows the people to freely determine their political standing, the rights to pursue socio-economic and health care service in traditional way. It also set out the processes for engaging with such group through a process of a free, prior and informed consent. Union Ministry of Ethnic Affairs has been established as the focal regulatory agency in 2016 in accordance with that law.

B. ADB Safeguard Policy Statement of 2009 for Indigenous Peoples[18]

9. According to ADB's Safeguard Policy Statement (SPS) 2009, the objectives of indigenous peoples safeguards are to design and implement projects in a way that fosters full respect for

[18] The term used in ADB's SPS, 2009 is Indigenous Peoples (IP) whih is similar to Ethnic Groups (EG) in the case of Myanmar.

indigenous peoples' identity, dignity, human rights, livelihood systems, and cultural uniqueness as defined by them. It ensures that ADB-assisted development interventions that may impact indigenous peoples will be consistent with the needs and aspirations of affected indigenous communities and compatible with their culture and social and economic institutions. This Ethnic Groups Development Plan (EGDP) recognizes indigenous peoples' vulnerability and ensures that all project impacts will be addressed by the implementing agency. The implementing agency will ensure that affected indigenous peoples have the opportunity to fully participate in and benefit equally from project interventions. The following are the principles of ADB SPS for indigenous peoples:

(i) Screen early on to determine (a) whether indigenous peoples are present in, or have collective attachment to, the project area; and (b) whether project impacts on indigenous peoples are likely;

(ii) Undertake a culturally-appropriate and gender-sensitive assessment of social impacts] or use similar methods to assess potential project impacts, both positive and adverse, on indigenous peoples;

(iii) Undertake meaningful consultations with affected indigenous peoples communities and concerned indigenous peoples organizations to solicit their participation (a) in designing, implementing, and monitoring measures to avoid adverse impacts or, when avoidance is not possible, to minimize, mitigate, or compensate for such effects; and (b) in tailoring project benefits for affected indigenous peoples communities in a culturally appropriate manner;

(iv) Ascertain the consent of affected indigenous peoples communities to the following project activities: (a) commercial development of the cultural resources and knowledge of Indigenous Peoples; (b) physical displacement from traditional or customary lands; and (c) commercial development of natural resources within customary lands under use;

(v) Avoid, to the maximum extent possible, any restricted access to and physical displacement from protected areas and natural resources. Where avoidance is not possible, ensure that the affected indigenous peoples communities participate in the design, implementation, and monitoring and evaluation of management for such areas and natural resources and that their benefits are equitably shared;

(vi) Prepare an Indigenous Peoples Plan (IPP) that is based on the [assessment of social impacts] with the assistance of qualified and experienced experts and that draw on indigenous knowledge and participation by the affected indigenous peoples communities. The IPP includes a framework for continued consultation with the affected indigenous peoples communities during project implementation; specifies measures to ensure that indigenous peoples receive culturally appropriate benefits; identifies measures to avoid, minimize, mitigate, or compensate for any adverse project impacts; and includes culturally appropriate grievance procedures, monitoring and evaluation arrangements, and a budget and time -bound actions for implementing the planned measures;

(vii) Disclose a draft IPP, including documentation of the consultation process and the results of the [assessment of social impacts] in a timely manner, before project appraisal, in an accessible place and in a form and language(s) understandable to affected Indigenous Peoples communities and other stakeholders. The final IPP and its updates will also be disclosed to the affected Indigenous Peoples communities and other stakeholders;

(viii) Prepare an action plan for legal recognition of customary rights to lands and territories or ancestral domains when the project involves (a) activities

that are contingent on establishing legally recognized rights to lands and territories that indigenous peoples have traditionally owned or customarily used or occupied, or (b) involuntary acquisition of such lands;

(ix) Monitor implementation of the IPP using qualified and experienced experts; adopt a participatory monitoring approach, wherever possible; and assess whether the IPP's objective and desired outcome have been achieved, taking into account the baseline conditions and the results of IPP monitoring. Disclose monitoring reports.

C. Objectives of the Ethnic Group Development Plan

10. The additional financing project has been categorized as B for indigenous peoples/ethnic groups. This categorization has been prepared in accordance with the ADB SPS on indigenous peoples safeguards. According to the Indigenous People's Safeguards Sourcebook "indigenous peoples safeguards are triggered when a project affects either positively or negatively and either directly or indirectly the indigenous peoples." [19] The additional financing project is expected to have positive impacts on ethnic groups in terms of better health care in the project area. The EGDP has been prepared to ensure these positive benefits for ethnic groups under the additional financing project are realised. The ongoing project remains category B for indigenous peoples.

11. The EGDP provides the guidance necessary to guarantee culturally appropriate project implementation for ethnic group beneficiaries. The project will ensure that ethnic groups are aware of the additional support provided by the government during the COVID-19 pandemic. The project will employ culturally appropriate and gender sensitive consultation processes while engaging ethnic groups. The EGDP specifies safeguard provisions to be monitored during project implementation to ensure that ethnic groups can access and receive benefits from project activities.

III. SOCIAL IMPACT ASSESSMENT

A. Ethnic Groups in Myanmar

12. Based on Health in Myanmar, 2014[20], the country has 135 national races/ethnic groups speaking over 100 languages and dialects. The major eight national races/ethnic groups are Bamar (Burmese), Shan, Kachin, Kayah, Kayin, Mon, Chin and Rakhine. About 90% of the population is Buddhist. There are some less developed ethnic subgroups, in particular in the mountains in Kachin, Shan, and Rakhin states. The Burmese mostly live in the central lowland of Myanmar.The second largest ethnic group, the Shan, live on a ridged plateau in the east of the country. The other ethnic groups also live in mountainous areas along the borders of Myanmar, such as the Rakkhine and Chin in the west, the Kachin in the north, the Kayah and the Karen in the east, and the Mon in the south.

13. Myanmar's GDP growth is estimated to drop from 6.8 percent in FY2018/19 to 0.5 percent in FY2019/20. The pandemic and associated containment measures are undermining aggregate demand, disrupting value chains, and reducing the labor supply, following strong activity in the

[19] According to the Indigenous People's Safeguards Sourcebook, "The borrower/client is responsible for assessing projects and their environmental and social impacts, preparing safeguard plans, and engaging with affected communities through information disclosure, consultation, and informed participation following all policy principles and safeguard requirements." ADB. June 2013. Indigenous Peoples Safeguards. A Planning and Implementation Good Practice Sourcebook (Draft Working Document).

[20] Health in Myanmar, 2014: Ministry of Health, Republic of the Union of Myanmar

first 5 months of the year[21]. A quarter of the total population (approximately 11.8 million people) are considered to be poor. The poverty headcount is significantly higher in rural areas of Myanmar (30.2%) than in urban areas (11.3%). In terms of states and regions, poverty is highest in Chin state (58%), followed by Rakhine (41.6%), Kachin state (36.6%), Kayah state (32%), Sagaing region (30.7%), Shan (28.6%), Ayeyarwaddy (31.7%) and Tanintharyi (33%). Yangon and Mandalay have the lowest poverty rates, being 13.7% and 13.2% respectively.[22] Transitionary poverty is substantial in Myanmaras households lack support of services to cope with financial shocks like for medical services. Gaps in poverty and health indicators are widening, with significant disparities in health outcomes across socio-economic groups.[23] This includes for ethnic groups. Women in Myanmar have relative equality in terms of major decisions, however in property ownership and financial aspects, the roles that girls and women assume throughout their lives are still based on culturally accepted notions of male dominance. Women also have additional workload of child-caring and risks of childbearing.

B. Ethnic Groups in Project Areas

14. Among the project locations, 13 are areas with highly diverse sub-ethnic groups residing, including Puta-O and Pharkant in Kachin State, Kathar, Kawlin, Homalin and Tamu in Sagaing Region, Namhkhan, Mong Set and Mine Shu in Shan State, Bawlakhae in Kayah State, Boatbyin in Tanintharyi Region, Taungup in Rakhine State and Htantalan in Chin State. Many of the ethnic communities in these areas maintain their own distinct language with limited understanding of Myanmar language, traditions and beliefs, cultural and costumes. Given the nature of the project activities, the project will not negatively affect ethnic groups. The project will bring benefits to ethnic groups and other people living in the project areas. Details on the presence of ethnic groups in the additional financing project areas are in Table 2.

Table-2: Ethnic Group in Subproject Area

#	Name of Subproject/Hospital	Year	Name of Township	Name of District	Name of the Ethic Group
1	Pharkant Township Hospital	1960	Pharkant	Mohnyin	Kachin, Kayah Shan, Kayin
2	Puta- O Township Hospital	1926	Puta- O	Puta-O	Kachin
3	Bawlakhae District Hospital	2009	Bawlakhae	Bawlakhae	Kayah, Kayin
4	Kamamaung Township Hospital	1966	Kamamaung	Hpa pun	Kayin, Kayah, Mon
5	Myawaddy District Hospital	1963	Myawaddy	Myawaddy	Kayin, Kayah, Mon
6	Htantalan Township Hospital	2015	Htantalan	Phalan	Chin, Rakhine
7	Taungup Township Hospital	2013	Taungup	Thandwe	Rakine, Burma
8	Namkhan Township Hospital	1980	Namhkham	Muse	Shan, AKhar, Koekant, Wa, Palaung
9	Mong Set District Hospital	1960	Mong Set	Mong Set	Shan, Koekant, Lishaw, Wa, Palaung
10	Kalaw District Hospital	1919	Kalaw	Kalaw	Shan, Pa Oh

[21] Myanmar Economic Monitor, June, 2020 The World Bank
[22] UNDP Myanmar Living Conditions Survey 2017
[23] Organization for Economic Co-operation and Development and World Health Organization. 2018. *Health at a glance Asia/Pacific. Measuring progress towards universal health coverage*. Paris.

#	Name of Subproject/Hospital	Year	Name of Township	Name of District	Name of the Ethic Group
11	Mine Shu Township Hospital		Mine Shu	Loilin	Shan, Koekant, Lishaw, Wa, Palaung
12	Ye Township Hospital	2014	Ye	Mawlamyaing	Kayin, Kayah, Mon
13	Tanintharyi Township Hospital		Tanintharyi	Kawthaung	Mon, Kayin, Dawe
14	Boatbyin Township Hospital	1974	Boatbyin	Dawei	Mon, Kayin, Dawe
15	Homalin District Hospital	2008	Homalin	Homalin	Chin, Naga, Kachin
16	Tamu District Hospital	1966	Tamu	Tamu	Chin, Naga
17	Kathar District Hospital	1957	Kathar	Kathar	Kachin
18	Kawlin Township Hospital	1992	Kawlin	Kathar	Kachin
19	Satote Tayar Township Hospital	1982	Satote Tayar	Minbu	Chin
20	Mindone Township Hospital	1963	Mindone	Thayet	Chin,
21	Gangaw District Hospital	2007	Gangaw	Gangaw	Yaw
22	Thayarwady District Hospital	1890	Thayarwady	Thayarwady	
23	Shwe Kyin Township Hospital	2002	Shwe Kyin	Bago	Kayin
24	Tontay Hospital	1981	Tontay	Yangon South	
25	Taikkyi Hospital	1979	Taikkyi	Yangon North	
26	Mawlamyaing Kyun Township Hospital	2009	Mawlamyaing Kyun	Labutta	
27	Bogalay Township Hospital	2010	Bogalay	Phyapon	Kayin
28	Tat Kone Hospital		Tat Kone	Nay Pyi Taw	
29	Myingyan District Hospital	1961	Myingyan	Myingyan	
30	Yamethin Hospital	1994	Yamethin	Yamethin	
31	Mogok Hospital	2007	Mogok	Mandalay	Shan, Lisu, Lishaw

Source: Ministry of Health and Sports.

C. Situation of Ethnic Groups in the COVID-19 Pandemic

15. Ethnic groups are vulnerable to COVID-19 due to their limited access to the government's health care services. This lack of access presents a barrier to the early detection and timely treatment of COVID-19 infecion amongst ethnic group members. Other factors, such as food insecurity and malnutrition, compromise resistance to viral diseases leaving ethnic group members more vulnerable to the pandemic.

16. Ethnic groups generally have lower social and economic capital. During the COVID-19 pandemic these groups are amongst the most vulnerable. Therefore, the government has a role in ensuring ethnic groups receive information about COVID-19 prevention and are able to access medical assistance and emergency care regardless of status and without any discrimination.

IV. MEANINGFUL CONSULTATION AND INFORMATION DISCLOSURE

A. Consultation and Participation Mechanisms

17. During project preparation, MOHS has carried out virtual consultation with all the heads of project hospitals and some health staffs. Detailed multi-stakeholder consultations were not able to be carried out due to the COVID-19 related restrictions. Consultation will continue during project implementation, with relevant stakeholders being identified at the early stage of project implementation. Township and dictrict hospitals covered under the additional financing will communicate with beneficiaries on the enhanced services available at townships and district hospitals, specifically services related to COVID-19.

18. The EGDP is designed to ensure that ethnic groups will continue to be consulted during project implementaion and actively participate in project activities, while also ensuring that the issues and concerns of ethnic groups are heard, recognized, and responded to by the project implementers. During implementation, the project staff will use simple language and culturally-appropriate consultation methods to:

(i) ensure that the head of village tracts in ethnic areas are consulted and made aware of the additional support provided by the government during the COVID-19 pandemic;
(ii) share the benefits as outlined in the EGDP with the ethnic group beneficaries
(iii) share EGDP related information materials translated into local languages with the beneficiaries including the ethnic group beneficiaries;
(iv) explain the purpose of the additional financing.

B. Information Disclosure

19. Information on the EGDP will be disclosed and made available to the ethnic groups and beneficiaries in the form of leaflets or brochures translated into the local language. For ethnic groups where a large number of adults cannot read, materials will be produced in popularized form. The MOHS/DOMS, through its PMU and national safeguard and gender specialist, will be in charge of disclosing EGDP related information, including project's benefits to the ethnic groups. The EGDP for the additional financing will also be disclosed in the ADB and MOHS websites. The monitoring reports on EGDP implementation will also be posted on the ADB website as well as on MOHS website. MOHS' current website on the GMS Health Security Project will contain a page on the additional financing, which is accessible to the public.

V. PROJECT BENEFITS, CONCERNS AND FUTURE ACTIONS

A. Benefits

20. The project impact and outcome remain unchanged from the original project. Activities under the additional financing will be consolidated and delivered through output 4 that is aligned with, and contributes to, the original project outcome. Output 4 will be rephrased as "emergency preparedness and response capacity for COVID-19 strengthened". Activities under output 4 will strengthen capacity across three core areas of district and township hospital service delivery , namely (i) clinical management and medical care services, (ii) hospital IPC, and (iii) human resources. Maximum preparedness contributes to mitigation of the pandemic impacts. The project

will benefit the people living in project areas that could include ethnic people. Hospitals within the ethnic areas will bring positive benefits/impact to the ethnic groups in terms of access to better quality health facilities and emergency care services. Additional financing provides an efficient mechanism to support the timely scale-up of priority actions under the Health Sector Contingency Plan. Utilizing existing project implementing structures will enable rapid delivery of project activities to hospitals in these new townships.

21. Output 2 of the ongoing project helps improve community preparedness, timely detection, investigation, risk analysis, risk communication, and containment of emerging and other diseases of regional significance, such as Malaria, Dengue, Cholera, TB and HIV/AIDS. Direct beneficiaries in output 2 include health staff and community health workers who will improve outbreak reporting and response and community preparedness that are appropriate for ethnic group communities. Output 3 of the ongoing project improves diagnostic capacity by improving laboratory quality and reducing the risk of spread of dangerous infections through better laboratory biosafety, hospital infection control, and better case management of infectious diseases. Direct beneficiaries in output 3 include laboratory and hospital staff, many of whom belong to ethnic groups or work in ethnic groups areas.

B. Positive Impacts, Concerns and Future Actions

22. The EGDP is prepared for ethnic group beneficiaries to receive health service benefits to fight the COVID-19 that are culturally-appropriate and gender-responsive including (i) outline the potential positive impacts of the project on ethnic groups, (ii) Concerns that may occur during implementation, which are likely to be negligible; and (iii) specify future plan of actions during implementation to enhance benefits to ethnic groups. Table 3 describes the identified potential positive impacts, concerns and future action to be undertaken during implementaion.

23. During project preparation, consultations with ethnic group communities and beneficiaries were restricted due to the COVID-19 situation. Consultation with ethnic group beneficiaries will be continued during project implementation. To increase support for ethnic groups and achieve positive outcomes for ethnic groups in the project, the project management unit at central level (PMU) and representatives of the implementing agencies will ensure full implementation of the EGDP. To facilitate this process, key features of this EGDP are mirrored in the project administration manual (PAM). No negative project impacts were identified that would require mitigation measures. However, continuous consultaion during implementaion with ethnic beneficiaries will minimize any concern that may limit the access to desired positive impacts.

Table 3: Potential Positive Impacts, Concerns and Future Actions

Additional Financing Outputs	Anticipated Positive Impacts	Concerns	Action during Implementation
(i) procurement of medical and laboratory equipment to strengthen emergency and high-dependency care (ii) procurement of hospital waste management systems and personal protective equipment to enhance hospital infection prevention control (iii) minor renovation works to improve hospital capacity for isolation of infected patients (iv) capacity building to improve competencies of heath staff in the triage and clinical management of COVID-19 patients	Ethnic group beneficiaries are knowledgeable on the purpose of strengthening emergency preparedness and response capacity for COVID-19 and the targets as below: • By Q4 2021, 31 district/township hospitals have isolation capacity[a] for COVID-19 patients (Baseline: 0, Q2 2020) • By Q3 2021, 31 district/township hospitals have facilities that ensure the privacy of female and male patients and staff[b] (Baseline: 0, Q2 2020) • By Q1 2022, at least 80% of doctors and nurses, in 31 district/township hospitals have improved knowledge on clinical management for COVID-19, and IPC, disaggregated by sex (Baseline: NA, Q2 2020)	some of the ethnic group population may not fully be aware about the project benefits due to limited understanding of Myanmar language, instruction and prevention guideline for COVID- 19.	Consult ethnic group adequately and ensure their awareness of the additional support provided by MOHS during the COVID-19 pandemic at least two times during the implementation • Ensure the participation of ethnic group leaders, representatives, and community members at the consultations to be carried out during project implementation • Share EGDP-related information including the GRM and project scope with ethnic groups and ethnic health organizations at the high ethnic populated project areas during implementation • Ensure health staff participation[24] in the trainings for COVID-19 clinical management, laboratory, and IPC at target hospitals are from the ethnic groups.
	• Project impacts are regularly monitored to ensure the EGDP is properly implemented.	None	Conduct internal monitoring on the implementation of EGDP and submission of monitoring report.

[24] 10% of total health staffs in areas with large ethnic group population and 5% in areas with less ethnic group population)

Additional Financing Outputs	Anticipated Positive Impacts	Concerns	Action during Implementation
			Provide training on EGDP implementation to Project Management Unit (PMU) staffs and the focal in each project area

COVID-19 = coronavirus disease, EGDP = ethnic group development plan, IPC = infection prevention and control, MOHS = Ministry of Health and Sports, PPE = personal protective equipment.
[a] Availability of single rooms and/or areas to cohort patients. Appropriately equipped with PPE for contact and droplet precautions.
[b] Isolation wards have, at minimum, appropriate sectioning between beds and separate female and male hygiene facilities. Staff have separate female and male change rooms and hygiene facilities.

VI. GRIEVANCE REDRESS MECHANISM

24. The ADB SPS states that the borrower/client is required to establish and maintain a GRM to ensure effective resolution of ethnic groups beneficiaries' concerns and grievances about project implementation. ADB's SPS 2009 requires the establishment of a responsive, readily accessible, and culturally-appropriate GRM capable of receiving and facilitating the resolution of affected persons' concerns and grievances about the physical, social, and economic impacts of the project. The GRM aims to: (i) reduce conflict, risk of undue delay, and complication in project implementation; (ii) improve quality of project activities and outputs; (iii) ensure that the rights of affected parties are respected; (iv) identify and respond to unintended impacts of projects on individuals; and, (v) maximize participation, support and benefit to local communities. The GRM has already been established and operational since the effectiveness of the ongoing project. The additional financing will follow the existing GRM structure and consultation process.

25. As a first step, the beneficiaries can address their concerns through the head of the village tract. The complaint will be assessed and a proposed solution negotiated between the compliantant and the representative of the implementing agency, who is head of the respective project hospitals (or their designated staff). If the complaint is not resolved at this level, it will be taken to the PMU or MOHS Steering Committee. The project representatives at various levels will be responsible for reporting any grievances up to the appropriate level. In cases where aggrieved persons do not have the writing skills or are unable to express their grievances verbally, they are allowed to seek assistance from any recognized local group, nongovernment organization, family member, village heads or community chiefs to have their complaints or grievances written for them. Throughout the grievance redress process, the responsible committee will ensure that the complainants are provided with copies of complaints and decisions or resolutions reached". The additional financing project is not expected to have major grievances because of positive impacts to the benefeciaries. However, any unanticipated impacts will be mitigated in accordance with ADB's SPS. People are free to approach the country's legal system at any time they wish to and can also approach to ADB's accountability mechanism and may submit complaints directly.

VII. MONITORING AND REPORTING

26. The implementation of the EGDP will be monitored internally by MOHS through its PMU to: (i) ensure that ethnic groups benefit from the additional financing, (ii) record the number of ethnic beneficiaries, types of benefits etc, (iii) ensure that measures designed to s to enhance positive impacts are adequate and effective, (iv) determine if the ethnic groups have any issues

or concerns regarding project implementation, (iv) determine that adequate consultation is taking place, and (v) propose corrective actions when needed.

27. The PMU, with the support of the national safeguard and gender specialist, will monitor the EGDP implementaion and ensure compliance with ADB's SPS requirements. All EGDP related data will be disaggregated by ethnicity and gender to the extent possible. The progress of EGDP implementation will be reported highlighting compliance issues and corrective actions, if identified. Given the short period of project implementation, it is proposed that bi-annual monitoring reports will be prepared for the EGDP and will be submitted to ADB by the PMU. EGDP monitoring reports will be disclosed on ADB's website as well as on the website of MOHS.

28. In addition to EGDP monitoring, ADB will conduct loan review missions at least once a year that will also review the progress of EGDP implementation. A project completion report within 6 months of physical completion of the project will be prepared. The project completion report will be for the entire project (ongoing project plus additional financing) and will analyze project implementation, project performance and achievements against the targets, and expected project impacts. The project completion report will also include a section on EGDP implementation to report whether the objectives of EGDP have been achieved, that ethnic groups have positively benefited from the additional financing, and that no ethnic groups have been negatively impacted.

VIII. INSTITUTIONAL ARRANGEMENTS

A. Executing Agency and Implementing Agency

29. The MOHS through DOMS is the executing agency for the additional financing. The director general of DOMS will be the project director. The 31 district and township hospitals will act as implementing agencies.[25] The medical superintendents of each hospital will oversee the planning and implementation of project activities in their respective facility.

B. Project Management Unit

30. A new project management unit (PMU) will be established under DOMS to support the project director in management, monitoring, and administration of the additional financing. The PMU's functions include to (i) manage UNOPS's contract; (ii) support the EA to ensure adherence to the loan agreement, including requirements pertaining to financial management, quality of activity implementation, and safeguards compliance; (iii) facilitate monitoring by, and reporting to, the government and ADB; and (iv) coordinate across implementing agencies. The PMU will be supported by ten national consultants – Project Coordinator and M&E Specialist, Hospital Engineering Specialist, Infection Prevention and Control/Water Sanitation and Hygiene Specialist, Emergency Medicine/Critical Care Specialist Financial Management Specialist, Procurement and Contract Management Specialist, Safeguard Specialist, Gender Specialist, and Project Assistants (2 positions). Overall roles and responsibilities of institutional mechanism for the implementation of additional financing loan is described in Table 5 and depicted in Figure-2.

C. Safeguards Specialist

[25] In the ongoing project, the National Health Laboratory and 13 state, regional, and township hospitals are the implementing agencies.

31. A national safeguard and gender specialist will be engaged under the consulting services who will support the Project Director and PMU to coordinate, implement and monitor gender and safeguards activities related to output 4. Detailed tasks of the specialist will be, but not limited, to as follow:

- Prepare a detailed ethnic group development plan (EGDP) implementation plan, which takes into consideration institutional opportunities and constraints, and integrate this plan into project outputs and activities;
- Provide guidance and templates to implementing agencies to support monitoring and overseeing environment, health and safety (EHS) aspects of minor renovation works provided by contractors;
- Ensure that implementing agencies have COVID-19 risk management protocols applicable to minor renovation works contractors and equipment suppliers;
- Ensure the project M&E system captures the required gender, ethnic minority and EHS data;
- Prepare an inception report with brief institutional assessments and updated EGDP with specific targets and activities integrated in the overall implementation plan;
- Design and deliver training and orientation for project staff on ethnic minority and EHS issues; provide , ethnic minority and EHS inputs for project trainings;
- Maintain oversight of EGDP implementation and EHS of minor renovation works, identify constraints, and find ways to address these; monitor EGDP implementation and EHS aspects through meetings and field visits;
- Report monthly work plan and activities to the Project Director; and
- Contribute to quarterly and annual project progress reports including reports on field consultations; ethnic group and EHS orientation of PMU staff; integration of gender, ethnic group and EHS aspects in training and other project activities; implementation of EGDP; and EHS project performance.

D. Capacity Building

32. MOHS departments have demonstrated support for donor funded projects, but have less experience in working directly with partners. The World Bank has initiated a project to strengthen the health services, including capacity building of MOHS in administration and financial management. Related ADB health projects have shown a steady improvement in EGDP implementation. MOHS is implementing the ongoing loan including implementation and monitoring of EGDP of original loan. Therefore, the capacity has been enhanced. Capacity building will be continued during implementation of the additional financing project through the national safeguard and gender specialist.

33. Overall roles and responsibilities of various implemenation organizations are provided in Table 4 and the organization chart is depicted in Figure-2.

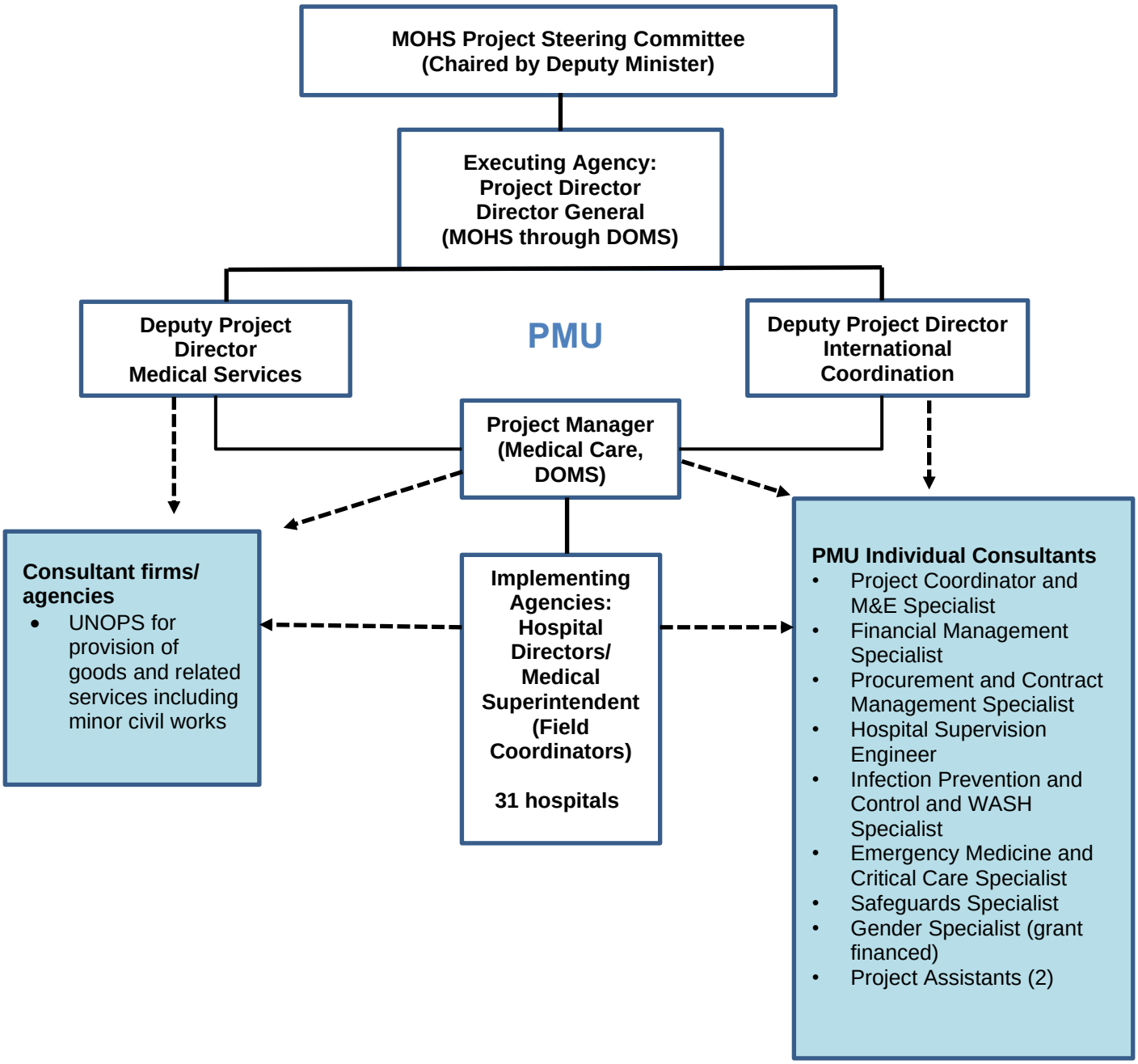
Table 4: Project Implementation Organizations – Roles and Responsibilities

Project Implementation Organizations	Management Roles and Responsibilities
Ministry of Health and Sports Project Steering Committee	• Provide overall guidance for COVID-19 preparedness and response actions to the project • Organize high level consultations in the event of COVID-19 outbreaks • Approve the additional financing's annual operational plan, procurement plan, and budget, ensuring harmonization with other Official Development Assistance projects • Review progress of the additional financing quarterly
Executing Agency: MOHS/DOMS	• Be responsible for overall project implementation and ensure compliance to all covenants in the loan agreement • Establish the new PMU • Engage UNOPS, through direct contracting, to supply all goods and related services, including minor civil works at selected hospitals • Recruit and supervise individual consultants and contractors • Conduct steering committee meetings and procurement review committee meetings • Coordinate with core ministries and development partners including ADB • Provide technical guidance, supervise, and monitor all project activities • Oversee the progress and deliverables of contractors • Establish, supervise, and monitor the advance account • Responsible for project financial statements and have it audited • Establish a strong financial management system and submit timely withdrawal applications to ADB; ensure financial audits are conducted as per agreed timeframes and recommended actions are addressed
Implementation Agencies: Hospital management administrations at targeted districts/townships	• Oversee planning and implementation of project activities at hospital level • Accept the equipment and supply, ensure quality, quantity, and specifications of equipment provided • Monitor and oversee acceptance of minor renovation works provided by contractors • Oversee the maintenance, repair, and operation of equipment supplied under the project • Review and approve hospital workplans for capacity building and training • Ensure compliance at the hospital level, to all project safeguards requirements, especially environmental safeguards for minor works • Collate activity and safeguards monitoring data and prepare reports as required by MOHS.

Project Implementation Organizations	Management Roles and Responsibilities
Project Management Unit (under DOMS)	• Oversee project administration, implementation management and financial management under the direction of MOHS/DOMS. • Coordinate with implementing agencies on project activity planning and delivery • Manage the contract and activities of UNOPS • Monitor and provide support to ensure compliance with ADB safeguards requirements during project implementation • Ensure collection and synthesis of project monitoring data in accordance with the project DMF and safeguards plans • Prepare project reports in accordance with ADB requirements • Assist in preparation of project financial statements in accordance with ADB requirements • Assist in monitoring and administering the advance accounts • Organize/facilitate steering committee and procurement committee review meetings for MOHS
ADB	• Approve AOPs, budget allocation, procurement plan and project activities. • Review project implementation and compliance of Loan Agreement twice a year, including related policy actions and project activities • Disburse loan proceeds to the consultants and the contractors

ADB = Asian Development Bank, AOPs = annual operations plans, COVID-19 = coronavirus disease, DMF = design and monitoring framework, DOMS = Department of Medical Services, MOHS = Ministry of Health and Sports, PMU = project management unit, UNOPS = United Nations Office for Project Services.
Source: Asian Development Bank

Figure 2: Organization Structure



ADB = Asian Development Bank, COVID-19 = coronavirus disease, DOMS = Department of Medical Services, M&E = monitoring and evaluation, MOHS = Ministry of Health and Sports, PMU = project management unit, UNOPS = United Nations Office for Project Services, WASH = water sanitation and hygiene.
Source: ADB.

IX. BUDGET AND FINANCING

34. The indicative cost for implementing and monitoring the EGDP is estimated to be $18,040 (Refer to Table 6). MOHS will bear the cost as part of their counterpart contribution and will ensure the fund flow for EGDP implementaion after the effectiveness of finacing.

Table 6: Indicative EGDP Budget

Items	Unit	Quantity	Unit price ($/ unit)	Amount ($)
Consultation and Information Sharing	Number	31	400	12,400
Interpretation/translation into ethnic languages and leaflet/brochure	Lump sum			1,500
Grievance Redress+ Monitoring	Lump sum			2,500
Total				**16,400**
Contingency (10%)				**1640**
GRAND TOTAL				**18,040**

X. INDICATIVE IMPLEMENTATION SCHEDULE

35. Given the urgent nature of the purpose of the loan, it will have a 2-year implementation period, from 1 November 2020 to 31 October 2022. The EGDP will be implemented in parallel with other activities.