



MINISTRY OF SOCIAL WELFARE, RELIEF AND RESETTLEMENT



COMMUNITY PARTICIPATION PLANNING FRAMEWORK FOR AYEYARWADY REGION AND SHAN STATE

Draft for Review

Expanding Maternal and Child Cash Transfer
Program in Myanmar for Improved Nutrition

December 2018

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Ministry of Social Welfare, Relief and Resettlement

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Executive Summary

Introduction

The World Bank will be supporting MoSWRR to work on project titled “Expanding Maternal and Child Cash Transfer Program in Myanmar for Improved Nutrition”. The project will focus on tackling some of the many remaining challenges to implement priority nutrition interventions at scale in the right way, to the right people, at the right time with the right dose/ frequency in a sustained and consistent manner. This document is the Community Participation Planning Framework (CPPF) for the project and has been developed in parallel with the project Social Assessment utilizing data collected through consultations in Ayeyarwady and Shan from August to September 2018.

To inform the project design and the CPPF, a preliminary social assessment (SA) and consultation process was undertaken during August and September 2018. The objective was to identify the key social issues in the sectors supporting mother and child care in order to enhance project features and measures that may improve the project outcomes and ensure equitable benefits for vulnerable social groups such as the poor, women, ethnic minorities and migrants. The SA was also undertaken to assess potential social impacts of proposed project activities as per World Bank’s operational policy and to assess particular issues and risks concerning ethnic minorities following the requirements of the World Bank’s operational policy on indigenous peoples (OP 4.10). Consultations with key stakeholders, including government staff, civil society representatives were undertaken in parallel with, and as part of, the SA. Field visits were also made to substantial number of local communities with an emphasis on community consultations. The findings of the SA and the consultations will contribute to inform the design of the project and the proposed Community Plans (CPs) at the village-tract level to enhance community engagement and address particular issues concerning ethnic minorities and vulnerable groups.

Summary of the Social Assessment Process

The overall SA study was conducted using mixed method and availed of existing and local quantitative data supplemented by extensive qualitative data collection from interviews, focus group discussions, formal and informal consultations and observations. As outlined in the social assessment report there was extensive access to related reports, studies, Maternal and Child Cash Transfer (MCCT) manuals focusing on interventions in Myanmar and international best practice. To facilitate the understanding of community participation and overall dynamics in the areas selected there were specific questions included in Focus Group Discussions (FGDs), Key Informant Interviews (KIIs) and Semi-structured Interviews that were directly related to gauging existing and potential community participation mechanisms suitable for supporting the proposed MCCT project.

The main units of enquiry of the study were local departments / authorities, selected and representative individuals and groups and a good cross-section of targeted households. There was also a calculation of additional discussions that is calculated at one per village and based on the discretion of the team and need for additional information. The main instruments used were Focused Group Discussions focusing on community members and women, semi-structured interviews that included regional and township local authorities, key informant interviews focusing on Village Leaders and Health Care staff and finally household interviews that focused on families with pregnant women and mothers with children under two.

Key Findings from the Social Assessment

This section provides a summary of the social assessment findings. The social assessment and consultations were combined to assess the same set of issues to inform the project design with the participation of affected persons. Key outcomes will be an assessment of development opportunities, impacts and risks, determination of broad community support for the proposed project and a plan of action. The social assessment key findings are developed in a concise manner which provide an overview in the CPPF and act as a guideline for the development of specific action plans and frameworks that are developed and tailored for project implementation.

CPPF Implementation Measures

The CPPF sets out its implementation measures and arrangements by which it will be implemented, ensuring participation and how risks should be mitigated and tailored to the particular circumstances of the ethnic minorities. The project's positive impacts depend upon the degree to which it is successful in increasing the inclusion of vulnerable groups such as ethnic minorities, migrant populations, urban poor, remote households, single mothers, orphans, families with disabled children / family members and households identified as being at risk from gender-based violence and sexual abuse. This requires a more participatory approach in the Department of Social Welfare (DSW) support system and ways to address barriers of economic and geographical character as well as language and cultural barriers. Linkages to other health care services, such as those provided by ethnic minority organizations in States, NGOs and the private sector should also be considered in efforts to improve the situation for vulnerable and disadvantaged communities. The CPPF includes measures to deal with project support at the village-tract level.

Consultation Framework

The consultation framework provides a logical procedure for ensuring free, prior and informed consultation with, and informed participation of, the affected peoples throughout project implementation, including arrangements for participation in monitoring and evaluation. A key requirement of OP 4.10 is to obtain broad community support from ethnic minorities, as identified under the policy, for project activities affecting them (whether adversely or positively). However, since specific Townships have not been identified yet for this MCCT project, it is premature to obtain such broad community support. As described in this CPPF report, free, prior and informed consultations will be undertaken during project implementation. Similarly, the required site-specific plans to address particular issues pertaining to ethnic minorities will be prepared during implementation for each participating village tract in areas with ethnic minorities and vulnerable groups. Both will be integrated into existing processes of the national MCCT support system, which will be enhanced and modified through support from the project.

Action Plan

The Action Plan is designed to ensure that ethnic minorities and vulnerable groups in the project catchment area will receive MCCT project benefits that are culturally appropriate, including, if necessary, measures to enhance the capacity of the institutions with responsibilities for addressing ethnic minority issues. These measures should be agreed upon with relevant grassroots organizations and implementing agencies during the free, prior and informed consultations.

Where potential adverse impacts on ethnic minorities are identified, an appropriate action plan to avoid, minimize and mitigate or to compensate for adverse effects on them should be developed. The development of preventative measures over mitigation or compensatory measures whenever feasible is recommended.

Grievance Redress

A project Grievance Redress Mechanism (GRM)/feedback mechanism will be established to ensure the project is implemented transparently and accountably so that the voices from the ethnic minorities, the poor and marginalized, and other identified vulnerable groups are heard and that the issues raised are resolved effectively and expeditiously.

A fixed service standard for the grievance resolution will be agreed upon and detail procedures of the feedback mechanism will be included in the project operations manual. The system will have multiple feedback up-taking channels and receiving locations. The system will include a “value chain” from uptake, sorting and processing, acknowledgement and follow-up, to verification and action, monitoring and evaluation, and finally feedback. The GRM will be carried out by DSW at the union, regional and township levels, with dedicated GRM consultants will be recruited to support running the system. The manual will specify the system and requirements including staffing and their roles.

M&E Mechanism of CPPF

Mechanisms and benchmarks appropriate to the project for monitoring, evaluation and reporting on the implementation of the CPPF should include arrangements for participation by, and free, prior and informed consultation with the targeted communities. The project would incorporate a strong system of Monitoring and Evaluation (M&E) to (i) ensure a planning process that facilitates participation, free and prior informed consultation with all targeted communities regardless of location, ethnicity and social status; (ii) ensure effective and timely implementation according to participatory plans and apply mid-course corrections where needed based on assessment that includes all stakeholders; (iii) measure the achievement of results envisaged in its objectives and learn lessons for future operations through regular stakeholder consultation.

Implementation Arrangements

The implementing agency, the DSW will have the overarching responsibility for overseeing and coordinating the implementation of the project and monitoring progress toward achievement of MCCT and overall project goals, including the implementation of measures set out in CPPF to ensure the participation of ethnic minorities and other vulnerable groups. Day-to-day project implementation will be managed by the State/Regional and township DSW units which will be also strengthened under the project. DSW Union level will be responsible for overseeing fiduciary aspects of the Project. DSW currently has a union office, regional offices at state/region capitals and two district offices in each state and region with a total of 2,900 staff which over 90 percent are women. The department has no presence at the township level to date, however, this will be a precondition to functionally operationalize the World Bank funded MCCT project.

List of Abbreviations

CBO	Community Based Organization
CPPF	Community Participation Planning Framework
CSO	Civil Society Organization
FGD	Focus Group Discussion
DPs	Development Partners
DSW	Department of Social Welfare
GAD	General Administrative Department
MCCT	Maternal and Child Cash Transfer
MIS	Management Information System
MoSWRR	Ministry of Social Welfare, Relief and Resettlement
NGO	Non-Governmental Organization
PAD	Project Appraisal Document
SAZ	Self Administered Zone
SPC	Social Protection Committee
TA	Technical Assistance
VCSWs	Voluntary Community Social Workers

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1. Introduction

The World Bank will be supporting MoSWRR to work on project titled Expanding Maternal and Child Cash Transfer Program in Myanmar for Improved Nutrition. The project will focus on tackling some of the many remaining challenges to implement priority nutrition interventions at scale in the right way, to the right people, at the right time with the right dose/ frequency in a sustained and consistent manner. This document is the CPPF for the project and has been developed in parallel with the project Social Assessment utilizing data collected through consultations in Ayeyarwady and Shan from August to September 2018.

To inform the project design and the CPPF, a preliminary social assessment (SA) and consultation process was undertaken during August and September 2018. The objective was to identify the key social issues in the sectors supporting mother and child care in order to enhance project features and measures that may improve the project outcomes and ensure equitable benefits for vulnerable social groups such as the poor, women, ethnic minorities and migrants. The SA was also undertaken to assess potential social impacts of proposed project activities as per World Bank's operational policy and to assess particular issues and risks concerning ethnic minorities following the requirements of the World Bank's operational policy on indigenous peoples (OP 4.10). Consultations with key stakeholders, including government staff, civil society representatives were undertaken in parallel with, and as part of, the SA. Field visits were also made to substantial number of local communities with an emphasis on community consultations. The findings of the SA and the consultations will contribute to informing the design of the project and the proposed Community Plans (CPs) to enhance community engagement and address particular issues concerning ethnic minorities and vulnerable groups.

This CPPF aims to provide the respective Departments of Social Welfare (DSW) in Ayeyarwady and Shan with inputs to help mitigate adverse social impacts and to provide equitable and culturally appropriate project benefits to local communities, particularly poor and vulnerable population groups including ethnic minorities and migrants. The CPPF is developed to address social safeguards aspects of the World Bank operational policies on indigenous peoples (or ethnic minorities in the context of Myanmar). Elements of an indigenous peoples planning plan), as required by OP 4.10, are reflected in this CPPF. These are developed based on the findings of the preliminary SA and free, prior and informed consultations with CSOs, CBOs and NGOs including specific ethnic minority organizations and consultations with a broad range of other stakeholders with a particular emphasis on targeted pregnant women and mothers with children under 24 months.

1.1 Project Background and Description

This section will provide a description of the proposed project, its intended benefits and potential adverse impacts on ethnic minorities; description of the methodology and progress description outlining the free, prior and informed consultations necessary for broad community support of the project; brief summary of key results of project preparation to date and overview of ethnic minority concerns; overview of CPPF contents.

1.2 Project Description

The project will benefit pregnant and lactating women, infants and young children up to age two, and their families and communities in prioritized nutritionally vulnerable geographic areas. Based on wide consultations and technical input, Shan State and Ayeyarwaddy Region were selected as geographic focus based on the following criteria: burden of under-nutrition (e.g., in terms of stunting prevalence among under-five children), local capacity, stability (security and access), and current level of coverage by key nutrition services.

The principle of the proposed support is to support evidence-based interventions at the community level to overcome binding constraints to optimum nutrition in the first 1,000 days of life. The intent is to improve the coverage of nutrition-related interventions, while simultaneously motivating women to seek care and improve nutrition/caring practices for themselves and their children. The proposed interventions align with the proposed Multi-Sectoral National Plan of Action for Nutrition and are packaged as two components:

Component 1: Stimulating demand for good nutrition in the first 1,000 days

Component 1 will finance the delivery of cash transfers to pregnant mothers and mothers with young children accompanied by community outreach and social support sessions (COSS), and communications interventions to improve nutrition-related behaviors, such optimal infant and young child feeding practices. The conditional cash transfer will enable the consumption of more diverse and nutrient-rich foods (which are often more expensive and less consumed), and improved access to health and nutrition services.

Subcomponent 1.1: Cash payment to pregnant women and women with children under two to encourage nutrition promoting practices. Under this sub-component, the project would finance activities related to identification, enrollment and verification of beneficiaries, and provide cash transfers to pregnant women and households with young children aged 0-2 years (i.e. the first 1000 days of life). With support of the Township Department of Social Welfare (TDSW), the Village Tract Social Protection Committee (V-SPC) would undertake identification and enrollment of pregnant women, and women with children under two in their respective villages. The designated TDSW staff and Voluntary Community Social Workers (VCSWs) would assist V-SPC. The Union-level DSW would contract out the payment function to payment agents that have the reach, social acceptability and trust in Shan and Ayeyarwaddy. Contracting of payment agents would follow a competitive bidding process to ensure transparency, efficiency and quality. Transfers would be linked to co-responsibilities expected from families to receive cash transfers (i.e. attendance of community outreach and social support sessions, health seeking behaviors).

Subcomponent 1.2: Communications, Community Outreach and Social Support (COSS). The sub-component would finance activities at the community and individual levels to raise awareness, increase knowledge, mobilize communities and families to support women in adopting nutrition-promoting behaviors, especially among pregnant and lactating women and women with children under two. The related activities would include family welfare development and social support sessions for pregnant women and women with young children, husbands, mothers/mothers-in law, community meetings and events, involving local opinion leaders to provide a supportive environment. To enable smooth implementation of these activities, the component would support the State/Region Social Welfare

Department, which would be responsible for building knowledge and skills of VCSWs (not only on the content but also on facilitation, communication, and problem-solving skills), providing incentives to VCSWs, and implementing COSS activities. The skills building, key messages and communications materials to be used in COSS would be adapted from existing materials that have been tested and implemented in Myanmar.

Component 2: Systems Strengthening, Innovation and Project Management

Component 2 will focus on modernizing and strengthening the Social Protection (SP) systems, which would include adopting innovation through the use of Information and Communication Technologies (ICT) to increase inclusion and participation, remedy exclusion, provide timely information on program management, progress and bottlenecks, enhance communications and community engagement, and reduce cost. This innovation is particularly important for conflict affected or fragile areas in Myanmar where MCCT program operates. In addition, this component would support national level interventions needed for an effective implementation of the MCCT program and other SP programs, including formulation of policies and guidelines, coordination, strengthened governance at all levels, M&E and project management.

Component 2.1: Systems Building, Innovation, and Monitoring and Evaluation. The support under this sub-component will include the development of a management information system (MIS), and a grievance redress system for the MCCT program, development of quality communications materials and innovative approaches – such as use of ICT- to improve community norms and practices in support of optimum nutrition. ICT would be used to obtain community feedback in all states and regions where MCCT program is under implementation and to support independent verification of the effectiveness of the programs. These interventions would put in place the foundations of a modernized national SP systems. Given the importance of evidence being generated from this program on producing nutrition promoting behaviors as well as the need for timely information about what works and what does not, the subcomponent would support implementation research and impact evaluation, and assessments to ensure inclusion of the intended beneficiaries, such as exclusion surveys. This sub-component would benefit the entire country, especially in states/regions where MOSWRR would be implementing MCCT, such as Chin, Rakhine, Naga, Kayin, and Kayah, in addition to the Shan and Ayeyarwaddy.

Component 2.2: Oversight and Facilitation of the State/Region and Township Departments of Social Welfare. The sub-component would support State, Region and Township-level Departments of Social Welfare to improve physical infrastructure of DSW offices, undertake supervision and regular monitoring and facilitate implementation of the MCCT program in Shan and Ayeyarwaddy. It would help finance building skills of new social welfare staff and refresher training. The functioning of the Social Protection Committee (SPC) at the state, region and township level would be supported.

Subcomponent 2.3: Coordination, and Project Management and Monitoring. This sub-component will finance the overall coordination (mechanisms at all levels) and project management, including project support teams (PST) at the Union and State/Region levels in the areas of contract management, financial management, procurement, and planning as needed at the State/Region and township levels. This sub-component focuses on supporting the DSW for enriching participation and engagement in the national level coordination mechanisms, such as National Social Protection Committee chaired by the Vice President, Nutrition Sector Coordination Group chaired by the Minister of Health and Sports (MOHS),

and technical groups, such as on Social and Behavior Change Communications, led by Health Literacy Promotion Unit of MOHS.

Component 3: Contingent Emergency Response (CERC)

This zero-dollar subcomponent would allow rapid reallocation of IDA credits proceeds to respond to unanticipated eligible crises or emergencies.

Project Preparation to Date:

The DSW will have the overarching responsibility for overseeing and coordinating the implementation of the project and monitoring progress toward achievement of MCCT and overall project goals. Day-to-day project implementation will be managed by the State/Regional and township DSW units which will be also strengthened under the project¹. DSW Union level will be responsible for overseeing fiduciary aspects of the Project. Because DSW has limited experience managing projects with the WB, early investments in capacity building will be part of Component 2 of the project. Building operational and technical capacity within DSW, at the central and local levels, will be a key element of the project, complemented by Technical Assistance (TA) from the Bank on the development of SP systems.

The National Social Protection Steering Committee will provide critical leadership, guidance on the implementation of the MCCT with bi-annual meetings. At state, regional, and township level, SPCs would be set up and would meet quarterly at State/Region level and township level. At village levels, the project will finance the convening of SPCs which, through their regular meetings and activities, would support the day to day implementation of the program. Voluntary Community Social Workers would be critical in ensuring timely implementation of the MCCT program and community awareness activities at village level.

The project would rely on several strategic partners for the implementation of complementary services and activities. MOHS and Development Partners (DPs) would play a critical role in providing complementary essential health and nutrition services to maximize the impact of the demand-side interventions supported by this project, both in health facilities and also through community outreach services.

2. Summary of Social Assessment Process

2.1 Methodology

The overall SA study was conducted using mixed method and availed of existing and local quantitative data supplemented by extensive qualitative data collection from interviews, focus group discussions, formal and informal consultations and observations. As outlined in the social assessment report there was extensive access to related reports, studies, MCCT manuals focusing on interventions in Myanmar and international best practice. To facilitate the understanding of community participation and overall dynamics in the areas selected there were specific questions included in Focus Group Discussions (FGDs), Key Informant Interviews (KIIs) and Semi-structured Interviews that were directly related to gauging

¹ The number of professional staff at regional and state level offices for DSW and township offices has been progressively increased as part of the decentralization plan of the ministry to implement programs.

existing and potential community participation mechanisms suitable for supporting the proposed MCCT project.

The main units of enquiry of the study were local departments / authorities, selected and representative individuals and groups and a good cross-section of targeted households. There was also a calculation of additional discussions that is calculated at one per village and based on the discretion of the team and need for additional information. The main instruments used were focused group discussions focusing on community members and women, semi-structured interviews that included regional and township local authorities, key informant interviews focusing on village leaders and health care staff and finally household interviews that focused on families with pregnant women and mothers with children under two.

Use of Representative / Purposive Sampling: The SA team considered this as a key element to the approach. The criteria and rational for the selection of social assessment sites and stakeholders was as representative as possible and considered ethnic, post-conflict, socio-economic and geographical variables. The township selection process was protracted and based on consultation with the DSW in both areas. In Ayerawady the three townships selected (Chaung Tha, Labutta and Kyangin) were particularly representative of the three main geographical areas in the region and included villages that were diverse in location and socio-economic status. In Shan because of the division of the state into three distinct areas there was a selection of one township in South Shan (Hopong) one township in East Shan (Keng Tung) and one in North Shan (Lashio). The ethnic and locational diversity of villages in Shan were difficult for the social assessment Team to represent in sampling because of logistics, access issues and time constraints. However, with continual and on the spot negotiations with DSW and General Administrations Department (GAD) there was a relatively representative group of villages selected. These in some cases were not the original villages suggested by DSW and GAD and were in a few instances more remote than those originally selected by DSW.

2.2 Baseline Information

This section will provide a summary of the legal and institutional framework applicable to ethnic minorities in Myanmar. Besides describing the legal status of ethnic minorities in the country's constitution, legislation (laws, regulations, administrative orders) and customary law, the CPPF will also include an assessment of the ability of communities to obtain access and effectively use the legal system to defend their rights.

In addition, general baseline data of demographics, economic, social, cultural and political characteristics of the affected communities, and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend. This includes: Baseline of social, cultural, economic and political characteristics; description of land and natural resources; institutions and project stakeholders. It must however be noted that during the process to conduct the SA the exact location of project coverage was not clear and the overview of regional and state characteristics will be generic.

The World Bank's Operational Policy (OP) 4.10 on Indigenous Peoples (ethnic minorities) applies to the project because site-specific project activities will be implemented in areas where ethnic minorities that meet the eligibility criteria of OP 4.10 are present and because national and regional / state level project activities may have implications for ethnic minorities. The OP 4.10 aims to achieve the following objectives: (i) that ethnic minorities do not suffer adverse effects, and (ii) receive culturally compatible social and economic benefits from Bank-financed activities. The policy requires the screening for the

presence of ethnic minorities in project areas; ethnic minorities that fall under the policy are considered as a distinct, vulnerable, social and cultural group possessing the following characteristics in varying degrees:

- Self-identification as members of a distinct indigenous cultural group and recognition of this identity by others;
- Collective attachment to geographically distinct habitats or ancestral territories in the project area and to the natural resources in these habitats and territories;
- Customary cultural, economic, social, or political institutions that are separate from those of the dominant society and culture; and
- An indigenous language, often different from the official language of the country.

In areas with ethnic minorities, the policy requires that the borrower (i) undertakes a social assessment to assess potential impacts and identify culturally appropriate benefits; (ii) conducts free, prior and informed consultations with affected ethnic minorities leading to their broad community support for the relevant project activities; and (iii) prepares a plan (normally an Ethnic Minorities Plan) to address particular issues concerning ethnic minorities, provide culturally appropriate benefits, and ensure the avoidance or mitigation of adverse impacts.

2.3 Overview of Ethnic Minorities in Myanmar

Myanmar is one of the most culturally diverse countries in the region, and ethnicity is a complex, contested and politically sensitive issue. 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. The Constitution makes no reference to ethnic minorities. It instead uses the term "national races".

The numerical breakdown for each ethnic group in Myanmar is not known but an estimation of non-Bamar ethnic nationalities are estimated at 30%-40% of the population and the seven ethnic states occupy 57% of the total land area. These States are named after the largest ethnic group in them (Rakhine, Chin, Kachin, Shan, Kayah, Kayin and Mon). However, there are also many ethnic minority groups without named States, including the Pa' O, Wa, Naga and Palaung as well as a number of other smaller ethnic groups.

There are dozens of dialects and over 130 languages within the main linguistic groupings. However, some ethnic minorities, particularly younger people in urban areas, may not speak a minority language. Moreover, many people are increasingly of mixed ethnic heritage and are likely to speak Burmese as their first language

Any attempt to identify which communities in Myanmar meet international definitions of indigenous peoples is difficult as each community is unique and needs individual consideration. It is however likely according to a broad definition of 'land connected' that most of Myanmar's ethnic minority populations that remain land connected, even when displaced by armed conflict) would meet international definitions.

2.4 Legal and Constitutional Framework

The 2008 Constitution makes no reference ethnic minorities or indigenous people but, instead it uses national races as a term to describe a much more complex situation. The 2014 national census used the 135 categories of national races, with people required to check one of them, or indicate “other”; there was no option to indicate the often-mixed heritage of many residents. This categorization is strongly contested by ethnic minorities, as they believe it does not accurately represent their true ethnicity. However, this term is not defined by the Constitution, and is generally interpreted by applying the 1982 Myanmar Citizenship Law, which defines the 135 national races in its 1983 Procedures. Under the Citizenship Law, nationals of Myanmar include the “Kachin, Kayah, Karen, Chin, Bamar, Mon, Rakhine or Shan and ethnic groups as have settled in any of the territories included within the State as their permanent home from a period anterior to 1185 B.E., 1823 A.D.

According to Chapter 1, clause 22 of the 2008 Constitution of Myanmar, the Union Government of Myanmar is committed to assisting in developing and improving the education, health, language, literature, arts, and culture of Myanmar’s “national races.” It is stated, that the “Union shall assist:

- To develop language, literature, fine arts and culture of the National races;
- To promote solidarity, mutual amity and respect and mutual assistance among the National races;
- To promote socio-economic development including education, health, economy, transport and communication, [and] so forth, of less-developed National races.”

The constitution provides equal rights to the various ethnic groups included in the *national races* and a number of laws and regulations aim to preserve their cultures and traditions.

2.5 Ayeyarwady Overview

Table 1. Ayeyardady Overview

Total Area	Ayeyarwady	Area visited during Social Assessment
Population (2014)	5,800,000	
Ethnic Groups	Bamar, Kayin, Rakhine, Chin	Bamar, Kayin, Rakhine, Chin
Number of Townships		Patheingyi / Chaungtha, Labutta, Kyaukse
Number of Villages		Oo To, Seik Eiyi, Aung Mingalar (CT), A Hmet, Peine Taung, Phone So Kwin (L), Kwin gyi, Yay Lel Kyun, Kyoet Pin Su (KG)
Self-Administered Zones		None
Poverty Status		Mixed status dependent on location, land ownership and employment opportunities.

2.6 Consultations with Communities in Ayeyarwady

Most villages visited by the SA team in Ayeyarwaddy are Burmese villages but some villages had residents of other ethnic groups such as Asho Chin, Rakhine and Kayin. While in some villages, there were permanent ethnic residences, other villages had temporary Rakhine migrants coming to settle during fishing season. In one Burmese village, the VTA and the head monk was seen to be of Rakhine ethnicity. No religious related conflict between village populations was seen in villages having two different religions (Christian and Buddhist). In some heterogeneous communities, villagers participated in a number of distinctive cultural and religious events and were not restricted from doing so. In the villages by SA team, most ethnic minorities could speak and understand Burmese very well. Language was not seen as an issue in Ayeyarwady. However, according to one interview with the midwife, there are some Kayin villages where residents may not be able to understand Burmese.

Table 2. Ayeyarwady Townships

Township	Village	Main ethnicity	Ethnic Minority	Main Religion
Patheingyi	Oo Tu	Burmese	Kayin	Buddhist
	Seik Kyi	Burmese	Kayin, Rakhine	Buddhist
	Seik Kyi Hamlet Village	Burmese	Kayin, Rakhine	Buddhist
	Aung Minglar Kyun	Burmese	Rakhine	Buddhist
Labutta	A Hmet	Burmese	Kayin	Buddhist
	Paine Taung	Burmese	Kayin, Rakhine	Buddhist
	Phone Soe Kwin	Burmese	Kayin	Buddhist
Kyaukse	Kwin Gyi	Burmese	Kayin	Buddhist, Christian (minority)
	Yay Lel Kyun	Burmese	-	Buddhist
	Kyoet Pin Su	Burmese	Asho Chin, Kayin	Buddhist, Christian (minority)

2.7 Shan Overview

Table 3. Shan Overview

Total Area	Shan	Area visited during Social Assessment
Population (2014)	5,300,000	
Ethnic Groups	Shan, Palong, Larhu, PaO, Koekant, Wa, En, Akha, Kachin, Kayin, Burma, Chin, Rakhine, Nepalis, Chinese,	Shan, Larhu, Pa O, Akha, En
Number of Townships		Hopong, Keng Tung, Lashio (3)
Number of Villages		Nam Hkoke, Loi Aun, Par Pant (H), Kat Taung, En Wan Lwe, Nam Baw Awt, Na Li (KT), Nam Paung, Wan Mai Pain Non, Ward 7, Ward 9 (L)
Self- Administered Zones (5)	(Pa O SAZ) Hopong, Hsiheeng and Pinlaung townships (Da Nu SAZ) Ywangan and Pindaya townships (Palaung SAZ) Namhsan, Manton townships (Kokang SAZ) Konkyan, Laukkaing townships (Wa SAZ) Hopang, Mongamo, Pangwaun, Narpan, Matman, Pangsang townships.	Hopong (Pa O SAZ)
Poverty Status		Dependent on location and proximity to townships, land ownership and employment opportunities. Remoteness also a factor.

2.8 Consultation with Communities in Shan

In Shan the SA visited three distinctive townships in South Shan (Hopong), East Shan (Keng Tung) and North Shan (Lashio). Of the three Hopong is the only Self- Administered Zone (SAZ) visited by the SA team. In general, the villages visited were not representative of remoteness as the SA team was restricted to where consultations could take place and locations were mostly selected to facilitate short travel journeys on better quality roads. There were a few exceptions particularly in Keng Tung and Hopong. In Lashio because of current issues in the more remote areas of the townships the SA team concentrated on urban wards and one relatively close village (Wan Mai Pain Non). As can be seen in the table above the complexities in Shan in relation to ethnicity and conflict are very different than in Ayeyarwady. For this reason, it is difficult for the SA team to be specific in relation to CPPF recommendations that will be dependent on a number of factors related to ethnicity, culture, language, tradition and potentially influenced by the outreach of DSW and other government services in SAZs (see table above).

In Shan state, while the team had the opportunity to visit villages with only one ethnicity, the team also had the chance to see villages with diverse ethnicities residing together. Homogeneous villages visited by the SA team included: Gong Shan, Shan, Pa-O, En, Akha and Lahu.

In some villages, people of other ethnicity could at least speak Gong Shan/Shan languages in addition to their own language. Shan are the majority and are more connected and better off generally in the state. Of the areas visited by the SA team the Lahu and Akha tend to live in more remote and mountainous

areas, relying on up-land cultivation and in some cases subsistence farming. This trend is slowly changing according to reports as more ethnic minorities are moving to live in towns/ moving closer to towns.

In terms of religion, most Shan are Buddhists and in Lahu and Akha groups, a variety of beliefs were reported, including: Buddhist, Christian and Nat Sar.

Table 4. Shan Ethnic Groups

Township	Village	Main ethnicity	Ethnic Minority	Main Religion
Hopong	Nam Hkoke	Pa-O	Burmese, Shan, Nepalese, Chinese	Buddhist
	Loi Aun	Pa-O	-	Buddhist
	Par Pant	Pa-O	Shan	Buddhist
Keng Tung	Kataung	Shan	Burmese	Buddhist
	Yan Lu	Shan	Burmese, Rakhine, Wa	Buddhist
	Nam Waw Awt	Akhar	-	Nat Sar
	Nar Lei	Larhu	-	Christian
	En Wan Lwe	En	-	Buddhist
Lashio	Ward 7	Mixed	Kachin, Kayin, Burma, Chin, Rakhine, Shan, Palong, Larhu, PaO, Koekant, Nepalis,	Mixed
	Ward 9	Mixed	Kachin, Shan, Chinese and Bamar	Mixed
	Wan Mai Pain Non	Shan	-	Buddhist

3. Key Findings from the Social Assessment

This section will provide a summary of the social assessment findings. The social assessment and consultations were combined to assess the same set of issues to inform the project design with the participation of affected persons. Key outcomes will be an assessment of development opportunities, impacts and risks, determination of broad community support for the proposed project and a plan of action.

The CPPF will also include summary of the results of the free, prior and informed consultations that have led to broad community support for the project, its community participation plans and the implementation measures and arrangements as outlined in the following section. Evidence of broad community support should be presented and specific arrangements should be described. Key objections raised during the consultation process should also be described, including how they were solved.

The Social Assessment Key findings are developed in a concise manner which provide an overview in the CPPF and act as a guideline for the development of specific action plans and frameworks that are developed and tailored for project implementation.

3.1 Institutional Roles and Responsibilities

- Currently DSW has limited capacity in numbers of offices and staff at the state/region and township levels.
- DSW has plans to scale up staff in the next decade, but this will take time.
- All villages have an assigned midwife, but some remote areas have no regular visits. Not all villages have auxiliary midwives as an alternative (both in Shan and Ayeyarwady).
- GAD has personnel down to all villages (in government-controlled areas) proving a clear communication line.
- Activeness or existence of village level committees and volunteers differ by area. Village (tract) social protection committee had not been formed in any of the visited townships yet.

Key Recommendations for Institutional Roles and Responsibilities

- Strategic preparation/planning & budgeting to open township offices in large scale (e.g. office space; hiring; procurement of furniture; MIS internet etc)
- Enhance internal external awareness raising/communication on cash transfers
- Coordination with line departments (GAD, Department of Public Health) at all levels
- In addition to Social Protection Committees, mobilize community volunteers at village level (to be trained, paid and incentivized)
- Establish a grievance mechanism at the onset including clear case management procedures, simple and centrally manageable MIS system, initial investment in communications and training

3.2 Nutrition Findings

- Family nutritional norms depend on what is locally grown and available and, depending on family's level of poverty, what they can afford to buy at the market.
- In Ayeyarwady, primary food source is fish paste and rice; in Shan, primary food source is chili paste and rice. Access to vegetables is limited; access to meats/seafood is extremely limited.
- Remoteness of villages and accessibility by transport has big impact on family nutrition; only villages in peri-urban areas have access to markets.
- In some areas in Shan, there is no cash economy in villages for purchasing food.
- Most women do not have any information on nutrition. Even if midwives provide information, cultural and traditional beliefs are stronger. In Shan, there is additional mistrust of information provided by midwives.
- In communities where nutrition programs were implemented with trained volunteers (Labutta, Kyangin), women are more aware of food groups and nutritional value.

Key Recommendations for Nutrition

- Use of trained volunteers at the community level is key for effective communication on nutritional norms, taking into account traditional beliefs in different areas.
- DSW will need to coordinate with MOHS at the township level, since information currently available on nutrition comes from midwives. (Though info booklets are too complex.)
- The project should link with other projects, livelihoods programs, demonstration farms, seed programs etc. to ensure food diversity; otherwise, increased cash will not lead to better nutrition.

- Communication should also note that cash transfers can be used for transport, access to health.

3.3 Pre and Post Natal Care Findings

- Quality of advice on pre and post-natal care is highly dependent on availability and outreach of midwives.
- More remote and poorer families rely on family members for pre and post-natal care knowledge and advice.
- In Shan state, the Ministry of Health and midwives have faced challenges in access to certain villages due to safety and security concerns, and due to midwives not speaking the language of the community. In some cases, households even refuse vaccinations because they do not understand why vaccinations are needed.

Key Recommendations for Pre and Post Natal Care

- Project needs to include local volunteers from communities (to be trained, paid and incentivized) to ensure that communications are effective.
- The project should consider different models to reach out to particularly remote areas.
- Especially for Shan state, the project also needs to have models for tailored and culturally appropriate support. DSW must map out and engage existing mother and child care service providers

3.4 Behavioral Change and Communications

- Currently, almost all behavioral change communication comes from midwives. Women in Shan rarely take advice from midwives.
- In Ayeyarwady, most households have cell phones. Men carry them, and almost no women use them for internet.
- In rural areas in Shan, most women do not own or use cell phones for any purpose.

Key Recommendations for Behavioral Change and Communications

- The project will need to hire a communications consultant/dedicated staff at the union level and develop a sophisticated communication strategy (taking into account different languages, different education levels of mothers, remoteness, existing service providers). A universal approach will not work in Shan state.
- The communications strategy needs to be costed, with extensive and repeated trainings for all involved (financial and human resources).
- Civil society intermediaries are recommended to deliver behavioral change messages in Shan State.
- The communication strategy should use innovative methods, such as cooking and home gardening demonstrations and other visuals, as well as community level trained and respected volunteers.
- Any communication must also reach out to and involve midwives, auxiliary midwives and traditional birth attendants.

3.5 Cash Transfer Modality

- Majority of midwives, village leaders and beneficiaries prefer cash transfers to be handed out to them directly in person rather than through mobile mechanisms.
- In more accessible villages closer to towns, there is some use of mobile money and WAVE way, but more often, cash transfers, such as remittances, are received through an informal network of people.
- Even where mobile banking money transfer exists, it is the men in the households who collect the money by travelling to nearby town, whereas nutrition project will target women with small children under 2 years. Availability and affordability of safe transport is a concern for women, as well as provision of child care when they travel.
- For Bank transfers and other formal mechanisms, lack of a National Registration Card may be an obstacle.
- Currently, DSW partners with GAD to provide cash transfers directly to pensioners.
- The assessment found that there may be risks for cash transfers and household spending on nutrition due to lottery gambling by women, alcohol use among men, and domestic violence in the household.

Key Recommendations Cash Transfer Modality

- Given remoteness of certain areas and geographical variation in Ayeyarwady and Shan, one modality of cash transfer will not work in all areas. The project must have multiple modalities for transferring cash based on location of village in relation to banking and WAVE services, legal status of mothers, availability of safe transport.
- Accompanying communication should address the risks noted above on households using the funds for non-productive purposes.
- Community volunteers, civil society organizations and ethnic organizations should be used as facilitators.
- A grievance redress mechanism and a monitoring mechanism should be designed to ensure that cash transfers are reaching the targeted beneficiaries.
- Piloting and scaling up gradually may be necessary to understand and manage risks.

3.6 Ethnic Minorities and Vulnerable Groups

- The team has reached out to 11 ethnic groups in Ayeyarwady and Shan.
- Vulnerable groups identified included: People in unregistered villages and hamlets; Rural poor; Urban poor; Single mothers; Women with abusive or alcohol dependent husbands; Post-conflict and conflict affected areas.
- When people who do not fully understand Burmese or other main ethnic language in the region they face layers of barriers (receiving information, embarrassment, fear etc) in fulfilling their service entitlements.
- Often government services are dependent on individual civil servants skills in speaking ethnic languages.
- A public clinic in Shan also had ethnic translators to help communicate with patients, which was popular among ethnic people.
- Poor people (urban/rural) who have to tirelessly work to feed children find nutrition sessions and days to withdraw cash (if not in own village) a burden. (e.g. Single mothers; migrants)

- Many interviewees particularly migrants did not hold NRCs

Key Recommendations for Ethnic Minorities and Vulnerable Groups

- To establish a system to capture the ethnic languages used in each village and identify ways to communicate to ensure reach out to all mothers who are entitled to the program
- To hire DSW township staff locally in ethnic townships
- To make sure the project volunteers covers different ethnic representation
- Project materials to be simple with limited or no text so that it is accessible for none-Burmese speakers and illiterate people
- Not to exclude people from the program based on NRC
- Including personal information in MIS (ethnicity, religion, spoken language, educational background) will enable the project to monitor trends of reach out or dropouts of the program

3.7 Conflict

- Since 2011 access has improved in Southern Shan, while security situation has deteriorated in Northern Shan.
- Over 103,000 people are displaced in camps and settlements (longer term) in Kachin and Northern Shan.
- In Shan additional 37,000 persons have fled home since 2017 (still temporary).
- Low acceptance of government staff and mistrust.

Key Recommendations for Conflict

- Conduct township-specific conflict assessments prior to determining the implementing townships to identify area-specific potential risks and to map out the key stakeholders.
- The project is recommended not be implemented in areas where the DSW and World Bank staff are not able to conduct due diligence monitoring.
- Project in conflict affected areas should have some flexibility in the design.
- Consider how to operate in IDP camps or settlements.
- DSW staff in ethnic townships should be hired locally.
- There is a need conduct continuous stakeholder engagement and regular monitoring during project implementation in conflict affected areas.

4. CPPF Implementation Measures and Arrangements

The CPPF sets out its implementation measures and arrangements by which it will be implemented, ensuring participation and how risks should be mitigated and tailored to the particular circumstances of the ethnic minorities. The project's positive impacts depend upon the degree to which it is successful in increasing the inclusion of vulnerable groups such as ethnic minorities, migrant populations, urban poor, remote households, single mothers, orphans, families with disabled children / family members and households identified as being at risk from gender-based violence and sexual abuse. This requires a more participatory approach in the DSW support system and ways to address barriers of economic and geographical character as well as language and cultural barriers. Linkages to other health care services, such as those provided by ethnic minority organizations in States, NGOs and the private sector should

also be considered in efforts to improve the situation for vulnerable and disadvantaged communities. The CPPF includes measures to deal with project support to individual townships as well as national level activities.

4.1 Component 1: Stimulating demand for good nutrition in the first 1,000 days

Proposed CPPF Interventions to support Component 1:

Under component 1 the project provides cash transfers to pregnant mothers and mothers with young children accompanied by community outreach and social support sessions (COSS), and communications interventions to improve nutrition-related behaviors, such optimal infant and young child feeding practices. The conditional cash transfer will enable the consumption of more diverse and nutrient-rich foods (which are often more expensive and less consumed), and improved access to health and nutrition services.

Subcomponent 1.1: Cash payment to pregnant women and women with children under two to encourage nutrition promoting practices by removing financial constraints to maternal, infant, and young child nutrition and care.

Subcomponent 1.2: Communications, Community Outreach and Social Support (COSS) to improve social norms and practices in support of optimum nutrition and child growth.

In order to plan to achieve the ambitions of Component 1 it is recommended that DSW should work with its government partners (MOHS, GAD), and in consultation with relevant stakeholders, to streamline MCCT procedures during project inception. This exercise will be undertaken through a series of workshop and consultation exercises with a broad range of stakeholders, with the aim to come up with a unified approach and format for the Region / State planning process that incorporate the objectives of component 1 and the other project components.

Through the project's support to the participatory planning process, the project helps to build capacity in participatory planning and analytical methods, strengthen the responsiveness of DSW to the needs of local women and families living in diverse communities, increase participation (including vulnerable and under-served population groups), and moves towards greater social accountability for MCCT at the local level. The following elements should be included in the preparation and implementation of Township level project support:

Community Engagement and Social Analysis:

This process aims to inform the preparation of the **overall MCCT strategy** by identifying the views and priorities of various communities and population groups concerning the quality and constraints of the existing mother and child interventions for improving nutrition through a participatory consultation process. The process will involve the following elements:

- Consultation with other services providers and stakeholders in the Township. This includes organizations representing vulnerable and under-served population groups when they exist (e.g. ethnic minority organizations), NGOs, faith-based organizations, and other private providers. In areas with ethnic minority organizations in Self-Administered Zones (SAZ) providing mother and child interventions, consultations may need to involve the Ethnic State administrations in addition to representatives from the Ethnic Minority Organizations;

- Consultations with community members and leaders. The consultations should be inclusive and include representatives from the different population groups present in the Township; the consultations should be done in a manner that allows community members to voice their concerns and priorities following OP 4.10 principles for free, prior and informed consultations (this may involve conducting consultations in local languages and using facilitators, NGOs or ethnic minority organizations);
- Identification of vulnerable and disadvantaged populations and groups
- Assessment of issues and risks related to nutrition among the targeted beneficiaries (pregnant women and mothers with young children under 24 months) including cultural and socio-economic context of villages and the advantages and constraints in relation to Behavioral Change approaches.
- Identification and assessment of constraints of accessing nutrition sensitive and specific interventions of individual communities and social groups, ethnic minorities and vulnerable populations (including remote and marginalized groups)
- Identification and assessment of other providers and their services or interventions on nutrition for mothers and young children (NGOs, CSOs, CBOs, Ethnic Organizations and religious groups), including lessons learned and good practices
- Assessment of the capacity of township, village tract/village committees, volunteer groups and organizations supporting mothers and young children with a focus on identifying measures to enhance capacity and engagement.

Additional consultations during project implementation would also help address concerns raised during the SA and discussions with organizations working in remote and ethnic minority areas that the project's support to MCCT will not have the outreach capacity to reach all areas in Ayeyarwady and Shan State. As outlined in the SA there may be possibilities to use a variety of payment modalities, but these are dependent on a number of social factors that are specifically critical in the delivery of cash transfers.

If families live close to a township or areas where there is banking or Money Transfer facilities, there is an opportunity to receive cash through these two methods. One important aspect is the availability of safe and affordable transport so that pregnant women and mothers with young children under 24 months can get to cash points or agents once every two months. When all three conditions exist then there is a probability that the process will be safe and manageable. In the case of bank transfer the beneficiary will need to have a bank account and for this a valid national registration card (NRC) is needed. This can be an issue sometimes as reported to the SA Team in a number of locations. The modality that needs good human collaboration and less technical support is the direct cash hand over. However, there are community support issues that need to be in place and also a link to registration and communication of when and where money can be received. In all modalities a dysfunction in the household or a dependency on drugs or alcohol may be a risk to the beneficiary if the funds become contentious and argued over. This is a possibility but, in most households, visited by the SA Team and most FGDs and KIIs there were only small numbers of reported risk cases.

4.2 Component 2: Systems Strengthening, Innovation and Project Management

Proposed CPPF Interventions to support Component 2:

This component will focus on (i) Systems Building, Innovation, and Monitoring and Evaluation, (ii) Oversight and Facilitation of the State/Region and Township Departments of Social Welfare, and (iii) Coordination, and Project Management and Monitoring.

It includes modernizing and strengthening the Social Protection systems, which would include adopting innovation through the use of ICT to increase inclusion and participation, remedy exclusion, provide timely information on program management, progress and bottlenecks, enhance communications and community engagement and grievance redress, and reduce cost. This innovation is particularly important for conflict affected or fragile areas in Myanmar where MCCT program operates. In addition, this component would support national level interventions needed for an effective implementation of the MCCT program and other SP programs, including formulation of policies and guidelines, coordination, strengthened governance at all levels, M&E and project management.

Community Engagement and Social Analysis:

In order to achieve the above objectives of Component 2, and in compliance with the CPPF, DSW will undertake broad stakeholder consultations prior to and during implementation of this component to seek input from stakeholders on systems building, innovation, M & E and other elements supported by the project, such as development of MIS and Grievance Redress Mechanism, development of quality communications materials and innovative approaches using ICT to improve community norms and practices in support of optimum nutrition and get timely community feedbacks. The consultations will involve a broad section of relevant stakeholders (public and private) at different levels, building on the planning process outlined above with the aim of (a) building efficient, sustainable and innovative systems for national SP systems; (b) developing a management information system (MIS) to support cash transfer program implementation and monitor outcomes, and (iii) strengthening multi-sectoral collaboration.

The CPPF will strengthen multi-sectoral collaboration by promoting a planning process that is inclusive and participatory. SA findings indicate that the proposed MCCT project under the institutional management and responsibility of DSW needs to have an effective mechanism for collaboration with a number of key sectors who are currently supporting or delivering services and interventions in the area of Maternal and Child Nutrition. These include sectors supporting village / ward level administration and grass-roots support organizations / committees as well as key service providers. The following steps are recommended:

- Through appropriate DSW led workshops and forums at township, state/region and national, communicate the objectives of the MCCT program with an emphasis on the need for effective multi-sectoral collaboration.
- Disseminate all project related assessments, surveys and reports that provide detailed insights and analysis based on grassroots consultations in Ayeyarwady and Shan.
- Base all development of multi-sectoral collaboration on the results of specific studies and surveys that identify needs from the perspective of targeted beneficiaries, namely pregnant women and mothers with children under 24 months.
- Factor in the geographical locations, ethnicity, language and socio-economic status of targeted communities when developing strategy for multi-sectoral collaboration.

- Identify key government agencies at all levels that are vital to the delivery of an equitable, effective and efficient MCCT program objectives based on a diverse local context in a wide geographical catchment area.
- Include non-government actors such as NGOs, CBOs, CSOs and ethnic orientated support groups who have been supporting mother and children in project locations in the planning process.
- Listen to and heed the advice of other sectors that have technical capacity, insights and experience supporting maternal and child care.
- Engage with sectors that can help facilitate real and lasting Behavioral Change based on the objectives of the project.
- Develop a culture of knowledge transfer within the project and collaborators that enhances participatory planning at all levels and adapt planning approaches, tools and reporting into DSW systems.

4.3 Component 3: Contingent Emergency Response

This zero-dollar subcomponent would allow rapid reallocation of IDA credits proceeds to respond to unanticipated eligible crises or emergencies.

4.4 Preparation of a Village-Tract Level Community Plans:

In addition to broad stakeholder engagement efforts at the township level, the township DSW case officers will guide the Village-Tract Level Social Protection Committees in preparing a Community Plan (CP) to ensure that ethnic households, vulnerable households and hard-to-reach households are identified and specific measures to make project benefits accessible to them. Broad community support to the village-tract level CP should be achieved through a participatory planning process and the involvement of relevant stakeholders. Relevant volunteer groups at various levels should be mobilized to have broad representation including key non-government stakeholders in the respective geographical areas.

The content of the CP should include the following elements:

- Brief information on village-tract population characteristics, including vulnerable and under-served population groups, such as ethnic minorities when they are present in the village tract;
- Brief description of other maternal and child health and nutrition providers and the services or interventions they provide;
- Measures to enhance inclusion of vulnerable and under-served population groups in project benefits;
- Measures to inform and communicate with ethnic minorities, vulnerable and under-served population groups in project benefits (e.g. consider language and cultural barriers when they exist for successful delivery);
- Measures to strengthen and support relevant committees and volunteers for MCCT program and other participatory mechanisms, including mechanisms to enhance the involvement of representatives of vulnerable and under-represented population groups (e.g. ethnic minorities, internally displaced, women etc.). This should include mechanisms to address grievances and may include measures to enhance community feedback through participatory monitoring tools such as community scorecards, social audit, citizen report card and citizen satisfaction surveys, and use of ICT.

A standard format for the CPs will be developed by DSW, in coordination with the World Bank, and will be included in the Operations Manual for the project for all township DSW case officers to use at the village tract level.

Implementation and monitoring of the CPs:

- The CP should be made publicly available to all communities, volunteers and community groups;
- The CP should also be collected by DSW and partners;
- In areas with ethnic minorities or other language groups, the summary of the plan, should be available in the local language and other materials may be prepared to widely disseminate the contents. This can be ICT orientated;
- The Township DSW Case Officer will have overall responsibility for the implementation of the CPs and should coordinate with the relevant Township, Village Tract and Village volunteers/groups, committees and providers (such as Midwives, Traditional and Trained Birth Attendants, Auxiliary Midwives, CSO, NGO, etc.);
- In order to understand the situation better and to be inclusive in relation to the development of realistic CPs, township DSW officers may engage from the beginning with the ward and village tract/village level administrators, volunteer groups, CSOs, NGOs at the township level. These can help support the township DSW officers and Village Tract Social Protection Committees in developing, implementing and monitoring the CPs.
- State/Regional DSW authorities will monitor the implementation of CPs on a regular basis where they have jurisdiction to do so. When necessary, collaboration with relevant Self-Administered Zone (SAZ) parallel institutions and ethnic organizations for oversight and monitoring is vital;
- DSW will provide oversight and in doing so may use qualitative evaluation studies in sample village tracts to assess the quality of the preparation process and outcomes of the preparation and implementation of the CPs.

Involvement of relevant Volunteer Groups:

The make-up and role of relevant ward and village tract SPCs and voluntary community social workers should be assessed in the process of defining a unified planning process which aims to enhance the engagement of local communities in mother and child care support. Arrangements should be made to engage representatives of local communities, women's groups, civil society organizations, NGOs and INGOs, and relevant ethnic organizations where they exist in order to seek guidance and support for the establishment of specific ward and village tract social protection committees (SPC) and voluntary community social workers (VCSWs). This may involve direct representation on the township or village tract SPC or other formal structures for engaging them. The V-SPC should be responsible for providing mother and child care information to villagers, organize consultations on needs and services at the village level as input to the village tract CPs, as well as for monitoring the implementation of the project especially to ensure that the poor and underserved population groups in the village participate and receive benefit from the project. The V-SPC or a complaint focal within V-SPC will also oversee the feedback mechanisms at the village level.

5. Consultation framework

The consultation framework will provide a logical procedure for ensuring free, prior and informed consultation with, and informed participation of, the affected peoples throughout project implementation, including arrangements for participation in monitoring and evaluation.

5.1 Summary of Results of Free, Prior and Informed Consultation with Affected People

A key requirement of OP 4.10 is to obtain broad community support from ethnic minorities, as identified under the policy, for project activities affecting them (whether adversely or positively). However, since specific Townships have not been identified yet for this DSW MCCT project, it is premature to obtain such broad community support. As described in this CPPF report, free, prior and informed consultations will be undertaken during project implementation. Similarly, the required site-specific plans to address particular issues pertaining to ethnic minorities will be prepared during implementation for each participating Township in areas with ethnic minorities and vulnerable groups. Both will be integrated into existing processes of the national MCCT support system, which will be enhanced and modified through support from the project.

Consultations, although limited, in Shan with ethnic minority organizations during project preparation have not revealed any opposition to the proposed project and improved MCCT services are in demand in Shan State as well as in Ayeyarwady Region. NGOs and ethnic minority organizations consulted during the SA provide complimentary mother and child care support services that will enhance government delivered services, although their institutional and operational aspects differ. Some risks and concerns were, however, raised, including language and cultural barriers and concerns related to current limited mother and child care services in remote and conflict affected areas. These issues are discussed below and will be addressed during project implementation.

5.2 Framework for Ensuring Free, Prior and Informed Consultation during Project Implementation

The development of a framework for ensuring free, prior and informed consultation during project implementation is dependent on the planning process as outlined above. A structured planning process that is participatory and engages with government agency and civil society actors that are representative of all the ethnic groups regardless of socio-economic and religious status will create a strong framework for inclusion and community participation. This planning process needs to be discussed at all levels in order to include the opinions and recommendations of targeted women, families and communities. To achieve this, establishment by the DSW of Township and Village Tract Social Protection Committees and Voluntary Community Social Workers who can facilitate effective, efficient and culturally appropriate consultations is critical.

6. Action plan

The following Action Plan is designed to ensure that ethnic minorities and vulnerable groups in the project catchment area will receive MCCT project benefits that are culturally appropriate, including, if necessary, measures to enhance the capacity of the institutions with responsibilities for addressing

ethnic minority issues. These measures should be agreed upon with relevant grassroots organizations and implementing agencies during the free, prior and informed consultations.

Where potential adverse impacts on ethnic minorities are identified, an appropriate action plan to avoid, minimize and mitigate or to compensate for adverse effects on them should be developed. The development of preventative measures over mitigation or compensatory measures whenever feasible is recommended.

Table 5. Action Plan

Ethnic Minority / Vulnerable Groups	Culturally Appropriate Intervention	Responsible Institution / Grassroots Org and capacity
Ethnic Minorities	<ul style="list-style-type: none"> - Culturally appropriate planning process - Culturally appropriate communication - Culturally appropriate capacity development 	DSW with the close collaboration of ethnic organizations and supporting CSOs, CBOs, NGOs and volunteers / committees. Evaluate current capacity to support
Migrant Communities / families	<ul style="list-style-type: none"> - inclusion in the planning process - inclusion in all communication activities and meetings - benefit from capacity building interventions 	DSW and Voluntary Community Social Workers in targeted communities with migrants; supporting CSOs, CBOs, NGOs and relevant committees. Evaluate current capacity to support
Poor families	<ul style="list-style-type: none"> - inclusion in the planning process - facilitation of inclusion in all MCCT related activities - tailored capacity building interventions and appropriate incentives to participate 	DSW and Voluntary Community Social Workers in targeted communities with poor families; supporting CSOs, CBOs, NGOs and relevant committees Evaluate current capacity to support
Remote Communities	<ul style="list-style-type: none"> - Factoring in of remoteness in planning process - outreach mechanisms to mitigate against remoteness - facilitation of MCCT to reduce travel and time - promotion of decentralized approaches 	DSW and Voluntary Community Social Workers in targeted remote communities; supporting CSOs, CBOs, NGOs and relevant committees. Evaluate current capacity to support
Single mothers	<ul style="list-style-type: none"> - inclusion in planning process - equity of status and mitigation against discrimination - facilitation of MCCT to factor family status 	DSW and Voluntary Community Social Workers in targeted communities with single mothers; supporting CSOs, CBOs, NGOs and relevant committees Evaluate current capacity to support

7. Cost estimates and financing plan for CPPF

The cost estimates should be as detailed as possible and should include direct costs of the CPPF as well as the share of the project's costs covering ethnic minorities, if additional activities benefitting and concerning them are embedded in project activities. Cost estimates for the CPPF and any additional activities embedded in the project activities should be earmarked in the overall project budget and explained in the PAD. The financing plan may need to take into account the particular circumstances of the affected communities.

Table 6. Example CPPF Budget

Items based on 10 Township Selection	USD
Consultation Meetings, Workshops and Training (estimated at \$10,000 per township)	100,000
Community Surveys (estimated at \$5,000 per township)	50,000
Needs Assessments (estimated at \$5,000 per township)	50,000
Monitoring and Assessment (estimated at \$5,000 per township)	50,000
Total	250,000

8. Grievance redress

A project Grievance Redress Mechanism (GRM)/feedback mechanism will be established to ensure the project is implemented transparently and accountably so that the voices from the ethnic minorities, the poor and marginalized, and other identified vulnerable groups are heard and that the issues raised are resolved effectively and expeditiously.

A fixed service standard for the grievance resolution will be agreed upon and detail procedures of the feedback mechanism will be included in the project operations manual. The system will have multiple feedback up-taking channels and receiving locations. The system will include a “value chain” from uptake, sorting and processing, acknowledgement and follow-up, to verification and action, monitoring and evaluation, and finally feedback. The GRM will be carried out by DSW at the union, regional and township levels, with dedicated GRM Focals assigned to support running the system. The manual will specify the system and requirements including staffing and their roles. At the village level, GRM focal points will be selected from the communities.

Information on the feedback mechanism will be disseminated widely through IEC materials (brochures, pamphlets, posters, ICT platform) in an accessible form for illiterate and ethnic language speakers, specifically information on how and where to file feedback and grievances. The general public across the MCCT townships will also continuously be sensitized about the feedback mechanism through information campaigns, local radios, ICT and other accessible forms. DSW staff at union, regional and township levels, village level volunteers, and committees will be provided with training. These actors also encourage beneficiaries and family members to seek clarification or remediation through the mechanism if they have any feedback, questions or grievances.

In its regular supervision visits, the DSW will assess the functionality of the GRM and undertake spot checks. A summary of feedback and grievances will also be reported in the implementation progress reports. These reports include GRM data which will be received through the project MIS.

An annual budget to operate a GRM includes allocations for communications materials, consultants' costs, training and GRM tools/materials to be placed in villages, wards and DSW offices at various levels. In the initial stage, budget should be kept aside to set up a GRM module in the Project MIS database.

Box: Sample cost to set up a GRM: To setup a GRM in 20 townships, 15 regional offices and one union office, the annual budget is around \$270,000. GRM staff under government's pay roll and MIS set up costs are not included in the figures below.

Table 7. Example Annual budget for GRM

Items	USD
Communications materials (GRM pamphlets, posters, envelopes, GRM guidebook, hotline stickers)	90,000
Suggestion boxes (For 6,600 villages)	58,000
Staffing at Union level (Grievance specialist, 2 grievance assistants)	68,000
Grievance Handling Mechanism Training at union, state/region, township and village tract levels	54,000
Total	270,000

9. Monitoring and evaluation mechanism

Mechanisms and benchmarks appropriate to the project for monitoring, evaluation and reporting on the implementation of the CPPF should include arrangements for participation by, and free, prior and informed consultation with the targeted communities.

The project would incorporate a strong system of Monitoring and Evaluation (M&E) to:

- ensure a planning process that facilitates participation, free and prior informed consultation with all targeted communities regardless of location, ethnicity and social status;
- ensure effective and timely implementation according to participatory plans and apply mid-course corrections where needed based on assessment that includes all stakeholders;
- measure the achievement of results envisaged in its objectives and learn lessons for future operations through regular stakeholder consultation;

To evaluate project effects on development objectives, the results framework indicators for the project would be monitored using a combination of administrative and survey data. The cash transfer MIS will serve as the main source of administrative data for tracking indicators such as: the number of cash transfer beneficiaries; timeliness of payments; project response to grievances, and attendance at village communication sessions. Survey data will be used to capture household and individual level outcomes such as dietary diversity intake at the child or household level, share of poor receiving cash transfers and utilization of essential health and nutrition services and inclusion.

Special monitoring and evaluation efforts will be needed for the project interventions in conflict-affected areas, as the ethnic organizations do not regularly report their data to the Government. So, the project, using Township level and village tract level SPCs, will work in close cooperation with the ethnic organizations to collect project-specific data required for monitoring. The monitoring data will include disaggregation by age, ethnicity, and socio-economic strata, to assess the distribution of beneficiaries by these factors and ensure that no particular group is systematically excluded from project benefits.

Process monitoring, citizen engagement, and Grievance Redressal Mechanism (GRM) financed by the project would be enhanced using iterative beneficiary monitoring (IBM) to solicit regular beneficiary feedback. These will comprise annual quick, small, targeted surveys. IBMs will track a narrow set of indicators such as timeliness of payments, handling of grievances and participation in community nutrition sessions, and three such surveys will be conducted in the second, third and fourth years of the project. The project will also finance regular independent evaluations to assess the perception of non-

beneficiaries about the program. Citizen engagement will be monitored through an indicator on timely responsiveness to grievances in the Results Framework.

Depending on the ability of the data collected to measure outcomes on vulnerable and under-served population groups, including ethnic minorities, additional surveys and/or qualitative assessments will be undertaken to assess impacts and outcomes for these population groups.

Monitoring exercises may also include other qualitative and quantitative studies to investigate social and other issues critical to enhancing the mother and child nutrition outcomes for vulnerable and under-served population groups; for instance, participatory research to assess barriers to access, maternal and child nutrition promotion behavior, and factors that drive demand for public sector maternal and child health and nutrition services of the poor and other vulnerable groups.

To strengthen accountability and transparency, the monitoring system should involve private and civil society participation in monitoring of project and sector performance. Monitoring tools could include community scorecards, social audit, citizen report card and citizen satisfaction surveys. This would be included in the project's support to States and Regions to develop appropriate community feedback mechanisms to assess satisfaction with service delivery at the primary care level. Development of such mechanisms would be supported by the community engagement and social analysis carried out at the township level.

Social accountability activities can strengthen the capacity of local community members and CSOs, CBOs and NGOs to engage in government services and hold authorities accountable for better development results. They can also strengthen the capacity of the DSW, State/Region, District and Township authorities to become more transparent, participatory and accountable, and better respond to demands and needs of local communities that they serve.

10. Implementation arrangements

The implementing agency, the DSW will have the overarching responsibility for overseeing and coordinating the implementation of the project and monitoring progress toward achievement of MCCT and overall project goals, including the implementation of measures set out in CPPF to ensure the participation of ethnic minorities and other vulnerable groups. Day-to-day project implementation will be managed by the State/Regional and township DSW units which will be also strengthened under the project. DSW Union level will be responsible for overseeing fiduciary aspects of the Project. DSW currently has a union office, regional offices at state/region capitals and two district offices in each state and region with a total of 2,900 staff which over 90 percent are women. The department has no presence at the township level to date, however, this will be a precondition to functionally operationalize the World Bank funded MCCT. Unlike the DSW's social pension program or non-World Bank funded MCCT programs², the fiduciary process will not involve the GAD, which is the only government agency which has presence down to the ward and village tract levels. Shan State and Ayeyarwaddy Region comprises of 25 districts, 81 townships, 777 wards and 3,741 village tracts in total. This covers approximately 25 percent of the country's township numbers. DSW has budgeted for three

² DSW operates MCCT in Chin State, Rakhine State, and Naga self-administered region, and soon will be operational in Kayah and Kayah States. The MCCT in non-World Bank funded areas are channeled through Village Tract Administrators who are the lowest level of the GAD line.

staff positions in all 81 townships in FY18/19, these staff are scheduled to be hired by May 2019 and then will be trained. Since DSW has limited experience managing projects with the World Bank, early investments in capacity building will be part of Component 2 of the project. Building operational and technical capacity within DSW, at the central and local levels, will be a key element of the project, complemented by TA from the Bank on the development of SP systems. A capacity needs assessment will be conducted to further identify the operational needs, technical gaps and training needs to address the constraints and to put in procedures with sufficient budget allocation to operationalize the project with full accountability. The respective roles and responsibilities for CPPF implementation of the DSW should also be clarified through this assessment.

The National Social Protection Steering Committee will provide critical leadership, guidance on the implementation of the MCCT with bi-annual meetings. At state, regional, and township level, SPCs would be set up and would meet every quarter. In Chin State where MCCT has been implemented, Ward/Village Social Protection Committees (SPC) are supporting the implementation of the MCCT program tasked to undertake identification and enrollment of pregnant women and women with children under two in their respective villages. In Shan State and Ayeyarwaddy Region, SPCs are not formed yet, however, similar modalities are planned to be introduced. Voluntary Community Social Workers at village level would be critical in ensuring timely implementation of the MCCT program and community awareness activities at village level.

While staff and consultants at township levels are encouraged to be hired locally, committee members and volunteers will not only be natives of the area but will be considered to have a variety of different ethnic language speakers to ensure the project strengthens its outreach capacity.

The project would rely on several strategic partners for the implementation of complementary services and activities. MOHS and DPs would play a critical role in providing complementary essential health and nutrition services to maximize the impact of the demand-side interventions supported by this project, both in health facilities and also through community outreach services.

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