



# COMMUNITY PARTICIPATION PLANNING FRAMEWORK FOR AYEYARWADY REGION AND SHAN STATE

**Myanmar: Maternal and Child Cash Transfers for Improved  
Nutrition**

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*Ministry of Social Welfare, Relief and Resettlement*

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## Executive Summary

### Introduction

The World Bank will be supporting Ministry of Social Welfare, Relief and Resettlement (MoSWRR) to implement a project titled “Myanmar: Maternal and Child Cash Transfers 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 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 on environmental assessment (OP 4.01) 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. In addition, in areas where government control is limited, the project will hire third parties for monitoring arrangements of overall project implementation, including CPPF implementation.

### **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.

In addition, in areas where government control is limited, the project will hire third parties for monitoring arrangements of overall project implementation, including CPPF implementation.

## 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 “Myanmar: Maternal and Child Cash Transfers 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 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 on environmental assessment (OP 4.01) 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. The CPPF also covers social risks and impacts more broadly under OP 4.01, including measures related to other vulnerable social groups. These are developed based on the findings of the 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 Ayeyarwady 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 in selected priority areas**

**Component 1** will finance the delivery of cash transfers to pregnant mothers and mothers with children under two, accompanied by community outreach and social support sessions (COSS) to improve nutrition-related behaviors in selected priority areas: Shan and Ayeyarwady. The MCCT conditional cash transfer program- will enable the consumption of more diverse and nutrient-rich foods (which are often more expensive), and improved uptake of health and nutrition services in the selected areas. The expansion of the MCCT in new geographic areas will benefit from global good practices, and lessons learned from the implementation of the MCCT program to date in Myanmar. To enhance the program, a series of implementation innovations will be introduced.

**Subcomponent 1.1: Investing in the MCCT delivery system in Shan and Ayeyarwady.** This subcomponent will support the implementation of delivery mechanisms to introduce and effectively implement the MCCT program in Shan and Ayeyarwady. Under this sub-component, the project would finance activities related to beneficiary identification and enrollment, verification of compliance, feedback and grievance redress in the selected areas. More specifically it will support operational costs to implement these mechanisms, and service fees to deliver cash transfers to pregnant women and households with young children aged 0-2 years (see figure 3 on sequencing of activities for MCC implementation) in the priority geographic areas.

**Subcomponent 1.2: Conditional Cash transfers for pregnant women and mothers of children ages 0-2 in Shan and Ayeyarwady.** This subcomponent will finance cash transfers to pregnant women and children under two in the selected areas. Cash transfer amounts will be set at MMK 15,000 per beneficiary household per month (around US\$10),<sup>1</sup> which is about 9 percent of household consumption for the poor.<sup>2</sup> This will ensure, on the one hand, that transfers can have a sufficient impact on consumption and service utilization and, on the other hand, that they do not distort labor market incentives. Cash transfers would provide the additional income that would contribute to greater consumption of more diverse and nutritious foods and/or for covering transportation and other costs to access health and nutrition services. Cash transfers will be conditional on attending monthly COSS sessions and soft conditionalities on health and nutrition services (AN visits for pregnant mothers, full immunization and birth certificate for children).

**Subcomponent 1.3: Communications, Community Outreach and Social Support (COSS) in Shan and Ayeyarwady.** The sub-component would finance activities at the community and household levels to

<sup>1</sup> The benefit value is expected to be adjusted for inflation on a regular basis.

<sup>2</sup> It is equivalent to 13.7% of the food expenditure of the poor based on the latest household survey in 2015.

raise awareness, increase knowledge, and mobilize communities and families to support women in adopting nutrition-promoting behaviors, especially among pregnant and lactating women and women with children under two in Shan and Ayeyarwady. The activities would include community outreach and social support (COSS) sessions for pregnant women, women with young children, husbands, mothers/mothers-in law, and community meetings and events. The voluntary community social workers (VCSW) at the village level will be responsible, with the support of the V-SPC, for organizing community outreach sessions, facilitate scheduled outreach health visits by the basic health providers, and transportation of beneficiaries to access facility-based health and nutrition services. VCSWs would also facilitate active participation of basic health staff in the COSS sessions, assist mothers to seek timely health care and nutrition services, and support outreach and social behavioral change communication. The COSS sessions would also include communication of messages that could help the vulnerable communities cope with the risks posed by climate change and its impacts. To enable smooth implementation and inclusiveness of these activities, this sub-component would provide funds not only to the Union but also directly to the State/Region and District Social Welfare Departments, which together with Union DSW would be responsible for building knowledge and skills of VCSWs (not only on the content but also on facilitation, communication, and problem-solving). It would also finance purchase of mobile phones and monthly top-ups for VCSWs, and operating costs for supporting COSS implementation and supervision.

In areas not under control of Government, community-based organizations with the trust of EAOs will be tasked with the same responsibilities assigned to DSW. 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<sup>3</sup> or elsewhere. Quality communication material and innovative approaches will be critical in the success of community activities. The subcomponent will therefore finance continued evaluation of the material and identify needed adaptations, including investing in innovative ICT-based and other methodologies to deliver messages and induce behavior change. The use of ICT will also enhance such messaging, including early warning systems, information about shelters or other protective facilities in the case of severe weather events.

## **Component 2: Enhancing capacity to implement social protection programs**

**Component 2** will focus on strengthening the capacity of the MOSWRR to effectively deliver, monitor and evaluate social protection programs and services across Myanmar. In order to do that, the project will invest in: (i) strengthening the physical and human infrastructure of MOSWRR to deliver its flagship social protection programs both at national level and in priority states and regions; (ii) developing key building blocks for effective and inclusive implementation of the country's flagship cash transfers programs; and (iii) monitoring and evaluation and overall project management.

**Subcomponent 2.1: Enhancing MOSWRR capacity to deliver social protection programs.** The sub-component would support national, and selected S/R, districts, and township-level Departments of Social Welfare to improve the physical and human capital infrastructure of DSW to deliver protection programs. This will involve financing costs associated with building new climate-resilient offices and renting offices in the interim and improving infrastructure of the existing ones<sup>4</sup>; ensuring adequate office equipment and vehicles; hiring additional social welfare staff and building their skills. This sub-component will also support participation and engagement in the national level coordination mechanisms, including financing the operating costs for meetings of the National Social Protection

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<sup>3</sup> The project team is working in close collaboration with DPs that have also developed behavioral change communication material. The project team will be assessing the material to determine the support needed for enhancing the material and to identify needs for further investment to ensure successful implementation of the COSS activities.

<sup>4</sup> In the construction of new buildings, the project will take into account potential risks posed by climate change, especially landslides and floods, using soil testing and other engineering measures, specific to each site. Offices where possible will include investments in energy efficiency and renewable energy such as rooftop solar systems.

Committee, the Nutrition Sector Coordination Group, and national technical groups, such as on Social and Behavior Change Communications, At S/R and township level, it would provide financial support to the functioning of the Social Protection Committees (SPC) in priority geographic areas for scale up of flagship programs.

**Subcomponent 2.2: Developing key building blocks for more effective and inclusive poverty reduction programs.** This sub-component would finance technical support to develop key building blocks for effective social protection programs nationally. This sub-component will finance the development at the national level of a management information system (MIS), a modern G2P payment system, and a grievance redress system for the MCCT program. ICT would be used to communicate with beneficiaries and non-beneficiaries, obtain community feedback, and support independent verification of the effectiveness of the program. The component would finance setting up a call center for community feedback and the use of mobile technology to send and gather information from beneficiaries. This subcomponent will also finance the development of applications for mobile devices, for facilitating enrolment and compliance verification. The experience from implementation under component 1.1. would help to refine these national processes. The development of these national social protection tools would have positive impact in the implementation of the MCCT nationwide, as the systems developed will be used in all S/R where the MCCT is operational Chin, Rakhine, Naga, Kayin, and Kayah, in addition to the Shan and Ayeyarwady. Beyond the MCCT program itself, such systems would provide the foundations of a modernized national SP system which would be used by other programs such as the social pension<sup>5</sup> and child grants.

**Subcomponent 2.3: Project Management, Monitoring and Evaluation.** This sub-component will finance: the operational costs needed to manage, coordinate, monitor and evaluate project implementation; the personnel costs for managing the project at the Union, State/Region, and district levels in the areas of contract management, financial management, procurement, and planning; and operating costs to undertake regular supervision and monitoring, and facilitate implementation of the project. In areas in which DSW will not be able to support implementation and monitoring and evaluation, the sub-component will provide resources for hiring a third party tasked with the same roles and responsibilities<sup>6</sup>.

### **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 project<sup>7</sup>. DSW Union level will be responsible for overseeing fiduciary

<sup>5</sup> Social pension is also rapidly expanding its coverage from targeting over 90 until 2017, to over 85 in 2018 (covering approximately 165,000 beneficiaries) and for next year moving the age to 80 year.

<sup>6</sup> A number of civil society organizations and NGOs operates in those areas and have the trust of the community and of EAOs. Further consultation during implementation will be needed to identify suitable third parties that will have the trust of all the stakeholders.

<sup>7</sup> 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.

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 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. It will describe the legal status of ethnic minorities in the country's constitution and legislation (laws, regulations, administrative orders).

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) 4.01 applies to the project to cover social risks and impacts at a broad level, and specifically to ensure that there are measures related to vulnerable social groups.

The World Bank's 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.

The Ethnic Rights Protection Law (The Comprising of Pyi Thu Hluttaw and Amotha Hluttaw (Pyi daung su Hluttaw) Law No.8, 2015), 24<sup>th</sup> February 2015. This law provides definitions of ethnic groups, Ministry, Union minister, Ministry of State or Region, State or Region minister, roles and responsibilities of the Ministry of Ethnic Affairs in ethnic affairs which means to promote sustainable socio-economic development that is including language, literature, fine arts, culture, customs and traditions of the national races, religious, historical heritages, peace and the included opportunities in 2008 Constitution of Myanmar. 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. This includes the establishment of the University for the Development of the National Races of the Union which was promulgated in 1991 to, among other things, preserve and understand the culture, customs and traditions of the national races of the Union, and strengthen the Union spirit in the national races of the Union while residing in a friendly atmosphere and pursuing education at the University. However, the list of recognized ethnic groups has not been updated since 1982.



## 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		Pathein / Chaung Tha, Labutta, Kyangin
Number of Villages		Oo To, Seik Eiyi, Aung Mingular (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 Ayeyarwady 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
Pathein	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
Kyangin	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
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Total Area	Shan	Area visited during Social Assessment
<b>Population (2014)</b>	5,300,000	
<b>Ethnic Groups</b>	Shan, Palong, Larhu, PaO, Koekant, Wa, En, Akha, Kachin, Kayin, Burma, Chin, Rakhine, Nepalis, Chinese,	Shan, Larhu, Pa O, Akha, En
<b>Number of Townships</b>		Hopong, Keng Tung, Lashio (3)
<b>Number of Villages</b>		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)
<b>Self- Administered Zones (5)</b>	<b>(Pa O SAZ)</b> Hopong, Hsiheeng and Pinlaung townships <b>(Da Nu SAZ)</b> Ywangan and Pindaya townships <b>(Palaung SAZ)</b> Namhsan, Manton townships <b>(Kokang SAZ)</b> Konkyan, Laukkaing townships <b>(Wa SAZ)</b> Hopang, Mongamo, Pangwaun, Narpan, Matman, Pangsang townships.	Hopong (Pa O SAZ)
<b>Poverty Status</b>		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 Localized Social Assessments at Township Level:

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 and localized social assessment. 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, and assessment of obstacles they may have in accessing project benefits
- 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 and township level social assessments 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.

The terms of reference and outputs/recommendations of any technical assistance under this component should be informed by, and consistent with the World Bank's safeguard policies.

### **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.
- In addition, in areas where government control is limited, the project will hire third parties for monitoring arrangements of overall project implementation, including CPPF implementation.

### 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 and localized social assessments 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);
- A summary of results of the free, prior, and informed consultation with the affected ethnic minority communities that was carried out during project preparation and that led to broad community support for the project;

- A framework for ensuring free, prior, and informed consultation with the affected ethnic minority communities during project implementation;
- An action plan of measures to ensure that the ethnic minorities receive social and economic benefits that are culturally appropriate, including, if necessary, measures to enhance the capacity of the project implementing agencies;
- When potential adverse effects on ethnic minorities are identified, an appropriate action plan of measures to avoid, minimize, mitigate, or compensate for these adverse effects;
- The cost estimates and financing plan for the CP;
- Accessible procedures appropriate to the project to address grievances by the affected ethnic minority communities arising from project implementation. When designing the grievance procedures, the borrower takes into account the availability of judicial recourse and customary dispute settlement mechanisms among the ethnic minorities.
- Mechanisms and benchmarks appropriate to the project for monitoring, evaluating, and reporting on the implementation of the CP. The monitoring and evaluation mechanisms should include arrangements for the free, prior, and informed consultation with the affected ethnic minority communities.
- 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. The format for the CP will be developed before any project disbursements are made, and will be based on similar templates used in current Bank-supported projects such as the National Community Driver Development Project and the Inclusive Access to Education Project.

#### 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.
- In addition, in areas where government control is limited, the project will hire third parties for monitoring arrangements of overall project implementation, including CPPF implementation.

### **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"> <li>- Culturally appropriate planning process</li> <li>- Culturally appropriate communication</li> <li>- Culturally appropriate capacity development</li> </ul>	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"> <li>- inclusion in the planning process</li> <li>- inclusion in all communication activities and meetings</li> <li>- benefit from capacity building interventions</li> </ul>	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"> <li>- inclusion in the planning process</li> <li>- facilitation of inclusion in all MCCT related activities</li> <li>- tailored capacity building interventions and</li> </ul>	DSW and Voluntary Community Social Workers in targeted communities with poor families; supporting CSOs, CBOs, NGOs and relevant committees

Ethnic Minority / Vulnerable Groups	Culturally Appropriate Intervention	Responsible Institution / Grassroots Org and capacity
Remote Communities	appropriate incentives to participate - 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	Evaluate current capacity to support DSW and Voluntary Community Social Workers in targeted remote communities; supporting CSOs, CBOs, NGOs and relevant committees. Evaluate current capacity to support
Single mothers	- 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
<b>Total</b>	<b>250,000</b>

## 8. Consultation on CPPF

A series of public consultations in Ayeyarwady, Shan (Taunggyi, Lashio, Kengtung), Naypyitaw, Chiang Mai has been organized by DSW (Department of Social Welfare) on February and March of 2019 with over **300** participants from line ministries, parliaments, media and civil society (over **30% is women**).

Grouping different issues raised in all areas of public consultations, the key concerns and comments from different stakeholders have been summarized as below.

No	Key Issues	Comments/Questions
1	State/Region selection and prioritization	Prioritizing states/regions based on DHS (Demographic and Health Survey) data is rational, but it should also be expanded to



		other areas of Myanmar without delay given the critical early investment of first 1000 days.
2	Beneficiaries selection and identification	<p>Why should cash transfers be given to all pregnant women, since some are from well-off households and do not need the cash? The program would make savings and can be expanded to other areas if it would target only pregnant women and under 2 years old from the poor households.</p>
3	Coordination with (1) MoH (Ministry of Health) (2) State/Regional parliaments (3) INGO/NGOs	<p>(1) There may also be a need for enhancing the skills and practices of midwives (example given in Shan) to model a positive behavior in terms of good nutrition during their own pregnancy and after child birth. If the midwives themselves are avoiding eating diverse diet, their credibility with the pregnant women when they provide nutrition education is weakened.</p> <p>Good coordination with relevant health and education departments at the township level should be established.</p> <p>(2) Local MPs (Member of Parliament) should be involved in the awareness raising, program mobilization and coordination events or meetings at the township and community level. MPs are closer to the people in the community and have a communication network or base through which they can spread the program information, ensure no one is left behind, monitor any deviations, get community feedbacks, etc.</p> <p>In the township level committees, MPs and local organizations should be officially included for real collaboration to happen.</p> <p>DSW should organize briefing at state/regional parliaments so that all MPs are fully informed and aware of the program and can support accordingly.</p>



	<p>(3) In Shan state, the ethnic affairs minister in charge of NGOs/CSOs has a full list of organizations operating in Shan state and will share the information with DSW so that these actors can be engaged.</p> <p>In self-administered areas in Shan, the administration is by their own local authorities. There are organizations (local and/or international) that are already operating in these areas and the program needs to collaborate with them.</p>
4	<p>Coordination with community level CSOs (Civil Society Organizations) and CBOs (Community-based Organizations).</p> <p>CSOs and CBOs are providing mother and child care services in townships where government services are unavailable or inaccessible (for example, Ta-ang women organization in Manton, Tangyan and Moangyan townships). How CBOs can cooperate and involve or support the project to move forward? It is applied to each townships of Shan area.</p> <p>Regarding AN (Ante-natal) care card, we have forms for those AN care card which is a little bit different from government's AN card. For immunization, there is no regular supply of vaccination. So how can CBOs support or cooperate with DSW for beneficiaries to be eligible in the project? In addition, we requested to communicate to CBOs to provide updated information about the MCCT project.</p> <p>Local CSOs/CBOs from Ayeyar are also eager to engage with DSW at township level as well as community level. They would like to engage not only in project design and project implementation, but also in project monitoring.</p>
5	<p>Implementation Capacity of DSW</p> <p>Strongly encourage the union government and MSWRR (Ministry of Social Welfare, Relief, and Resettlement) to increase investment to significantly and quickly expand DSW structure at the district and township levels, given the importance of having these field level offices and staff in effective and timely delivery of the program.</p>

		In addition, having the functional offices and staff at district and township level – courtesy of MCCT program expansion supported by the World Bank – will enable DSW to expand its other social protection programs in the future.
6	Community Volunteer Selection and Local priority	Community volunteers should be selected and trained carefully from the local communities. Their selection should be transparent and fair. Way of communication is crucial for avoiding misunderstanding. Their TOR (Terms of Reference) – including ethnics and code of conduct – needs to be carefully developed. Proper training and supervision are also important.
7	Inclusion of people in remote areas, NGCA (Non-government Controlled Area), IDP (Internally Displaced People), Migrant areas	<p>In Wa State, the population is of over 500,000, maternal mortality is 19 and children mortality under five year is 15 in 2018. It is suggested and requested to include beneficiaries in Wa SAD (Self-administrated Division) and don't leave out Wa in project implementation.</p> <p>Ward administrator raised that Taunggyi social media discussed about public consultation and they would like to know when will the data on potential beneficiaries be collected and procedures to provide support from the general administration side.</p> <p>In some area, there are lots of people living in conflict areas and they do not have NRC (National Registration Card) or household registration card with them. Also, they are the poor families with pregnant mothers and under 2 children. It is great they are included in this project spectrum.</p> <p>For pregnant women in temporary IDP camps (e.g., monasteries in Lashio, Kyaukme) who get enrolled into the program, then will move back to their original locations or somewhere else, would the program be able to continue to provide support to them? This needs to be anticipated and included in the plan.</p>
8	Data Accuracy	The program should not rely solely on the GAD data for identification of project

	<p>beneficiaries as there often is discrepancy between the population data in GAD records and the situation on the ground. Similarly, data from midwives may also be missing some beneficiaries. This is especially more important in conflict areas, where data from local CSOs, intermediaries, and religious leaders would be more reliable and reflective. Data collected (of pregnant mothers) should be made available to the public.</p> <p>In self-administered areas where GAD reach is limited, there could also be some groups of people who are not on the official data – e.g., migrant workers. In Meng Yang township where the fighting is happening between two EAOs (Ethnic Armed Organizations), there is a whole village which has been displaced as they run from involuntary war-recruitment.</p> <p>MPs together with relevant CSOs (Civil Society Organizations) should be involved in beneficiary registration/ enrollment.</p>
9	<p>Information tools/platform that are culturally and linguistically accessible to local ethnic people</p> <p>There are many ethnic groups with their own languages. So, the information tools should be available in all the languages. Also, there are some population who are illiterate. Time consuming in the awareness raising activities to be minimal for the housewives to pay their attention fully and efficiently</p>
10	<p>Monitoring and Evaluation</p> <ul style="list-style-type: none"> <li>- Cash diversion</li> <li>- Exclusion</li> <li>- Conflict sensitivity</li> </ul> <p>It is very important to measure the results – outcomes or impacts – of the project to see whether the cash transfers benefit the women and children and bring intended benefits in terms of improved nutrition and uptake of health care/nutrition services.</p> <p>Any results from the existing MCCT program in Chin, Naga and Rakhine that show improvement in the nutritional status of beneficiaries? They should be applied here.</p> <p>How does the project ensure that the cash won't be misused for gambling or drinking alcohol?</p>
11	<p>Sustainability of Project</p> <p>What will happen after the WB financing ends? And why does the co-financing arrangement propose that in year 4, GoM</p>

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(Government of Myanmar) will be fully financing the cash transfers, instead of still having WB co-financing – is that something required by the WB?

Union government should look for ways to increase spending on social protection (creative budgeting) and revise the budget allocation ratio across different priorities or sectors.

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*Figure 1 Public Consultation of MCCT, Patheingyi, Ayeyarwady.*



*Figure 2 Public Consultation of MCCT, Taunggyi, Shan.*



*Figure 3 Public Consultation of MCCT, Lashio, Shan.*



*Figure 4 Public Consultation of MCCT, Kengtung, Shan.*

## 9. 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
<b>Total</b>	<b>270,000</b>

## 10. 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.

## 11. 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 programs<sup>8</sup>, 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 Ayeyarwady 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 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.

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<sup>8</sup> 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.



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 Ayeyarwady 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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## Annex 1. Public Consultations Documentation from Ayeyarwady and Shan

### I. Schedule of the public consultation meetings:

Date	Time	Venue	Participants
Feb 1, 2019	09:00 – 12:00	City Hall, Patheingyi, Ayeyarwady Region	Officials from region, district and township level government agencies, Regional Government, Members of Regional Parliament, INGOs, Local NGOs and Civil Society Organizations
Feb 28 – Mar 1, 2019		Chiang Mai	Shan State Development Foundation, Shan Women's Action Network, Burma Refugee Council
March 6, 2019	14:00 – 16:30	Thabin Hall, Pyihtaungsu Hluttaw	Deputy Speakers and Members of Parliament
March 13, 2019	09:00 – 12:00	Royal Taunggyi Hotel, Taunggyi, Shan South	Officials from Shan (south) state, district and township level government agencies, Regional Government, Members of Regional Parliament, INGOs, Local NGOs, Civil Society Organizations, Ethnic organizations
March 21, 2019		Lashio, Shan North	Officials from Shan (north) state, district and township level government agencies, Regional Government, Members of Regional Parliament, INGOs, Local NGOs, Civil Society Organizations, Ethnic organizations
March 23, 2019		Kengtung, Shan East	Officials from Shan (east) state, district and township level government agencies, Regional Government, Members of Regional Parliament, INGOs, Local NGOs, Civil Society Organizations, Ethnic organizations

**II. Purpose of the Meetings.** To consult and seek feedback from diverse stakeholders' on the proposed "Myanmar: Maternal and Child Cash Transfers for Improved Nutrition" Project in Ayeyarwady Region and Shan State, to be implemented by Department of Social Welfare (DSW), Ministry of Social Welfare, Relief and Resettlement (MoSWRR) and financed by the World Bank; and its draft safeguards documents on Social Assessment, Community Participation Planning Framework (CPPF) and Environmental Code of Practices (ECOPs).

**III. Participants.** Table below summarized all the participants in the consultations. For detailed list of participants, please see Annex 1.

Location	Date	Participants				
		Male	Female	Government	Non-Government	Total
Patheingyi	Feb 1, 2019	79	124	59	144	203
Chiang Mai	Feb 28 – Mar 1, 2019	3	6	0	9	9
Naypyitaw	Mar 6, 2019	58	51	36	73 (MPs)	109
Taunggyi	Mar 13, 2019	45	134	53	126	179
Lashio	Mar 21, 2019	75	106	82	99	181
Kengtung	Mar 23, 2019	177	159	133	203	336
						<b>1,017</b>

#### IV. Program

Formal public consultations were conducted according to the following format.

- Opening Speech from the Parliament/State/Region Government representative
  - Naypyitaw: H.E. U Tun Tun Hein, Deputy Speaker, Pyi Htaung Su Hluttaw
  - Ayeyarwady: H.E. U Hla Moe Aung, Chief Minister
  - Shan (South): H.E. Dr. Aung Than Maung, Ethnic Affairs Minister
  - Shan (North): U Kyaw Thu Zaw, Deputy State Director, General Administration Department
  - Shan (East): H.E. U Arr Bay La, Ethnic Affairs Minister (Ah Khar)
- Welcome remarks from the Senior Management of MSWRR
  - H.E. Dr. Win Myat Aye, Union Minister
  - Dr. San San Aye, Director General, DSW
  - Daw Yupa Mya, Deputy Director General, DSW
  - U Kyaw Lin Htin, Director, Social Protection, DSW
- Presentation on the project rationale and design by DSW (Annex – 2)
  - U Kyaw Lin Htin, Director, Department of Social Welfare
  - Dr. Shein Myint, Assistant Director, Department of Social Welfare
- Presentation on the draft safeguards documents by DSW
  - Social Assessment
  - Community Participation Planning Framework
  - Environmental Code of Practices
- Questions and Answers & Discussion by the participants
- Closing Remarks

#### Closing Remarks

- Naypyitaw: H.E. U Tun Tun Hein, Deputy Speaker, Pyi Htaung Su Hluttaw
- Ayeyarwady: H.E. Dr. Hla Myat Thway, Social Minister

- Shan (South): H.E. Dr. Aung Than Maung, Ethnic Affairs Minister
- Shan (North): H.E. U Yaw Thap, Ethnic Affairs Minister (Larhu)
- Shan (Eas): H.E. U Srr Bay La, Ethnic Affairs Minister (Ah Khar)

***Documentation and Technical Support***

1. Daw Naw Tha Wah, Director, Ayeyarwady Region, DSW
2. U Tun Oo, Director, Shan State, DSW
3. Dr. Shein Myint, Assistant Director, Social Protection Division, DSW
4. Daw Cho Pyone, Assistant Director, Shan State (North), DSW
5. Daw Khin Khin Myint, Assistant Director, Shan State (East), DSW
6. Nang Mo Kham, Senior Health Specialist, Co-Task Team Leader, WB
7. Thiha Ko Ko, Social Development Specialist, WB, and
8. Theingie Han, Consultant, WB.

## V. Summary of Questions/Comments/Suggestions and Discussions

Questions/Comments/Suggestions	Responses
<b><i>Overall acceptance on the proposed project</i></b>	
<p>Unanimous support for the proposed project at union, regional and state level consultations.</p> <p>Regional and State Governments of Ayeyarwady and Shan very much welcomed the expansion of the MCCT in these areas and pledged their commitment to play a strong role in oversight and coordination of the MCCT program.</p> <p>Briefing at union level Hluttaw welcomed the proposed expansion of MCCT to Shan and Ayeyarwady using IDA loans. If more resources like IDA concessional loans are available, the program should be expanded to the whole country.</p>	<p>Grateful for the overwhelming support and commitment by state and region government and members of parliament for the successful implementation of the project. DSW, through the design of the oversight and coordination mechanisms in the project, will ensure effective participation of and communication with these actors throughout the project implementation.</p>
<b><i>Consultations and Approach taken to safeguard the social and environmental aspects</i></b>	
<p>Systematic and consultative approach the DSW has taken in identifying the needs and barriers for accessing services through social assessment on the ground, designing measures to enhance community participation based on SA findings, and protecting the environment through environmental codes of practice to be followed in the project implementation – these are all good practices and according to international standards and well commended.</p> <p>Conducting public consultations not only in one location but also across all three major cities of the Shan state with big participation also is commendable for DSW's efforts to listen to voices from the wider audience.</p> <p>Social assessment methodology – sample size and types of questions – may be insufficient to say the results are fully representative of the entire Shan state and Ayeyarwady region.</p>	<p>During the project implementation, DSW will continue with the good practice and organize regular engagement with the key stakeholders – e.g., briefings at the local Hluttaw with members of parliament, quarterly and six-monthly coordination meeting at township, state/region and union level.</p> <p>Community voice will be listened to and collected through various channels: grievance response mechanism, ICT tools (text messaging, viber, call center), post distribution monitoring visits, etc.</p> <p>Social Assessment is not intended to be fully representative but to provide a quick snap shot of the (likely) barriers to the people from accessing project benefits. As the project begins implementation, a more detailed community participation plan will be developed at the township level, which will allow a tailored approach in identifying and addressing the vulnerabilities and barriers specific to each location.</p>

Questions/Comments/Suggestions	Responses
<b><i>Prioritization of state and region for MCCT roll out</i></b>	
<p>Prioritizing the states and regions based on the concrete and most up to date data on nutritional status (DHS) is rational. However, MCCT should also be expanded to the remaining states and regions without much delay given the importance of early investment in first 1,000 days.</p>	<p>MSWRR is working its best to mobilize more funds from the government own budget to expand to the rest of the country. As proportion of GDP, Myanmar government spending on social protection is still very low compared to other countries in the region. Since MCCT is a longer-term investment and government policy is to provide universally for every pregnant woman and their children under 2 years of age, the commitment cannot be made lightly and quickly. Currently, MCCT program is being implemented in Chin and Rakhine states, Naga region, Kayin and Kayah states. In FY 2019/20, it will be expanded to Shan state and Ayeyarwady region with IDA financing. In FY 2020/21, MSWRR aims to seek budget from GoM to expand to Kachin state and Sagaing region.</p>
<p>Given the immense burden of stunting in Shan and Ayeyarwady, state and regional government and MPs are very glad that the union government is prioritizing MCCT expansion to their areas. Shan not only has challenge of stunting but also of active conflicts and geographical challenges. Ayeyarwady has also significant population of ethnic Karen and lags behind in development.</p>	<p>MSWRR and government policy of universal benefits (as outlined in Myanmar Sustainable Development Plan) is to promote unity, inclusion and social cohesion.</p>
<p>Even if the expansion to remaining states and regions cannot be carried out fully statewide/ regionwide, DSW should consider expanding to parts of the states/regions in a phased approach.</p>	
<p>Shouldn't targeting approach be used so that pregnant women and children from the poor households all over the country can be supported with cash transfers, instead of universality?</p>	



Questions/Comments/Suggestions	Responses
<b><i>Eligibility and Conditionalities for project benefits</i></b>	
<p>Would the project require beneficiaries to have a valid national ID? Would all pregnant women receive benefit or would the project benefits be provided to selective mothers?</p>	<p>The program does not require a valid national ID for the beneficiaries. As long as a woman is pregnant, she is included in the program. The only documentary evidence she will need to present to be enrolled into the program is a MCH handbook (during pregnancy for antenatal care), and following the birth of her child, a birth registration record and an immunization card (during the first two years of life).</p>
<p>Why should cash transfers be given to all pregnant women, since some are from well-off households and do not need the cash? The program would make savings and can be expanded to other areas if it would target only pregnant women and under 2 years old from the poor households.</p>	<p>MCCT program is based on “universality” principle and EVERY pregnant mother is eligible for receiving support. This is also in support of unity and social cohesion in a community. It is possible that some mothers from well-off households may opt out of receiving cash transfers.</p>
<p>Which pregnant women will be eligible, starting when?</p>	<p>Women who are pregnant on and after October 1, 2019 will be enrolled and registered into the program.</p>
<p>In order for the MCCT program to be effective in achieving the improved nutrition, there should be clear expectations and responsibilities for the beneficiaries, such as regular antenatal care during pregnancy, birth registration of the child, and immunization of the child according to prescribed schedule.</p>	<p>DSW agrees on setting clear responsibilities and expectations from the beneficiaries. At the same time, the program does not intend to discriminate or leave the women out due to circumstances that are beyond their control. Starting off, the program will enroll all women who are pregnant (this evidence will be in the form of MCH booklet issued by MoHS staff or a document issued by other health providers that is acceptable in technical perspective by MoHS) and once enrolled, these pregnant women will have to participate regularly in the monthly group sessions (COSS). After birth, in areas controlled by government and where the supply side is ready, birth registration and regular immunization will be requirements for continuing to receive project benefits. Flexibility in the requirements (or waiver) may be considered in areas of conflict and areas not controlled by government (thus no assurance on supply side).</p>

Questions/Comments/Suggestions	Responses
<b><i>Beneficiary identification and enrollment</i></b>	
<p>The program should not rely solely on the GAD data for identification of project beneficiaries as there often is discrepancy between the population data in GAD records and the situation on the ground. This is especially more important in conflict areas, where data from local CSOs, intermediaries, and religious leaders would be more reliable.</p>	<p>Noted and incorporated into design and operations manual.</p>
<p>In self-administered areas where GAD reach is limited, there could also be some missing groups of population who are not on the official data – e.g., migrant workers. In Meng Yang township where the fighting is happening between two EAOs, there is a whole village which has been displaced as they run from being recruited as fighters.</p>	
<p>MPs together with relevant CSOs should be involved in beneficiary registration/ enrollment.</p>	
<p>For pregnant women in temporary IDP camps (e.g., monasteries in Lashio, Kyaukme) who get enrolled into the program but who later need to move back to their original locations or somewhere else, would the program be able to continue to provide support to them? This needs to be anticipated and included in the plan.</p>	<p>Beneficiary database system will assign a unique program ID and operations manual will outline detailed steps for handling cases like this – when and how to inform the program of the move, referral to the appropriate township DSW and community volunteers to which the woman is moving back, updating the beneficiary data (location), etc. This assumes that the women are moving within the locations where MCCT program already exists.</p>
<p>To avoid false claim and enrollment into the program, DSW should consider enrolling only pregnant women when they are in their 5<sup>th</sup> month of pregnancy, and for children only when there is a birth registration to verify they are truly under 2 years of age.</p>	
<b><i>Sustainability of the project and its benefits</i></b>	
<p>Need to consider from the outset the sustainability issue. What will happen after the WB financing ends? And why does the co-financing</p>	<p>MCCT program is one of the flagship programs for MSWRR and therefore it is not a donor-driven project but part of the government overall program. As such, though the MCCT program will be expanded to Shan and Ayeyarwady initially with WB financing to</p>

Questions/Comments/Suggestions	Responses
<p>arrangement propose that in year 4, GoM will be fully financing the cash transfers, instead of still having WB cofinancing – is that something required by the WB?</p> <p>Has the DSW anticipated and included the resource needs and operational costs for this expansion in the FY 2019/20 budget proposal?</p> <p>Union government should look for ways to increase spending on social protection (creative budgeting) and revise the budget allocation ratio across different priorities or sectors (MP)</p>	<p>reduce the sharp increase (burden) on the government budget, the government intends to continue it afterwards. The same is true of the MCCT program in Chin, where LIFT financed grant funds for first 2 years of the project and government is sustaining it afterwards. In Ayeyarwady Region and Shan State, government and WB will co-finance from the beginning and by year 4 of project, it is estimated that government will fully cover the cash transfers. This is the intention of the MSWRR to ensure sustainability of the project and not a requirement by WB.</p>
<p><b><i>Community Volunteers/ Social Support</i></b></p> <p>Community volunteers should be selected and trained carefully from the local communities. Their selection should be transparent and fair. Way of communication is crucial for avoiding misunderstanding. Their TOR – including ethnics and code of conduct – needs to be carefully developed. Proper training and supervision is also important.</p> <p>Early childhood is defined as first 1,000 days. Current early childhood care includes medical care, and nutrition support (like in this project). In addition, social care and support is very much needed. For example, some pregnant women already have two young children and their husbands are manual laborers or seasonal workers with financial and social problems.</p>	<p>The community volunteers are indeed critical at the grassroots level program implementation. Their TOR will be developed based on good practices and lessons learned from other programs, findings from social assessment, and with feedbacks from relevant stakeholders. Project Operations Manual will include the TOR and standard operating procedures/manuals for volunteers will also be developed.</p> <p>The volunteers are responsible for the data collection, awareness raising, organizing monthly group sessions, and collaboration with grassroots actors from related sectors such as midwives, village administrators, school teachers, religious leaders, etc. Their work will be supervised by township DSW staff and village tract social protection committee will also support the volunteers.</p>
<p><b><i>Collaboration with Ministry of Health and Sports</i></b></p> <p>Since the purpose of the cash transfers is to improve nutrition in first 1,000 days of life, role of MoHS is very important. For pregnant women to be tested early for pregnancy and get full antenatal care, get institutional delivery, register births, and for their children to get full immunization according to schedule and get adequate growth monitoring and promotion, supply side readiness on MoHS side and strong collaboration</p>	<p>DSW is already collaborating with Dept. of Public Health under MoHS in the MCCT program in Chin, Rakhine and Naga in terms of MoHS staff providing MCH booklet and antenatal care and nutrition education to the pregnant women (as part of their routine service delivery) and helping to inform the women of the MCCT program. This collaboration will continue in the proposed project. In addition, in Shan and Ayeyarwady, monthly meetings (for community outreach and social support) will be organized not only to raise</p>

Questions/Comments/Suggestions	Responses
<p>between DSW township level staff with MoHS township and basic health staff are critical. What would be the role of MoHS providers and how would the MCCT program work with MoHS?</p> <p>Not all locations have actively functioning health facilities and providers from MoHS, e.g., conflict areas and very hard to reach areas in Shan state. How would it be considered for the pregnant women and children in the areas?</p> <p>There may also be a need for enhancing the skills and practices of midwives (example given in Shan) to model a positive behavior in terms of good nutrition during their own pregnancy and after child birth. If the midwives themselves are avoiding eating diverse diet, their credibility with the pregnant women when they provide nutrition education is weakened.</p> <p>Good coordination with relevant health and education departments at the township level should be established.</p>	<p>awareness about the MCCT program but also to provide health and nutrition information and social support to the pregnant women, lactating mothers, and the influential family members (husbands, mothers, in-laws). Basic health staff from the nearest health facility will be invited and supported to provide technical health education/information on antenatal care, infant and young child feeding, birth spacing, immunization, etc. Good practice and lessons learned from “Mothers’ Group” or other peer group models successfully implemented by DSW, MoHS and partners. Moreover, the community volunteers at the village level will be selected and trained to do program mobilization, organize monthly sessions, facilitate and support contacts between basic health staff/health providers and pregnant women and their under 2 years old, and enable them to apply the knowledge gained by helping to provide social support and address the traditional taboos or cultural norms that inhibit the adoption of proper nutrition.</p> <p>There are midwives at grassroots levels in Ayeyarwady. They can support the MCCT program from the supply side. Before, child mortality was mostly related to diarrhoea. Later, the trend changed, and mortality increases in infants with low birth weight and pre-term. Most of the pregnant women do not have good nutritional status as they give priority to husbands or children. Therefore, making sure these pregnant women have good nutrition would reduce low birth rate and pre-term babies. Basic health staff are ready to support and collaborate as needed.</p> <p>In Shan state, MMR and IMR has been going down. However, of the remaining IMR, main contributors are neonatal mortality and still birth. These are primarily caused by low birth weight and preterm delivery, which in turn is highly associated with maternal nutrition. Solving this problem cannot be done alone by MoHS as it is multifactorial – knowledge, access to health services and</p>

Questions/Comments/Suggestions	Responses
<p>Any linkage of MCCT program with the Multi-Sectoral Plan of Action for Nutrition (MS-NPAN)?</p>	<p>affordability of nutritious foods, safe water and hygiene, etc. Recent micronutrient survey also found that Shan state is below the national average and needs improvement. Shan state health department has already informed the township medical officers and basic health staff in Shan state about this MCCT program and to collaborate with DSW in implementing MCCT program in order to reduce preventable maternal and child deaths.</p> <p>MCCT program is a demand side intervention by MSWRR, as part of the four ministries' contribution to improve nutritional status in Myanmar under the MS-NPAN.</p>
<p><b><i>Collaboration with CSOs and NGOs</i></b></p> <p>Involving and collaborating with CSOs in the program implementation is very important for several reasons: reaching the poor and vulnerable, people living in hard-to-reach areas, people living in conflict areas where trust still needs to be built, people who don't speak Bamar language, etc. CSOs can bridge between DSW and the people who really need the benefits from the program. Not everything needs to be directly implemented by the government and local CSOs with mandates for charity and helping people should be utilized and collaborated with - for example in informing people of the program, making sure no pregnant woman is left behind, monitoring benefits are reaching intended beneficiaries fully, providing feedbacks.</p> <p>In Shan state, the ethnic affairs minister in charge of NGOs/CSOs has a full list of organizations operating in Shan state and will share the information with DSW so that these actors can be engaged.</p> <p>In self-administered areas in Shan, the administration is by their own local authorities. There are organizations (local and/or international) that are already operating in these areas and the program needs to collaborate with them.</p>	

Questions/Comments/Suggestions	Responses
<p>Helen Keller (INGO) have given seeds and training to households and conducted surveys in their project townships in Ayeyarwady concerning food diversity and is happy to share the reports with DSW.</p>	
<p><b><i>Coordination with local members of parliament</i></b></p>	
<p>Local MPs should be involved in the awareness raising, program mobilization and coordination events or meetings at the township and community level. MPs are closer to the people in the community and have a communication network or base through which they can spread the program information, ensure no one is left behind, monitor any wrongdoings, get community feedbacks, etc.</p>	<p>Noted and reflected in the project design – from coordination and oversight to implementation.</p>
<p>In the township level committees, MPs and local organizations should be officially included for real collaboration to happen.</p>	
<p>DSW should organize briefing at local Hluttaw so that all MPs are fully informed and aware of the program and can support accordingly.</p>	
<p>Bottom up and community-based approach being proposed under this project is highly appreciated.</p>	

Questions/Comments/Suggestions	Responses
<p><b><i>Flexibility and special arrangements both during design and implementation in Shan state</i></b></p> <p>Given the complexity of the conflict, security and access issues in Shan state and since the intention is to cover the whole Shan state, the project should anticipate and accommodate special requirements such as extensive and regular engagement with various local (ethnic and self-administered) authorities, ethnic armed organizations (EAOs) and key actors prior to project roll out and during the implementation. State government is willing and committed to help with these dialogues and realize the program's principle of "universality".</p> <p>Language and cultural diversity in Shan (33 ethnic groups) must also be taken into consideration in the project design and implementation.</p> <p>Out of 55 townships in Shan, 5 are not fully accessible to the government (4 Wa townships and Meng Lar township). But the state government, with leadership and commitment from ethnic affairs minister, will help build trust and relationship gradually so that the program benefits can be extended to these areas.</p> <p>More decentralized approach in the program implementation with proper delegation of resources should be done in Shan, where the situation is too fluid and complex to be controlled and managed directly by the union level.</p> <p>Program expansion to areas not directly controlled by the government should be carried out only after dialogue and agreement from the local authorities of that particular area (be it EAOs or Self-administered authority). Trust building takes time and should not be underestimated. Partnering with organizations/foundations which have trust and experience in these areas should be considered for implementation, facilitation, monitoring, etc.</p>	<p>DSW, as in the past, will seek guidance and support from Shan State Government (Chief Minister and Social Ministers) to engage and dialogue with these various local (ethnic) authorities and ethnic organizations. As part of the public consultations in Shan (north), DSW plans to meet with some ethnic organizations affiliated with EAOs. This engagement will not be ad-hoc events during project preparation but a regular feature during project implementation at state and/or township level.</p> <p>DSW will be mobilizing and selecting volunteers only from the local community who speaks the same language and understands the local culture. In addition, the township level staff (DSW's own staff and contracted project staff) will also be recruited locally. The communication materials used in the project for program mobilization and community outreach sessions will be translated as relevant into local languages, pictorials rather than heavy texts, and locally popular channels of communication will be utilized. Partnering with local CSOs and culture/ethnic associations, and trusted NGOs would also be key.</p> <p>The proposed program has incorporated nuanced approaches for implementation in Shan state, reflecting its various typology of administration, access and security (described under governance and implementation arrangements in the presentation).</p>



Questions/Comments/Suggestions	Responses
<p><b>Implementation capacity of DSW</b></p> <p>Strongly encourage the union government and MSWRR to increase investment to significantly and quickly expand DSW structure at the district and township levels, given the importance of having these field level offices and staff in effective and timely delivery of the program. In addition, having the functional offices and staff at district and township level – courtesy of MCCT program expansion supported by WB – will enable DSW to expand its other social protection programs in the future.</p> <p>Reliance on General Administrations Dept. (GAD) for implementation of cash transfers is not desirable, given the past experience from MCCT in other areas. GAD is also very busy and not best suited for intensive communication, coordination, facilitation and reporting required of the program. It is also not the most efficient model to do cash transfers through GAD.</p> <p>In the past, given the lack of DSW structures and staff at the township level, communication and advocacy on its programs was very weak. E.g., not many people know about Mothers’ Group. Not all MPs know about nationwide social pension program.</p> <p>Township level must have DSW office and staff before the cash transfers are initiated.</p>	<p>DSW acknowledged that there is a real need on the ground for establishing township and district level offices and staff. With WB support, several offices in Shan and Ayeyarwady will be established and project will support building of the offices on lands that are already under the ownership of MSWRR with no ownership dispute or resettlement issues (no land acquisition). DSW appreciates the support of the state/region governments and members of parliament in establishing DSW offices.</p> <p>Based on lessons learned from MCCT in other areas, going forward, DSW/MSWRR’s policy is to utilize e-payments for cash transfers. In Shan and Ayeyarwady, DSW will contract a payment agency (competitive selection) which will be responsible for paying out the cash to the beneficiaries using various e-payment modalities. In places where no e-payment option exists for the time being, the payment agent will organize paying the cash in person.</p> <p>While not responsible for cash transfers, GAD colleagues will still play an important role given their strong administrative presence down to the community level. For example, mobilizing and informing the community about the program, supporting the village committees and volunteers, participating and coordinating with various stakeholders in social protection committees at various levels, etc.</p>
<p><b>Monitoring and Evaluation</b></p> <p>Very important to measure the results – outcomes or impacts – of the project to see whether the cash transfers actually benefit the women and children and bring intended benefits in terms of improved nutrition and uptake of health care/nutrition services.</p> <p>Any results from the existing MCCT program in Chin, Naga and Rakhine that show improvement in the nutritional status of beneficiaries?</p>	<p>DSW will be putting in a strong M&amp;E system, based on lessons learned from MCCT program in Chin, Rakhine and Naga as well as leveraging the ICT advances. The MIS system will be developed and strengthened not only for this project in Shan and Ayeyarwady, but also for the national MCCT program. Beneficiary feedbacks, Post distribution monitoring, annual surveys, mid and end line evaluation etc. will be carried out under the project.</p> <p>In Chin MCCT program, evaluation is ongoing now and results are not available yet. However, in other smaller pilots implemented by NGO</p>

Questions/Comments/Suggestions	Responses
<p>How does the project ensure that the cash won't be misused for gambling or drinking alcohol?</p> <p>From experience of small pilot MCCT by NGOs, the concerns of misuse of cash for gambling or alcohol have not been proven true. In Chin and Rakhine, the beneficiaries who received the fund are asked after getting the cash on how they used it. Given that they are less aware of good nutrition, they used the cash for formula milk but there is no finding of misuse in gambling and alcohol. Therefore, the concerns mentioned in the social assessment should be revised accordingly in order not to give the wrong impression.</p>	<p>partners, there has been evidences on increase in the number of ANC visits and diet diversity among the beneficiaries.</p> <p>Thanks for sharing the experience from the pilot projects. Currently DSW is conducting evaluation on Chin MCCT program to answer these questions. The concerns about misuse of cash (mentioned in the presentation) are from social assessment, which just noted the possibility of such a misuse voiced by a few interviewees; it is not saying that such misuse has happened.</p> <p>In Rakhine, having cash transfer has increased the use of ANC services (MP from Rathaetaung township who is directly involving in the MCCT and social pension programs). There were cases where GAD took a cut to cover their transportation costs. Another significant challenge is in securing birth registration since only TMO level is allowed to issue it and TMO is frequently away from the hospital for official travels. The Station Medical Officer who is in fact closer to the women and more easily available are not allowed to issue birth registration. Supply side readiness is really important and challenging. Midwives should have sufficient funds to travel to villages to provide services.</p>
<p><b>General Comments</b></p> <ul style="list-style-type: none"> <li>• Sufficient budget for transportation should be included as it is costly and difficult to travel in many parts of Shan and Ayeyarwady.</li> <li>• Since poverty is prevalent for the households with the most vulnerability for poor nutrition, there is a possibility that the cash may be used to solve other immediate and urgent problems (e.g., repaying the loan, paying for medicines, school). As alternative to cash, nutritious goods or foods should be provided directly to the women.</li> <li>• Current level of support to the vulnerable children (e.g., in IDP camps, disaster affected areas, monastic schools, orphanages, etc.) is very low and ineffective.</li> <li>• What about the pregnant women and their under 2 years old children in the prisons? DSW should consider supporting them as well, perhaps not strictly in the form of MCCT program given their incarceration.</li> <li>• Support to children in orphanages and education/awareness raising of caregivers in orphanages is also an area needing attention.</li> </ul>	

