



Initial Poverty and Social Assessment

Project Number: 42155
June 2008

MON: Reducing Persistent Chronic Malnutrition in Mongolia

An initial poverty and social assessment (IPSA) is prepared in the early stage of the project cycle to assess the significance of social issues for a project. In accordance with ADB's public communications policy (PCP, 2005), the IPSA is disclosed upon completion. The final summary social assessment is included as an appendix to the project's report and recommendation of the President.

Asian Development Bank

INITIAL POVERTY AND SOCIAL ANALYSIS

Country/Project Title:	Reducing Persistent Chronic Malnutrition in Children in Mongolia		
Lending/Financing Modality:	Project/Sector/Multitranches Financing Facility /Policy-Based, others (please specify): JFPR	Department/ Division:	EARD/EASS

I. POVERTY ISSUES

A. Linkages to the National Poverty Reduction Strategy and Country Partnership Strategy

1. Based on the country poverty assessment, the country partnership strategy and the sector analysis describe how the project would directly or indirectly contribute to poverty reduction and how it is linked to the poverty reduction strategy of the partner country.

Despite gains in Mongolia's gross domestic product (GDP), the proportion of people below the poverty threshold was still 36% nationwide in 2002. The links between pervasive poverty and under-nutrition are reflected in the persistence of chronic malnutrition among children (stunting¹), especially in rural areas. Under-nutrition and poverty are intertwined and long-term solutions to eradicate poverty and under-nutrition must be linked. Improved nutrition contributes directly to 6 out of 8 MDGs, including reducing the poverty level. The CSP update for Mongolia (2007-2009) confirmed the overall directions of the CSP and its priority focus on poverty reduction and MDGs. The health road map of the CSP (2009 – 2013), in preparation, identifies persistent chronic malnutrition among children and disparities in nutritional status between urban and rural areas has important issues in Mongolia.

B. Targeting Classification

1. Select the targeting classification of the project:

General Intervention Individual or Household (TI-H); Geographic (TI-G); Non-Income MDGs (TI-M1, M2, etc.)

2. Explain the basis for the targeting classification:

C. Poverty Analysis

1. If the project is classified as TI-H, or if it is policy-based, what type of poverty impact analysis is needed? N/A

2. What resources are allocated in the PPTA/due diligence? N/A

3. If GI, is there any opportunity for pro-poor design (e.g., social inclusion subcomponents, cross subsidy, pro-poor governance, and pro-poor growth)? N/A

II. SOCIAL DEVELOPMENT ISSUES

A. Initial Social Analysis

Based on existing information:

1. Who are the potential primary beneficiaries of the project? How do the poor and the socially excluded benefit from the project? Women (pregnant and lactating) and children under five in project areas are the primary beneficiaries. Project areas will include rural and peri-urban areas where most of the Mongolian disadvantaged reside.

2. What are the potential needs of beneficiaries in relation to the proposed project?

3. What are the potential constraints in accessing the proposed benefits and services, and how will the project address them?

B. Consultation and Participation

1. Indicate the potential initial stakeholders. Ministry of Health (nutrition center), local government in project areas, Unicef, health workers from family group practices and soum health centers, food importers, NGO active in the area of nutrition (Action Contre la Faim), and selected mothers.

2. What type of consultation and participation (C&P) is required during the PPTA or project processing (e.g., workshops, community mobilization, involvement of nongovernment organizations and community-based organizations, etc.)? MOH setup a multisectoral working group to prepare the project since January 2008. In April 2008, consultation meetings with MOH and key stakeholders (FAO, WHO, Unicef, universities, NGO) were held to discuss the proposed project. Focus group discussions with potential beneficiaries and key informant interviews will take place during further project processing. A workshop with all major stakeholders will confirm the project design.

¹ Stunting (low height for age) is a sign of chronic malnutrition

3. What level of participation is envisaged for project design?
 Information sharing Consultation Collaborative decision making Empowerment

4. Will a C&P plan be prepared? Yes No Please explain.

C. Gender and Development

1. What are the key gender issues in the sector/subsector that are likely to be relevant to this project/program?
 - Women (pregnant and lactating) and children will be the primary beneficiaries of this project, but in itself this does not constitute an issue
 - The project will address stunting in children. The Third National Nutrition Survey (2004) indicates that stunting prevalence among 6-59 months old boys is 1.35 times higher than among girls, indicating a gender difference in malnutrition prevalence. This could be the consequence of genetic or biological factors. This factor will be further explored during project design.
2. Does the proposed project/program have the potential to promote gender equality and/or women's empowerment by improving women's access to and use of opportunities, services, resources, assets, and participation in decision making?
 Yes No Please explain. Women are prime beneficiaries. As much as possible the approaches tested under the project will promote women involvement.
3. Could the proposed project have an adverse impact on women and/or girls or to widen gender inequality?
 Yes No Women are prime beneficiaries

III. SOCIAL SAFEGUARD ISSUES AND OTHER SOCIAL RISKS

Issue	Nature of Social Issue	Significant/Limited/ No Impact/Not Known	Plan or Other Action Required
Involuntary Resettlement	N/A		<input type="checkbox"/> Full Plan <input type="checkbox"/> Short Plan <input type="checkbox"/> Resettlement Framework <input checked="" type="checkbox"/> No Action <input type="checkbox"/> Uncertain
Indigenous Peoples	N/A		<input type="checkbox"/> Plan <input type="checkbox"/> Other Action <input type="checkbox"/> Indigenous Peoples Framework <input checked="" type="checkbox"/> No Action <input type="checkbox"/> Uncertain
Labor <input type="checkbox"/> Employment Opportunities <input type="checkbox"/> Labor Retrenchment <input type="checkbox"/> Core Labor Standards	N/A		<input type="checkbox"/> Plan <input type="checkbox"/> Other Action <input checked="" type="checkbox"/> No Action <input type="checkbox"/> Uncertain
Affordability	Micronutrients will either be supplemented or supplied through fortification. Micronutrient supplementation should be commensurate to people's ability to pay.	Project will stimulate a policy dialogue with Government on financing of micronutrient supplementation	<input type="checkbox"/> Action <input type="checkbox"/> No Action <input type="checkbox"/> Uncertain
Other Risks and/or Vulnerabilities <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Human Trafficking <input type="checkbox"/> Others (conflict, political instability, etc.), please specify	N/A		<input type="checkbox"/> Plan <input type="checkbox"/> Other Action <input checked="" type="checkbox"/> No Action <input type="checkbox"/> Uncertain

IV. PPTA/DUE DILIGENCE RESOURCE REQUIREMENT

1. Do the TOR for the PPTA (or other due diligence) include poverty, social and gender analysis and the relevant specialist/s?
 Yes No If no, please explain why. No PPTA
2. Are resources (consultants, survey budget, and workshop) allocated for conducting poverty, social and/or gender analysis, and C&P during the PPTA/due diligence? Yes No If no, please explain why. No PPTA