



Concept Environmental and Social Review Summary

Concept Stage

(ESRS Concept Stage)

Date Prepared/Updated: 01/07/2021 | Report No: ESRSC01806



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Vietnam	EAST ASIA AND PACIFIC	P174401	
Project Name	JSDF - Strengthening Preparedness and Response to COVID-19 at the Grassroots level in Vietnam		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing		3/15/2021
Borrower(s)	Implementing Agency(ies)		
Institute for Social Development Studies	Institute for Social Development Studies		

Proposed Development Objective

The development objective is to strengthen the capacities of communities, including the community leaders, health and other sectors and civil society organizations, and vulnerable populations in their preparedness and response to the COVID-19 pandemic as well as for other health emergencies in the project’s provinces.

Financing (in USD Million)	Amount
Total Project Cost	2.85

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

No

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

This is a JSDF-financed USD 3.0 million small RETF Covid-19 response operation involving local level coordination, public risk communications, and piloting volunteer networks to support vulnerable groups to report and seek help with Covid-19. There will be minor physical work, including establishment of partitions, equipping a separated basin, painting walls and minor fixing room, to establish a separated examination room for suspected COVID-19 and infectious diseases patients within the Commune Health Stations. The development objective is to strengthen the



capacities of communities, including the community leaders, health and other sectors and civil society organizations, and vulnerable populations in their preparedness and response to the COVID-19 pandemic as well as for other health emergencies in the project's provinces. The high objectives to which the project contributes is to improve and protect the health of the vulnerable and hard to reach populations in Vietnam and to reduce the risks of disease spreading within the country and to others. The Project was not included in the World Bank Group's Country Partnership Framework for Vietnam (2018–2022) or the Performance and Learning Review, however COVID-19 pandemic highlights the need to strengthen pandemic preparedness and response for Vietnam.

The proposed project has four main components

Component 1. Building capacities at the grassroots level in preparedness and response to COVID-19 and other health emergencies (US\$879,472)

There are 2 sub-components as below:

- **Sub-component 1.1. Improving inter-sectorial coordination capacity (US\$ 237,132).** This sub-component will support the following activities: (i) development of a Community Action Plan to prepare and respond to COVID-19 and other health emergencies. The Plan will be developed through community participatory methods and in consultation with local Government authorities and health authorities at various levels. The Plan will be widely disseminated to the stakeholders at different levels; (ii) training of front-line workers at the commune level on how to operate community and home quarantine and isolation during the epidemics; and (iii) development and implementation of simulation exercises for response with different epidemic/pandemic levels/scenarios.

- **Sub-component 1.2. Strengthening Commune Health Station's capacities in preparing and responding to COVID-19 and other epidemics (US\$642,340).** (i) strengthening the capacity of CHSs, commune and village health workers in preventing and controlling infection at health facilities, (ii) ensuring the continuity of essential health care services provision to commune's people during the pandemic (this will support CHSs to develop a Manual in continuity of essential health service provision, train health staff on this Manual and adaptation of the Manual at each CHS), and (iii) providing equipment, minor repairs and upgrades of the facilities, as well as essential personal protection equipment to CHSs to establish triage arrangement and/or a separate consultation rooms for suspected patients with COVID-19 or other infectious diseases while still maintaining the provision of essential health care services to other patients or community's individuals; and (iv) building capacities of grassroots health staff working at CHSs and village health workers in early detection and reporting, epidemiological surveillance and contact tracing, testing and referral for patients with suspected COVID-19 infection and other health emergencies.

Component 2. Raising awareness and knowledge towards changing attitudes and behavior of the community through risk communication (US\$648,676)

There are two sub-components as below:

- **Sub-component 2.1. Improving risk communication capacity for front-line workers (US\$226,726)**

This sub-component will support the review, development, printing and dissemination of communication products, and training of trainers for health workers and community level workers on risk communication in the project's communes and other localities in the project's provinces.

- **Sub-component 2.2. Implementing communication activities and initiatives in the community (US\$421,950).** This sub-component will finance communication outreach activities at the community level. Community innovations, such as children drawing contests, community games, application of social media, etc. will also be implemented to improve community participation and engagement. Communication equipment, including loudspeakers, TV, radio, etc. will be provided to project communes.

Component 3. Developing and piloting models to support the most vulnerable groups in the preparedness and response to COVID-19 (US\$529,379)



This Component will support the development and piloting of three to four models to support different vulnerable groups in selected Provinces. Intervention models will be for elderly people in the cities, ethnic minorities in Long An province, informal workers in Long An and Khanh Hoa provinces, and HIV-related vulnerable populations, including people living with HIV/AIDS (PLHIV), people who use drugs and female sex workers, in Vinh Phuc province. Main activities include: (i) the establishment of the community volunteers' networks. ISDS PMT together with PPMU will organize introductory and consultation meetings with potential enthusiastic group's volunteers, provide them with brief introduction of the project and expected scope of work of a volunteer, and recruit those who are willing to contribute their efforts to support the most affected, vulnerable individuals in their groups. The work of networks' volunteers include the following activities: (ii) communication on signs and symptoms of COVID-19 and its impact on health, livelihood and mitigation measures carried out by volunteer networks; (iii) guidance for disease preventions, government-required health reporting and declaration; (iv) providing psychological support, raising their awareness on fundamental development issues such as gender equality, prevention of domestic violence and providing in-kind supports such as PPE, food, medication, etc. to support these hard-to-reach and vulnerable people in preparing, responding to and mitigating the impacts of COVID-19.

Component 4. Project Management and Administration, Monitoring and Evaluation, and Knowledge Dissemination (US\$692,473)

Sub-component 4.1. Project management and administration (US\$358,848)

This sub-component includes the following activities: i) establishing a project management team, ii) forming advisory boards at central, provincial and district levels, iii) establishing project management units at provincial level; iv) developing a project operation manual (POM) based on regulations and guidelines of the WB; v) organizing training on POM for local partners; vi) daily project financial and implementation management; and (vii) launching and closing workshops. ISDS's PMT include assigned staff from ISDS, including a Project Director, a Chief Accountant, an Accountant and an Administration Officer and is supplemented by a team of long-term consultants, including: a Chief Technical Advisor, a Senior Monitoring and Evaluation Coordinator, a Planning and Procurement Specialist and a Social inclusion, Safeguard Specialist. For several project activities implementation, ISDS's PMT will recruit short-term consultants with diverse expertise (public health, communication, social work, coordination, etc.) to support PMT and PPMU to carry out the tasks.

Sub-component 4.2. Participatory Monitoring and Evaluation (US\$283,162). This subcomponent finances the following activities: (a) a baseline survey, (b) monitoring and technical assistant trips, (c) mid-term evaluation and (d) end-line survey

Sub-component 4.3. Knowledge sharing and dissemination (US\$50,463). This sub-component finances the following activities: (i) a mid-term lesson learned sharing workshop; (ii) dissemination workshop; and (iii) establishment of an open, online knowledge sharing and dissemination hub

D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]



The project will take place in around 12 communes in 3 selected high-risk provinces (in terms of vulnerability to COVID19), with variations in their socio-economic situations, in both rural and urban areas. The proposed project provinces are Vinh Phuc province in the North, Khanh Hoa province in the Central Coast, and Long An province from the Mekong Delta Region. Khanh Hoa is a coastal province in the south central, with the area of 5,217.6 km². It has a population of 1.3 million people. The per capital GDP is 1,495 USD. The province covers the mainland area and more than 200 islands. Ethnic minority (EM) groups represent 5.7% of the province’s population and include Raglay, Ede, Nung, Cham, Tay, Thai, Hre, and Gia Rai. The main revenues come from agriculture, forestry and fishery (9.81%); industry and construction (31.06%); services (47.4%) and taxes (11.73%). Khanh Hoa has 140 communes, 98% of which have a CHS. Of the 140 CHSs, 86% meet the national benchmarks, 91% have a physician, and 95% have a midwife or obstetric assistant . Long An province is the gateway of the Southern Key Economic Zone. In addition, Long An has nearly 133km of the border with Cambodia. The population of Long An is approximately 1.7 million, of which only 16% live in urban areas. There are about 3,000 ethnic people living in Long An, and among them most are Hoa and Khmer. Long An's economy is dominated by industry, which accounts for more than half of the province's GDP . Having 16 industrial parks and 19 industrial clusters, Long An attracts hundreds of thousands of both formal workers, who work in the industrial zones, and informal immigrants who earn their living in the streets as traders (136,000). Vinh Phuc is a neighboring province of Hanoi, located in the Red River Delta. Vinh Phuc has a population of about 1.15 million, of which urban and rural populations make up 26% and 74% the population, respectively. Vinh Phuc economy focuses on industrial development with most of its districts have industrial zones. Similar to many provinces with industrial parks, the province has vulnerable populations including a significant number of sex workers and drug users (around 3,000 cases under management). Vinh Phuc has some EM groups, namely Tay, Thai, San Diu, Dao and Cao Lan. However, the project activities will not take place in areas with EM groups in both Khanh Hoa and Vinh Phuc provinces.

D. 2. Borrower’s Institutional Capacity

This project will be implemented by Institute of Social Development (ISDS). Other government stakeholders that will be involved in implementation include health authorities at provincial and district level, and commune health stations. Despite having worked with diverse development partners, ISDS has never conducted a WB-funded project. Also, ISDS has no experience in the preparation and implementation of a World Bank financed project under the new Environmental and Social Framework (ESF). Its members of staff are not familiar with the concept of proportionality and adaptive management of the ESF, and Environmental and Social Standards (ESSs). However, they are a well-established local NGO, known for their strong engagement in addressing a wide range of social and public health issues. ISDS has extensive experience with hidden and vulnerable groups, who are likely the most groups impacted by COVID-19, including ethnic minorities, drug users, female sex workers, men who have sex with men and transgender, people who live with HIV and their sexual partners. ISDS can also utilize their strong networks of community-based organizations working with these groups to deliver the project’s interventions to address the needs of the vulnerable groups. Strengthening the institutional capacity of ISDS and other relevant stakeholders for ESF implementation is necessary through training and technical support from the Bank task team. Some other mitigation measures will be identified during the preparation.

II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS



A. Environmental and Social Risk Classification (ESRC)

Moderate

Environmental Risk Rating

Moderate

The project will be implemented in the rural and urban areas of 12 communes in 3 selected high-risk provinces, namely Khanh Hoa, Vinh Phuc, and Long An. The project activities primarily include the communications, training, capacity building activities for communities, including the most vulnerable populations and front-line workers in the preparedness for and response to the COVID-19 pandemic and other health emergencies. In addition, it also includes provisions of simple medical and office equipment for Commune Health Stations (CHSs) such as tables, chairs, patient beds, basin, examination bed, personal protection equipment (PPE) etc. There will be no lab equipment. It will also include the minor rehabilitation of rooms within the CHSs premises (e.g. provide additional wall/partition) to set up separate consultation rooms for suspected patients with COVID-19. The project will not finance health works in terms of management of CHSs.

The project will strengthen the capacity of communities in dealing with COVID-19 and health emergencies. On the other hand, the project may cause limited environmental risks and impacts during the minor rehabilitation of existing CHSs i.e. the generation of small amount of waste, wastewater, and workers' safety. The main environmental risks during operation would be staffs and community health and safety due to the potential exposure to infected patients and improper handling of medical waste which could include infectious pathogen. It is estimated that the amount of waste generated in each CHS is small and diverse. The medical waste from CHSs would be simple, and comprises PPEs such as gloves, masks, which may include transmissible pathogen. As the CHSs are grass roots level for epidemic preparedness and response, the probability of risk on exposure to disease at CHSs would not be as substantial as that at the designated hospitals responsible for curing infected patients. Secondly, most of the CHSs or the provincial hospitals to which the CHS are attached are equipped with health care waste management facilities established under recently closed HWMP Project (P119090) financed by the World Bank. The project itself does not bring about additional environmental risk, but rather reduce potential health risks associated with CHSs operation.

This project will be implemented by Institute of Social Development (ISDS). ISDS is a well-known local NGO for their strong engagement in addressing a wide range of social and public health issues. As the main environmental risks of the project is community and public health risks, the knowledge, experience of ISDS in health sector would be advantageous for managing the marginal project risks and impacts. However, given that ISDS did not have past experience of implementing WB-funded project, initial handholding and training by the task team should be sufficient for ISDS to follow the ESF provisions, especially since the risks and/or impacts are not significant.

Given the type, location, sensitivity, and scale of the project, the nature and magnitude of the potential environmental risks and impacts, and the capacity the implementing agencies to manage the environmental risks and impacts in a manner consistent with the ESSs, the environmental risk is assessed as Moderate.

Social Risk Rating

Moderate

The social risk rating for this operation is moderate. This is because project activities will primarily involve communications, training, capacity building, which are unlikely to result in substantial adverse impacts that would require special mitigation measures. The project activities are expected to target some ethnic minority groups, as beneficiaries, in Long An province. The project will also involve employing workers (primarily as contracted service providers for training and communication activities), and will require engagement with, and service provision to,

Public Disclosure



vulnerable socio-economic groups, such as the elderly, informal workers, migrants, ethnic minority people, and people living with HIV/AIDS. The project, if successfully implemented, is likely to result in significant positive social impacts in terms of strengthening the capacities of communities, as well as the most vulnerable populations and front-line workers, in the preparedness for and response to the COVID-19 pandemic and other health emergencies. A social assessment (SA) conducted for the project identified some social risks relating to the vulnerable groups as a result of social stigma and discrimination toward their behaviors or HIV status, their limited access to health care services, and unstable accommodation and income. The outbreak of COVID-19 or any similar health emergency events can pose a huge detrimental impact on these groups, including limited access to health services, losing jobs and income, challenges associated with maintaining social distancing while still striving to earn their income and limited access to the government’s preparedness and response interventions. Furthermore, many of them, especially those with HIV, are struggling from concurrent morbidity. As such, if they are infected with COVID-19, their health condition might get worse quickly. Most of these people can only be reached through peer-to-peer groups or community-based organizations. The social risks would only materialize if project activities were poorly implemented (e.g. if there is a lack of the capacity to address the needs of the targeted vulnerable groups; or if training and communication campaigns and activities are not delivered to the targeted ethnic minority groups in Long An province in a culturally appropriate manner). Therefore, along with environmental and social assessment, and stakeholder engagement, the environmental and social standards likely to be relevant include those on labor and working conditions, community health and safety, and indigenous people. The social risks identified for this project are predictable, and have been anticipated in the design of the components, including components 1 and 2, which focus on building the capacity of commune health stations, and commune and village health workers in preventing cross-contamination at health facilities and ensuring appropriate risk communication. Due attention will be paid to ensuring patient privacy and data security, and avoiding potential for social stigmatization and barriers to help-seeking that may be exacerbated if project activities are poorly implemented. The main issue to consider will be the institutional capacity of the borrower to ensure the activities are fully and successfully implemented to address social risks. Strengthening the institutional capacity for ESF implementation of ISDS is necessary through training, technical support from the Bank task team and additional measures that will be identified during the preparation.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The project will bring about significant positive environmental and social impacts in enhancing the capacity of grass roots health staff and communities in preparedness and response to the COVID-19 pandemic. However, it also causes limited impacts during the construction period and moderate health risks on staffs and community during the operation as described above.

The provisions under ESS1 will be developed as integral of preparatory work of activities under the project. In addition, the environmental and social considerations will be part of implementation process. The scope of the project includes the Manual for CSHs staff and relevant training activities to strengthen the capacity of CHSs and commune and village health workers in preventing the cross-contaminations (sub-component 1.2). The manual will include, but not be limited to, procedures on early detection and reporting, epidemiological surveillance, and contact tracing, testing and referral for patients with suspected COVID-19 infection. This technical manual is in fact an instrument to manage risks relating to workers and community safety. During the project implementation, the TORs



for the development of this manual will be reviewed carefully to ensure that it will take into account the national requirements, the Bank's and WHO guidelines on COVID 19. The quality assurance for the technical aspects i.e. guidance/advice at the commune level will be included the technical design and reflected in the project operation manual.

In addition, the implementing agency will prepare a simple Environmental and Social Management Plan (ESMP) to manage the environmental risks. The main element of ESMP would include: (i) an Environmental Code and Practices (ECOPs) to cover risks and impacts associated with minor rehabilitation of CHSs; and (ii) a guidelines for a Waste Management Plan (WMP) to be followed by CHSs; (iii) a Labor Management Plan (LMP). During project implementation, the CHSs will refer to the guidelines on WMP in ESMP to update/prepare their site specific WMP as needed. The ESMP will include the cost, arrangement for monitoring during project implementation period. The ESMP will be in accordance with the ESS1, WHO guidelines, the Bank and national guidelines on COVID-19 prevention and solid waste management. The ESMP will be prepared to a standard acceptable to the Bank within the first 03 months after project effectiveness.

The project's proposed approach to social assessment has been informed by an existing social assessment conducted by ISDS during project identification. The existing SA identified concerns at the community level on preparedness and response to the outbreaks of COVID 19 and other health emergencies. According to the SA, there has been a lack of general understanding and actions on pandemic preparedness, insufficient knowledge and skills of the grassroots health staff and communities as well as absence of enforcement of effective coordination mechanisms for pandemic preparedness and response, inadequacy of hygiene knowledge and practice (accentuated by effective communications being a challenge in most countries), considerable panic on the isolation and containment measures, and heterogeneity in availability of equipment, supplies and competency for detection, surveillance and implementation of the required actions. The SA highlights the necessity of applying a whole-society approach for pandemic preparedness and responses and the increasingly important roles of the grassroots health care service providers, and the frontline health staff to ensure an effective and sustainable system for pandemic preparedness, response and control. Members of the frontline health staff are seen as the indispensable forces to provide the first hand care to the communities and contribute to the early detection, surveillance and monitoring, and to provide communication and good hygiene knowledge and practices to communities, which can be critical to the overall campaign of combating, controlling ultimately the elimination of disease outbreaks. Moreover, some social risks relating to the vulnerable groups result from social stigma and discrimination toward their behaviors or HIV status , their limited access to health care services, and unstable accommodation and income. The outbreak of COVID-19 or any similar health emergency events can pose a huge detrimental impact on these groups, including limited access to health services, losing jobs and income, challenges associated with maintaining social distancing while still striving to earn their income and limited access to the government's preparedness and response interventions. Furthermore, many of them, especially those with HIV, are struggling from concurrent morbidity. As such, if they are infected with COVID-19, their health condition might get worse quickly. Other social risks are related to exclusion of poor groups and the Khmer ethnic group from the project benefits due to their limited access to COVID-19-related communication, prevention commodities and health services, elite capture by better-informed local officials, especially in rural and hard-to-reach communities, and inadequate targeting at the lower-risk social groups. Adequate management measures are integrated into design of project activities to address those risks. In particular, meaningful consultations will be conducted throughout the project cycle with the participation of representatives from the potentially excluded groups to make sure their needs and concerns will be addressed adequately. A project-level GRM will be established and advertised widely to ensure that grievances, including those from the potentially



excluded groups, as well elite capture and targeting issues can be reflected through this channel. Given the nature, type and scale of the project, it is expected that potential adverse risks to, and impacts on human populations are likely to be moderate. Thus, no further social assessment will be required beyond the SA that is already available. The Borrower will prepare an Environmental Social Commitment Plan (ESCP). The ESCP will set out the activities to be carried out during project implementation and could be adjusted during the project cycle in line with the evolution of environmental and social risk and impacts.

Areas where “Use of Borrower Framework” is being considered:

Although Vietnam has its own E&S Framework, regulations and standards applicable to the community level interventions are fragmented and insufficient. There are gaps between the environmental and social assessment regulation and practice, especially in description of the environment, level of impact analysis and mitigation measures, and public consultation and disclosure of information. In addition, there is no experience of the implementing agencies in implementing and applying ESF and its associated environmental and social standards. Therefore, there are no plans to use the Borrower’s E&S Framework within this project.

ESS10 Stakeholder Engagement and Information Disclosure

While the project will have moderate E&S impacts, the identification of, and outreach to relevant stakeholders will be important for the achievement of the development objective. Stakeholder identification and analysis was addressed in the social assessment (SA), and is important to understand how best to improve the project’s interventions, including capacity building for service providers. The key stakeholders analyzed in the SA include both project-affected parties and interested parties. The project-affected parties are the general population in the project areas, ISDS, local authorities and community leaders, health staff and frontline workers in the project provinces. The project will also benefit the vulnerable groups, who may be significantly affected by COVID-19, including the elderly, informal workers, migrants, ethnic minority people, and people living with HIV/AIDS. Other interested parties include the organizations interested in strengthening capacities of communities in preparedness for and response to the COVID-19 pandemic and other health emergencies, including the Ministry of Health, socio-economic organizations (women’s unions, farmer’s unions, etc.), grassroots health clinics, public health divisions of universities/ institutions, and local NGOs involved in public health and health emergency issues.

ISDS will establish a structured approach to engagement with stakeholders that is based upon meaningful consultation and disclosure of appropriate information, taking into account the specific challenges and limitations associated with community consultations in areas affected by COVID-19. Given that a segment of the project beneficiaries in Long An Province are people from ethnic minorities, it is important to ensure that communication and training activities are conducted in a culturally appropriate manner. ISDS will provide relevant stakeholders, including the project’s potential beneficiaries, with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

A standalone stakeholder engagement plan (SEP), commensurate to the project risks, will be prepared, and key elements of it will be incorporated into the grant operational manual. The SEP will include the WHO guidance (WHO Guidance - Risk Communication and Community Engagement) to ensure provision of proper awareness raising and timely information dissemination to (i) avoid conflicts resulting from false rumors; (ii) ensure equitable access to

Public Disclosure



services for all who need it; and (iii) address issues resulting from people being kept in quarantine (even though this project will not support any quarantine facilities). The SEP will also build on other relevant WHO guidance on preventing and addressing social stigma associated with COVID-19 (to reduce social stigma and discriminatory behaviors against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus). Also, regardless of COVID-19 there would be challenges with engagement and information disclosure about vulnerable and marginal groups with HIV/AIDS, such as discrimination, stigmatization, and barriers to seeking help. The SEP will also include specific sections to ensure sensitivity to the issues of the affected Khmer people in Long An province, including culturally appropriate strategies of communication, of other vulnerable and marginal groups with HIV/AIDS. The SEP will be updated during implementation. A project-level GRM will be established to serve as a channel for project beneficiaries and other people in the project sites to raise their concerns relating to the projects, if they have any. This requirement will be included in the ESCP.

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

The activities supported by the project will be conducted by health workers, i.e. civil servants employed by the Government of Vietnam and professional consultants and contractors (hired as contracted workers). Activities these workers will engage in include early detection, epidemiological surveillance, tracing, testing, referral of communicable diseases; training activities, and simple and small civil works. The key risk is that of cross-contamination with COVID-19 and other communicable diseases from infectious patients, which may lead to illness and even death of health workers. Labor management procedures (LMP) will be developed during preparation and included as part of the project ESMP. The LMP will incorporate OHS measures, including the relevant measures specified in waste management plan, and safety requirements in accordance with the ESF and WHO guidelines. This encompasses procedures for protection of workers in relation to bio-safety and infection control precautions; provision for immediate and ongoing training on the procedures to all categories of workers, and posting of signage in all public spaces mandating hand hygiene and PPE; ensuring adequate supplies of PPE (particularly facemasks, gowns, gloves, handwashing soap and sanitizer); and overall ensuring adequate OHS protections in accordance with General EHSs and industry-specific EHSs and follow evolving international best practices in relation to protection from COVID-19. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally.

The project's LMP will also incorporate issues for the PIU and contracted workers relating to employment and working conditions. Vietnam already has in place a relatively comprehensive (and evolving) framework for labor and working conditions such as the Labor Law (2019), the Law on Occupational Health and Sanitation (2015), the Social Security Law (2014), and the Public Servants and Cadres Law (2019). Vietnam also recently ratified the ILO's Right to Organize and Collective Bargaining Convention, which comes into effect in July 2020. Taken together, these pieces of legislation reflect the principles of ESS2 on issues such as fair treatment, nondiscrimination and equal opportunities to workers, support to the rights and benefits of the workers, recognition of workers' rights to establish or join associations of workers, and prohibition on sexual harassment/forced labors/child labor (under 15).



In addition, because the project will rely primarily on the labor of public employees and ISDS’s staff, it is not expected that there will be a difference between the national regulations covering employment and working conditions and those specified under ESS2. It should be noted that the project’s LMP will also ensure a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime, via ISDS.

ESS3 Resource Efficiency and Pollution Prevention and Management

Medical waste (PPEs which may contain infected pathogen) from the community health stations (CHSs) can have a significant impact on the environment and human health if it is not managed properly. To prevent and minimize such adverse impacts, the PMU will prepare a guidelines on WMP to be followed by CHSs as part of the ESMP and a technical operation manual for CHS during project implementation. The WMP and technical operation manual will be prepared in line with the national regulations, and Bank’s and WHO’s guidance documents, best international practices relevant to COVID-19 and other transmissible diseases.

It is anticipated that a very small amount of construction materials will be used for the upgrading of CHSs for the establishment of separated consultation room. During the project implementation, resources (water, energy, construction materials) used for this will follow the standards and measures in lines with the national regulations and guidelines.

ESS4 Community Health and Safety

The medical waste from operation of CHSs is of small amount and simple but may carry infectious agent that can impact the community at large if it is improperly handled and disposed of. The operation of CHSs will thereby have to follow the WMP and technical operation manual as mentioned in ESS1 and 2. Notably, the project activities are designed to take into account health perceptions associated with COVID-19 and the other ill-health conditions that vulnerable and marginal groups may suffer from and that may be subject of broader public fear, anxiety, and stigma. Without this there is risk that project activities may increase such concerns leading to further marginalization of vulnerable groups. Given that the project will support the provision of health care services at the grassroots, project activities (e.g. developing a manual for community health stations, training of trainers etc) will integrate measures related to the prevention of Sexual Assault and Exploitation/Harrassment during project implementation. Similarly, measures to protect the personal safety, dignity and privacy of project beneficiaries and the end-users of the services supported by the project will be integrated into project activities. Finally, given that the project will support training and communication activities at the community level, standard operation procedures and guidelines will be put in place to ensure project workers do not contribute to the spread of communicable diseases such as COVID19.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

Public Disclosure



This standard is not relevant. The only works that will be financed by this project will be minor upgrades to existing community health facilities. Therefore, the project will not finance any activities that might require land acquisition, restriction on land use and involuntary resettlement.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

The standard is not relevant. The project will not finance or support any activities which could affect biodiversity or management of living natural resources.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

The project province of Long An has people from the Khmer ethnic minority group. The SA has identified their needs in relation to this project, in a participatory and culturally appropriate manner. These needs include understanding the existing barriers preventing ethnic minority people from participating in, and benefiting from the project’s activities, such as the community volunteers’ networks, communication on COVID-19 signs and symptoms and its impact on health, livelihood impacts and support measures, guidance for disease preventions, health reporting and declaration, and other information to support these hard to reach and vulnerable groups in preparing, responding to and mitigating impacts of COVID-19. In Vietnam, because of differences in culture and language, income level, access to health care services and other public social services, ethnic minority people are one of the most vulnerable groups for contracting COVID-19. In Long An province, Khmer people are vulnerable due to their limited access to COVID-19 associated communication, preventive material (face masks etc) and health services. Different needs and preferences of Khmer men and women in the project communities will therefore be considered in the design of the project’s activities, including the development of communication materials and methods, and in the organization of consultations. An engagement process with the Khmer groups in the project communities will be undertaken, including stakeholder analysis and engagement planning, disclosure of information, and meaningful consultation, in a culturally appropriate, as well as in a gender and inter-generationally inclusive manner. An EMDP will not be prepared. Specific sections focused on the affected Khmer group in Long An will be included in the SEP to ensure (a) the affected Khmer people in Long An province receive culturally appropriate social and economic benefits; (b) when there are potential adverse effects on the Khmer people in Long An province, the impacts are identified, avoided, minimized, mitigated, or compensated for. No further social assessment is anticipated, as the potential impacts on the Khmer people have already been considered as part of the SA conducted by ISDS.

ESS8 Cultural Heritage

The project activities are not expected to affect any intangible cultural heritage. In addition, the project only includes small upgrading activities within existing CHSs without any excavation. As such, it will not affect any tangible cultural heritage. Therefore, this ESF is not relevant.

ESS9 Financial Intermediaries

This standard is not relevant for project interventions.

Public Disclosure



B.3 Other Relevant Project Risks

No

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

No

The Project will not be implemented on or affect any international waterway

OP 7.60 Projects in Disputed Areas

No

The project will not be implemented in any disputed area.

III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE

A. Is a common approach being considered?

No

Financing Partners

Japan Social Development Fund

B. Proposed Measures, Actions and Timing (Borrower’s commitments)

Actions to be completed prior to Bank Board Approval:

- Final draft of Labor Management Procedure (LMP)
- Final draft of a Stakeholder Engagement Plan (SEP)
- Final draft of Environmental and Social Commitment Plan (ESCP)
- Incorporation of social issue considerations (inclusion, vulnerable people, ethnic minorities etc.) in project design

Draft ESMP will be disclosed prior to appraisal. Prior to Bank Board approval, the final draft of LMP, SEP and ESMP will be disclosed in an accessible place, in a form and language understandable to project -affected parties and other interested parties as set out in ESS10.

Possible issues to be addressed in the Borrower Environmental and Social Commitment Plan (ESCP):

- Commitment to prepare, update and implement the relevant instruments ESMP, LMP, SA and SEP per ESSs requirements
- Commitment to prepare and disclose the ESMP (including the LMP, WMP) within the first 03 months after project effectiveness
- Commitment to prepare and implement the technical operation manual in line with the national requirements and WHO guidelines
- A GRM for workers in the context of the project in line with ESS2
- A project-level GRM will be established before project implementation
- Preparation of WMP guidelines as part of ESMP within 03 months after project effectiveness

Public Disclosure



- E&S considerations included in project reporting
- Capacity building activities for ISDS staff for implementation of a WB-financed project under the ESF

IV. CONTACT POINTS

World Bank

Contact:	Huong Lan Dao	Title:	Senior Health Specialist
Telephone No:	5777+8275 / 84-243-9378275	Email:	hdao1@worldbank.org
Contact:	Anh Thuy Nguyen	Title:	Senior Operations Officer
Telephone No:	5777+7345 / 84-243-9367345	Email:	anguyen1@worldbank.org

Borrower/Client/Recipient

Borrower: Institute for Social Development Studies

Implementing Agency(ies)

Implementing Agency: Institute for Social Development Studies

V. FOR MORE INFORMATION CONTACT

The World Bank
 1818 H Street, NW
 Washington, D.C. 20433
 Telephone: (202) 473-1000
 Web: <http://www.worldbank.org/projects>

VI. APPROVAL

Task Team Leader(s): Anh Thuy Nguyen, Huong Lan Dao

Practice Manager (ENR/Social) Susan S. Shen Recommended on 07-Jan-2021 at 16:37:15 GMT-05:00

Public Disclosure