VIETNAM SOCIAL SECURITY

VIETNAM: SOCIAL SECURITY MODERNIZATION PROJECT (VSSMP)

Ethnic Minorities Planning Framework

FINAL

March 2017
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<tr>
<td>CPC</td>
<td>Commune’s People’s Committee</td>
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<td>CPMU</td>
<td>Central Provincial Management Unit</td>
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<td>DivLISA</td>
<td>Division of Labor, War Invalids and Social Affairs</td>
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<td>DoLISA</td>
<td>Department of Labor, War Invalids and Social Affairs</td>
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<td>DPC</td>
<td>District’s People’s Committee</td>
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<td>EM</td>
<td>Ethnic minorities</td>
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<td>EMDF</td>
<td>Ethnic Minority Development Framework</td>
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<td>EMDP</td>
<td>Ethnic Minority Development Plan</td>
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<td>GRM</td>
<td>Grievance Redress Mechanism</td>
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<td>HH</td>
<td>Household</td>
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<td>HI</td>
<td>Health insurance</td>
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<td>HR</td>
<td>Human resources</td>
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<td>ID</td>
<td>Identification</td>
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<td>ISS card</td>
<td>Integrated Social Security Card</td>
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<td>ISSCS</td>
<td>Integrated Social Security Card System</td>
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<td>IT</td>
<td>Information technology</td>
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<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<tr>
<td>MoLISA</td>
<td>Ministry of Labor, War Invalids and Social Affairs</td>
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<td>OP</td>
<td>Operational Policy</td>
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<td>PDO</td>
<td>Project Development Objectives</td>
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<td>PM</td>
<td>Prime Minister</td>
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<td>PPC</td>
<td>Provincial People’s Committee</td>
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<td>SA</td>
<td>Social assessment</td>
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<td>SI</td>
<td>Social insurance</td>
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<td>TA</td>
<td>Technical assistance</td>
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<td>VILG</td>
<td>Vietnam Improved Land Governance</td>
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<td>VSS</td>
<td>Vietnam Social Security</td>
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<td>VSSMP</td>
<td>Vietnam Social Security Modernization Project</td>
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<td>WB</td>
<td>World Bank</td>
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1. INTRODUCTION

1.1. Project description

1.1.1. PDO Level Results Indicators

The PDO level results indicators proposed are as follows:

- Population of VSS and MOLISA clients issued with Integrated Social Security Cards incorporating unique social security ID.
- Number/share of social insurance transactions conducted on basis of ISSC.
- Employers’ transaction time for VSS declaration, reporting, and contribution reduced.
- VSS HR Reorganization Plan endorsed and staff training program implemented as per Plan.

1.1.2. Project Components

Component 1- Supporting VSS Administrative Reform and Modernization Program Implementation

1. This component would provide advisory services and capacity strengthening to VSS to carry out administrative reform in order to simplify business processes and thus improve efficiency of service delivery. The ultimate objective of the measures supported is to reduce the compliance burden on enterprises, health facilities and individual SI participants in line with Government targets. Further simplification and re-engineering of business processes of VSS, with an emphasis on automation of processes, is a key element of their Modernization Program. This would enhance convenience and value of VSS services to participants, employers, and service providers, and increase efficiency in transaction processing and decision-making. In order to realize the operational benefits of improved business processes, the component would also support HR reforms and capacity strengthening. Finally, this component would assist VSS in preparing its systems for enhanced data exchange with other agencies, in particular MOLISA, but also other such as the Tax Agency. The component would include:

i. Business administration reform. VSS is undertaking a major reform of business processes which will continue over the coming years. The component would provide TA to help develop the future business/delivery model of VSS, through (i) identifying business needs, and gaps, inefficiencies and redundancies in current services and policies; (ii) in light of the diagnostics and good global practice, develop an action plan and roadmap for reform of business processes and the VSS delivery model. This would include strategic issues such as the balance of outsourced and in-house services, mixture of human and automated/online client services; and decisions on what levels of the VSS network should provide what elements of services; and (iii) a detailed implementation plan for executing the reform. It is clear that the delivery model of VSS will evolve rapidly in coming years in response to new ways of doing business and technological possibilities. It will be important to have business needs drive future IT development, but also for business processes to incorporate the benefits of new technologies, including e-transactions, mobile services, and cloud computing. In addition, the continued integration of the national VSS network will imply changed business demands on national and subnational levels, as well as human resource organization and skills. The ongoing e-government reforms of GoV also imply that the roles of VSS and related agencies such as GDT, MOLISA and others will evolve and create new demands for institutional coordination and data sharing.
ii. **Developing the framework for data sharing and management.** This sub-component would provide TA to support development of the institutional and legal framework for information sharing across databases and agencies (e.g. with MOLISA and GDT), and for information consolidation and management (setting standards; identifying information needs; rules, roles, and responsibilities on information updating, approval, sharing). This would include elaboration of regulations on data management and use, including which agency or third party is responsible, the responsibilities of firms and individual participants, etc. It would also include support on management of health insurance, including claims submission and processing/adjudication, as well as reporting mechanisms for VSS to providers.

iii. **Human resources reorganization and upgrading.** VSS modernization will place new demands on human resources in terms of how staff are deployed across functional lines and levels of the VSS network, and in terms of the skills needs of the organization. This sub-component would provide TA to help in optimizing organization and upgrading the skills of VSS human resources to build a professionalized staff with greater emphasis on client-centric services. This would include support for a VSS HR Development Strategy, and a program of training to ensure that staff are well equipped to execute enhanced business processes and deliver more IT-enabled services to clients.

iv. **Assessing the impacts of new delivery models for VSS.** Studies to provide assessments of the impact of business process, HR and related reforms on the efficiency of VSS services and client satisfaction.

### Component 2- Build an Integrated Social Security Card system

2. This component is to support VSS to build an integrated Social Security Card (SSC) system which will used not only by VSS, but also by MOLISA, health facilities and individual clients to promote more integrated, efficient and user friendly social protection service delivery. The expected functions of the integrated SSC would include: (i) identification of insured people and supporting utilization of health insurance services; (ii) identification management and payment of health insurance, pension and other SI short term benefits administered by VSS; and (iii) identification and payment for social assistance programs administered by MOLISA, including merit and disability beneficiaries.  

The component would include:

i. **Business requirements assessment:** Identify functional and informational needs of VSS, MOLISA, and health facilities from a Social Security Card, in order to provide inputs for designing an integrated card system and facilitate inter-operability between data systems. The information needed will include two parts: (a) identification information to ensure robust and unique identification of card holders when using social insurance, insured health services, and social assistance benefits; (b) management information to facilitate client and provider transactions.

ii. **Designing specifications for an integrated SSC system informed by global good practice.** The system design would include not only the cards (e.g. defining functionality and whether cards are simple cards, smart cards, or even cardless; whether biometrics would be incorporated for identification purposes), but also supporting infrastructure (hardware and data sharing software) to ensure their effective use (e.g., card reading machines at VSS offices, health facilities, and service providers such as VN Post).

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1 VSS has indicated that the integrated social security card which is used in Taiwan, China provides a broad model with relevance to Vietnam.
iii. Testing, production, and rollout the Social Security Card system: The component would finance card production and supporting infrastructure procurement (e.g. card readers; scanners), with the scale of coverage dependent on units costs and decisions on functionality of the cards. It is expected that the Bank financing would not support complete national roll-out of cards and supporting infrastructure (though could be supplemented by VSS/GoV funds to achieve national coverage), so that coverage may be according to the number of provinces, share of individuals issued cards, share of service providers with supporting infrastructure, or other indicators of implementation progress.

iv. Provide supporting staff training and technical assistance to ensure that the SSC system operates seamlessly with the underlying business systems of VSS and that it is sufficiently secure to avoid introducing cyber threats into VSS systems. This would include training on the VSS data model(s) which support the card information, on operation of and attaching the necessary IT infrastructure such as writers, readers and other devices to the core VSS system, and preparing for and managing with common cyber security concerns (e.g. protection against counterfeit cards).

3. In order to incentivize rollout, the component is also proposed to include a Disbursement Linked Indicator reflecting the progressive expansion of coverage of the SSC system (this could be in terms of number of cards issued, in terms of number of provinces with some threshold level of penetration, in terms of share of card service providers with operational card usage infrastructure).

Component 3: Project management

VSS is the project owner and would establish a Project Management Unit to be in charge of daily operations of the project. The project management component would include:

i. Project management and coordination activities (Procurement, Financial management, Disbursement, M&E). This would include the project audits.

ii. Capacity building, knowledge transfer, consensus building: Workshops and technical meetings.

1.2. Objectives of an Ethnic Minority Planning Framework (EMPF)

An important element of VSS reforms which aims to improve efficiency, reliability and transparency of its operations is the planned issuance of an integrated social security card. This would incorporate a unique VSS ID which would be linked to the National ID once it is rolled out towards the end of the decade. To date, different parts of the VSS system have operated on a fragmented system of client identification across individual social insurance business lines. For most programs, there is no robust source of identification at all, and each program has a separate client number, making cross-checking between programs cumbersome and creating significant inconvenience for clients of the system. In addition, there continues to be an antiquated paper card for use by VSS clients and health providers for insured health services. The card provides no verifiable identity (and is reported to be used fraudulently by uninsured people who are lent cards), has to be replaced every year, and has no way of being read electronically to facilitate and verify transactions.

VSS has already started implementation of the Modernization Program, though there remains a considerable way to go. After reviewing its administrative procedures (with World Bank support under an ongoing TA program), VSS has managed to reduce the number of business procedures by either simplification or consolidation. The number of required documents associated with these procedures was also reduced by 55 percent. VSS has also initiated efforts to explore automation of major business tasks.
Apart from VSS, the other key agency in the social protection sector is the Ministry of Labor, Invalids and Social Affairs (MOLISA). In addition to its policy mandates on both social insurance and social assistance, the MOLISA national network manages most social assistance programs, social care services of different forms, programs for merit people and people with disabilities, employment services and payment of unemployment insurance benefits. It also manages the Poverty Census, which is the backbone instrument for identifying poor and vulnerable households in Vietnam (the most recent Poverty Census was carried out in 2015).

The Project will be deployed nationwide. EM communities who are residents in the project areas will be included in the scope of project activities. The Bank’s OP 4.10 requires that when the project involves the preparation and implementation of annual investment programs or multiple subprojects, but the presence of EM in the subproject area could not be determined until the programs/subprojects are identified during project implementation, the project owner has to prepare an EMPF.

Based on the scope and activities of the project, in this EMPF document, a framework for future activities concerning EM people will be formulated. This EMPF provides guidance on how an EMDP for a program/subproject should be prepared. It helps, on the basis of consultation with affected EM in the subproject areas, ensure (a) affected EM peoples receive culturally appropriate social and economic benefits; (b) when there are potential adverse effects on EM, the impact are identified, avoided, minimized, mitigated, or compensated for.

This EMPF is prepared in accordance with Bank’s OP 4.10. It was developed on the basis of a) social assessment report (conducted during project preparation), b) consultation exercises conducted by with the various project stakeholders, and residing in the project areas. This EMPF will be applied to all subprojects/investments identified during project implementation of the project.

2. THE LEGAL AND POLICY FRAMEWORK

2.1. General information on EM groups in Vietnam

The EM and mountainous areas occupy three fourths of the natural area of Vietnam. This is the main residence areas of 52 EM groups with 12.3 million people, making up a 14.2% of the Vietnamese population. Members of Vietnam’s 52 ethnic minorities have made substantial gains in welfare over time but remain much more likely to be poor than members of the Kinh and Hoa ethnic majority. Using the General Statistical Office (GSO)–WB poverty line, in 2014 the poverty rate had fallen to 6.3 percent among the Kinh and Hoa while standing at 57.8 percent among EMs. Poverty rates for EMs range from 38 percent among the San Diu to 93 percent among the Hmong. The gaps between the majority and EMs reflect historical patterns. Among the different groups in Vietnam, the historically poor are much more likely to be poor today. But their ranking has not changed substantially. The Hmong, for example, remain among the poorest groups, and the Tay remain among the wealthier EMs. The persistence of EM poverty is the product of factors across a broad set of domains: social exclusion, culture, and language; geographic isolation and low mobility; limited access to high-quality land; low education levels; and poor health and nutrition, often reflecting limited access to services.

The first set of factors consists of social exclusion as well as cultural and language barriers, which may prevent ethnic minorities from better integrating into society. Language constraints create difficulty for EMs in accessing public services and information. EM women are reluctant to use free services. There may also be cultural barriers to economic advancement, such as social pressure against excess economic

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2 Most of the information in this section comes from the report ‘Vietnam 2035: Prosperity, Creativity, Equity, and Democracy’, jointly prepared by the Vietnamese Government and the World Bank.
accumulation and cultural perceptions of social obligations. Due to the successful push to expand primary education, language will likely be much less of a barrier for EMs in the future. Attitudes toward and treatment of the EMs are related barriers. Studies in many countries have shown that unconscious or implicit biases, usually favoring one’s own group, are pervasive among all human beings. Thus even Kinh who do not see themselves as prejudiced may have unconscious biases that affect the way they treat EMs. Qualitative work has found that many Kinh hold negative stereotypes toward EMs and view them as “backward.”

A second set of factors is geographic isolation, limited market access, and disconnection from economic growth centers, particularly for those living in the Northern Mountains. One study found that location accounts for 21 percent of the overall difference in consumption levels between minority and majority households. But geography by itself has only limited explanatory power, as EM groups in the Mekong Delta and Central Highlands regions—which are less isolated and more economically connected—still have high poverty rates, while the Kinh in the Northern Mountains have much lower poverty.

Geographic movement allows people to integrate with a country’s broader economic success. Ethnic groups with higher migration rates are economically more successful. Geographic movement allows people to integrate in a country’s broader economic success, but EM migrate at half the rate of Kinh-Hoa. This may stem from limited information—particularly for those in mountainous and remote areas—higher costs due to distance, potential discrimination by employers, thin migrant networks (as few s are already in cities), less education, and limited language ability. But these factors are in flux. It is likely that by 2035 migration will continue rising among EMs, increasingly offering a pathway out of poverty. Meanwhile, third set of factors relates to limited access to good quality land.

A fourth set of factors is related to education. E children are still less likely to be enrolled in school, particularly at upper secondary level, and education attainment is low among EM adults educated when EM enrollment rates were much lower. In 1989, just 20 percent of 6-year-olds were enrolled in school and only a bare majority were enrolled at age 10—the peak age for attendance. Few attended lower secondary, and only a very tiny share enrolled in upper secondary. By 2012 nearly all children ages 7–9 were enrolled in primary school, a large majority attended lower secondary, and roughly one-third enrolled in upper secondary. But they lagged the Kinh’s near-universal primary completion rate. Language appears to be an important factor in the poorer performance. Despite their lower starting point, students show substantial learning gains—particularly in Vietnamese language.

A final set of factors consists of nutrition and health. Surveys have seen little improvement in the under-5 malnutrition rates and worsening infant mortality rates. Malnutrition rates in 2014 were twice as high among s as among the Kinh and Hoa. Infant mortality rates are low for the country’s income level but are four times as high among EMs.

2.2. The existing legislation relating to EMs

The existing legal framework has reflected that the Communist Party and the Government of Vietnam has always placed the issue of ethnicities and ethnic affairs at a position of strategic importance. Citizens from all ethnicities in Vietnam enjoy full citizenship and are protected through equally enforced provisions according to the Constitution and laws, as listed in the framework. The underlying principle of the framework is ‘equality, unity, and mutual support for common development’, with priorities given to ‘ensuring sustainable development in ethnic minorities and mountainous areas’.

The Constitution strongly commits to equality for ethnic minorities. In particular, Article 5 proclaims all ethnicities to be equal, prohibits discrimination by ethnicity, asserts the right of ethnic minorities to use their own languages, and commits the state to implementing a policy of comprehensive development for
ethnic minorities. Other parts of the Constitution specifically prioritize ethnic minorities in policies for health care and education.

The fundamental principle has been institutionalized in laws, Government decrees and resolutions and the Prime Minister’s decisions, which can be divided into three following categories by: (i) ethnicities and ethnic groups; (ii) by geographical areas (for socio-economic development); and (iii) by sectors and industries (for socio-economic development), such as support for production, poverty reduction, vocational training and job creation, protection of the eco-environment, preservation and promotion of culture and tourism, communication, and awareness raising in legal issues and legal aid.

In terms of the national legal framework, equality and rights of ethnic people was stipulated clearly in the Vietnam Law. Article 5 in the Vietnam Constitution (1992) is as follows: the Socialist Republic of Vietnam is a united nation having many nationalities. The State implements a policy of equality and unity and supports the cultures of all nationalities and prohibits discrimination and separation. Each nationality has the right to use its own language and characters to preserve their culture and to improve its own traditions and customs. The State carries out a policy to develop thoroughly and gradually improve the quality of life of ethnic minorities in Vietnam physically and culturally.

Decree No. 05/2011/ND-CP (January 14th, 2011), provides the guidance for activities related to EMs which include support for the maintenance of language, culture, customs and identities of every Ethnic Minority. Article 3 of that Decree lays out general principles when working with Ethnic Minority people as follows:

- To implement the EM policy on the principles of equality, solidarity, respect and mutual assistance for development;
- To assure and implement the policy on comprehensive development and gradual improvement of material and spiritual life for EM people;
- To assure preservation of the language, scripts and identity, and promotion of fine customs, habits, traditions and culture, of each EM group; and
- An EM group shall respect customs and habits of other groups, contributing to building an advanced Vietnamese culture deeply imbued with the national identity.

The document of the Government on the local democracy and citizen participation is directly related to EMPF. Ordinance No. 34/2007/PL-UBTVQH11 dated April 20th, 2007 of the Standing Committee of the National Assembly, of the XiXth National Assembly on exercise of democracy in communes, wards and townships had provided the basis for the participation of the community in preparing the development plans and the supervision of community in Vietnam. Decision No.80/2005/QD-TTg of the Prime Minister dated April 18th, 2005 on investment supervision by the community.

The policies relating to healthcare for poor and EM households: The Vietnam government has spent big efforts on improving the access to health care services for the poor ethnic minorities and people in ethnic minority areas for the last years. The health care policies have been quite comprehensive, covering the support health care infrastructure development, human resource development, education, information and communication to the people in these areas to raise the awareness of preventive health, supporting the poor to get health care services through providing health care insurance cards. The national strategy for people health protection, care and promotion in the period of 2011-2020 and vision to 2030 which is approved by the Prime Minister in accordance with Decision No.122/QĐ-TTg dated 10/01/2013 states clearly: “ensure every people, especially the poor, the ethnic minorities, the children under 6 ages, the prioritized persons, the people living in disadvantaged, remote area and the vulnerable groups access to quality basic healthcare services”.

The Prime Minister has issued Decision 14/2012/QĐ-TTg regarding amendments and supplements to his Decision 139/2002/QĐ-TTg, dated October 15, 2002 regarding healthcare for the poor. The Decision took
effects on April 15, 2012. Under this decision, beneficiaries of subsidized health insurance include members of poor households; EM people living in communes, wards and townships in difficult conditions (as stipulated in the PM’s Decision 30/2007/QĐ-TTg, dated March 5, 2007; recipients of monthly social assistance benefits; and people receiving care at the Government’s social protection centres.

2.3. The existing legislation relating to social security

In its efforts to achieve an effective, efficient, and sustainable social security system, GoV has committed to modernizing social security administration as a key building block. The Social Security Development Strategy (SSDS) as approved in Decision No. 1215/QĐ-TTg of 2013 calls for continuing the modernization of Vietnam’s social security administration, strengthening capacity to improve the quality and efficiency of client service and implementation of social security policies. In 2014, the National Assembly also passed a new Social Insurance (SI) Law3 and amended the Health Insurance (HI) Law,4 which lay the legal framework for the SI and HI schemes respectively, including a strengthened framework for administration. In addition, The Law on Employment No. 38/2013/QH13, dated November 16, 2013 provides the latest stipulations on unemployment insurance benefits for laborers in Vietnam. The Law on Labor Safety and Hygiene No. 84/2015/QH13 and the Labor Code (amended in 2012) are important legislation that governs the implementation of social insurance policies in Vietnam.

2.4. The existing legislation relating to social assistance

Vietnam’s social assistance system has suffered from fragmentation of multiple poverty reduction and social assistance programs with overlapping objectives but separate budgeting and delivery mechanisms. There are about a dozen additional cash transfer programs, both regular and one-time. These include most prominently (i) monthly cash support to the disabled, orphans, single parents and lone elderly without means under Decree 67/2007/ND-CP, amended by Decree 13/2010/ND-CP and then Decree 136/2013/ND-CP, (ii) a small monthly cash transfer to poor households to offset recent increases in energy prices under Decision 268/2011/QĐ-TTg, which was then amended by Decision 28/2014/QĐ-TTg (both delivered through local social officers) and (iii) a cash transfer to children from poor households in school for nine months per year delivered through the education system (school principals) under Decree 49/2010/ND-CP, which was then amended by Decree 174/2013/ND-CP. In 2013, a new program was developed to give additional education support to high school students in especially difficult areas (under Decision 12/2013/ND-CP, which was then replaced by Decree 116/2016/ND-CP). This fragmentation creates considerable inefficiency both from the perspective of the implementers and the beneficiaries.

2.5. Consistency with WB’s operational policy on indigenous peoples

The WB’s Operational Policy 4.10 (Indigenous Peoples) requires to engage in a process of free, prior, and informed consultation5. The Bank provides project financing only where free, prior, and informed consultation results in broad-based community access and support to the project by the affected Indigenous Peoples. Such Bank-financed projects include measures to (a) avoid potentially adverse effects on the Indigenous Peoples’ communities; or (b) when avoidance is not feasible, minimize, mitigate, or compensate for such effects. Bank-financed projects are also designed to ensure that the Indigenous Peoples receive social and economic benefits that are culturally appropriate and gender inclusive.

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4 The revised HI Law No. 46/2014/QH13, dated June 13, 2014, provides amendments and supplements to the HI Law No. 25/2008/QH12.
5 Free, prior, and informed consultation with the affected Indigenous Peoples’ communities” refers to a culturally appropriate and collective decision making process subsequent to meaningful and good faith consultation and informed participation regarding the preparation and implementation of the project. It does not constitute a veto right for individuals or groups.
The Policy defines that ethnic minority peoples can be identified in particular geographical areas by the presence in varying degrees of the following characteristics:

- a) self-identification as members of a distinct indigenous cultural group and recognition of this identity by others;
- b) collective attachment to geographically distinct habitats or ancestral territories in the project area and to the natural resources in these habitats and territories;
- c) customary cultural, economic, social, or political institutions that are separate from those of the dominant society and culture; and
- d) an indigenous language, often different from the official language of the country or region.

As a prerequisite for an investment project approval, OP 4.10 requires the borrower to conduct free, prior and informed consultations with potentially affected ethnic minority peoples and to establish their broad-based community access and support to the project objectives and activities. It is important to note that the OP 4.10 refers to social groups and communities, and not to individuals. The primary objectives of OP 4.10 are:

- to ensure that such groups are afforded meaningful opportunities to participate in planning project activities that affects them;
- to ensure that opportunities to provide such groups with culturally appropriate benefits are considered; and
- to ensure that any project impacts that adversely affect them are avoided or otherwise minimized and mitigated.

In the context of the Project, the groups (equivalent to indigenous peoples) in the Project area are likely to receive a long term benefits through the VSS Administrative Reform and Modernization Program, ISSCS, and capacity building, despite some unintended potential adverse impacts, as indicated in SA. Therefore, the EMPF has been designed to focus on consultation to ensure that (a) the EM peoples have an opportunity to voice their concerns and to participate and benefit from the Project and (b) ‘free, prior and informed consultation leading to ‘broad-based community access and support’.

The sections below describes the activities that have been/will be carried out during the preparation and implementation of the Project.

### 2.6. Consultation and participation with EM people at each stage of the project

This section provides a framework for ensuring that the affected EMs (equivalent to the indigenous peoples as defined in OP 4.10) has equal opportunity to share the project benefits, that free, prior and informed consultation will be conducted to ensure their broad-based community access and support to the project are obtained, and that any potential negative impacts are properly mitigated and the framework will be applied to all the subprojects. It provides guidance on how to conduct preliminary screening of EMs, and identification of mitigation measures given due consideration to consultation, grievance redress, gender-sensitivities, and monitoring. An outline of the EMDP report is provided in Annex 1.

In terms of consultation and participation of ethnic minorities, when the subprojects affect EMs, the affected EM peoples have to be consulted in a free, prior, and informed manner, to assure:

- (a) EM and the community they belong to are consulted at each stage of subproject preparation and implementation,
- (b) Socially and culturally appropriate consultation methods will be used when consulting EM communities. During the consultation, special attention will be given to the concerns of EM women, youth, and children and their access to development opportunities and benefits; and
(c) Affected EM and their communities are provided, in a culturally appropriate manner at each stage of subproject preparation and implementation, with all relevant project information (including information on potential adverse effects that the project may have on them.

During project implementation, as a principle of ensuring inclusion, participation and cultural suitability, the project should hold continuous consultations including soliciting feedback from all communities so that remedial actions can be taken to support improved participation and provision of benefits to households including those of EMs. The consultation methods to be used are appropriate to social and cultural traits of EM groups that the consultations target, with particular attention given to land administrators, household land users, village leaders and other service providers related. The methods should also be gender and inter-generationally inclusive, voluntary, free of interference and non-manipulative.

The process of consultation should be two-way, i.e. both informing and discussing as well as both listening and responding. All consultations should be conducted in good faith and in an atmosphere free of intimidation or coercion, i.e. without the presence of those people who may be intimidating to respondents. It should also be implemented with gender inclusive and responsive approaches, tailored to the needs of disadvantaged and vulnerable groups, enabling incorporation of all relevant views of affected people and other stakeholders into decision making. In particular, VSS service users and social assistance beneficiaries from EM groups will be provided with relevant information about the project as much as possible in a culturally appropriate manner during project implementation, monitoring and evaluation to promote their meaningful participation and inclusion. The information may include but not be confined to conceptualization, design, proposal, safeguards, execution, and monitoring and evaluation. In particular, all relevant information for consultation will be provided through two channels. Firstly, information will be disseminated to village leaders at their monthly meeting with leaders of commune’s people’s committees in order to be relayed to villagers in village meetings in a culturally appropriate manner and an accessibly language. Secondly, notices in an accessible language will be posted at commune’s people’s committees at least a week ahead of a planned consultative meeting. Such early notices ensure sufficient time to understand, assess and analyze information on the proposed activities.

3. PREPARATION OF AN EMDP

An EMDP should be developed on the basis of consultation with EMs in the project areas. Consultation is important to EMDP preparation since it provides EM groups (both potentially affected and not affected by subprojects) with opportunities to participate in planning and implementation of subprojects. More importantly, it helps identify potential adverse impacts, if any, as a result of subproject, on EM groups, thereby enabling devising of appropriate measures as to how adverse impacts could be avoided, minimized, and mitigated. Consultation also aims to ensure EM people have opportunities to articulate, on the basis of their understanding of subprojects/project goals, their needs for support from the project in relation to the project goal/project activities. The whole exercise of developing an EMDP is grounded on a study that is referred to, in the Bank-funded projects, as a Social Assessment (SA).

3.1. Social assessment

3.1.1. Purpose. SA, in the context of the Bank’s OP 4.10, is a study that aims to explore how planned project activities under a Bank financed subproject would affect the life of EMs present in the subproject areas. The purpose of the SA is to ensure if there is any potential adverse impact as a result of the subproject, appropriate measures are in place (in advance of subproject implementation) to avoid, mitigate, minimize such potential adverse impacts, or to compensate for affected population, if unavoidable. The SA also aims to explore, based on the understanding of EM’s cultural, socio-economic characteristics of the EM communities, possible development activities that the project can implement (in relation to the project goal/objectives) to ensure EM
peoples in the subproject area receives socio-economic benefits that are culturally appropriate to them.

3.1.2. Information on respondents

The fieldwork was conducted in two project provinces with EM populations, namely Ha Giang and Quang Nam, from November 10 to November 24, 2016. For each study province, two districts/towns were selected, and for each district/town, a commune selected for consultation. At the provincial, district and commune levels, the study team held consultative meetings and group discussions with various VSS and MoLISA administrators as well as their service users and beneficiaries. The main methods used were qualitative, such as group discussions, in-depth interviews, observation, and photographing. In total, the team had 35 meetings and group discussions with around 120 stakeholders and other respondents, including those from various EM groups in the project sites. The respondents include:

- **VSS administrators**: are officials from various departments under the central-level VSS, and provincial and district VSS branches. They are directly or indirectly involved in administration of VSS services relating social insurance, health insurance and unemployment insurance.

- **MoLISA administrators**: include those from MoLISA at the national and sub-national levels, with particular attention to commune’s labor officers who are directly in managing social assistance benefits.

- **The public**: include non-poor, poor and EM people in the study sites. The EM groups include the H’Mong and Dao in Ha Giang, and Ko Tu in Quang Nam. Many of the EM respondents are also poor or non-poor, who live in difficult areas and have poor education.

3.1.3. Main findings of SA: The main findings of SA conducted for VSSMP are summarized as follows:

**Broad community support**: Generally, when explained, respondents expressed their support for the project from their own perspectives, depending on their working positions or interest in the benefits of social insurance, health insurance and social assistance. They acknowledge that the project would address some major constraints of the current paper-based situation, such as fragmented administration, requirements for multiple pieces of official documents for use of service or reception of social assistance, non-durability of paper documents with serious implications for service use.

**Positive impacts**

**From the administrators’ perspective**: The administrators from both VSS and MoLISA anticipated some positive impacts of the project, including more efficient system management thanks to an improved electronic system making it easier to monitor and verify; and better data management leading to faster and timely issuance of cards, which is especially useful for health insurance purpose. The integrated card system is also believed to avoid abuse of funds thanks to greater data transparency, particularly avoidance of abuse of health insurance as cards are expected to include personal photographs and information. Considerable resources and labor would be saved as it would no longer be necessary to print new paper cards annually as only electronic updating is needed.

In case, ICS is connected with the ATM system, it would lead to improved security as cash would no longer be kept in an office, whether it be a commune building or a post office; reduced time pressure and long queues upon receiving benefits as beneficiaries can choose to withdraw cash at any convenient time for them.

**From beneficiaries’ perspective**: Potential beneficiaries, including those from EM groups, highly welcome the utilities of durability, safety and convenience that ICS may to bring about. They find it much easier to
keep plastic cards at their homes in hard weather conditions and can use the cards on a long-term basis without disruption of services, especially emergency health care, for annual revisions and updating of beneficiary status. In addition, the use of ISSC would minimize paperwork requirements in preparing and submitting applications for benefits, such as the requirements for poverty booklets and ID cards.

**Concerns, needs and expectations of potential beneficiaries**

With the ICS to be introduced, the interviewed administrators expressed some concerns regarding data management, administration and coordination between VSS and MoLISA at various levels.

**Macro-level risks and external impacts:** The respondents were concerned about the limited coordination between the related ministries and sectors; and influential factors from other sectors beyond the control of VSS. The fast-changing IT development may make the original objectives and measures outdated, which need changing in accordance with the new developments during the implementation process. They are also concerned about changes in macro-level policies relating to social and health insurance and social assistance at the national level.

**Micro-level risks under VSS:** According to the VSS administrators, as the legislation on social and health insurance keep changing. If the coordination between the related professional management and policy-implementing divisions is ineffective, it would be hard to revise and update the related IT applications in a timely manner. The time gap between policy effectiveness and IT applications in VSS would negatively impinged upon benefits of beneficiary organizations and individuals. In addition, the implementation capacity of the related organizations and individuals are unsatisfactory to deliver the objectives. The divisions and individuals with poor IT skills would face difficulties in their work, and the new mechanism of communication may result in emerging bottlenecks in their business process. The success of the Programme would greatly depend on the accessibility to modern public services by stakeholders, including EM beneficiaries. VSS divisions and beneficiaries in remote areas with limited accessibility to online services in social and health insurance provided by VSS may face the issue of inequity, which will, to some extent, constrain the intended impacts of the Programme.

**Data management:** The respondents were particularly concerned about the production of a reliable database for operations of ICS from the start. They believed that data collection, updating and revision would be a very time-consuming and costly process. It required effective merge of the two existing database managed by VSS and MoLISA. Some additional good surveys and analysis of data are needed to standardize information and updating changes in beneficiary information and benefits, especially the changes that happen annually. In some EM areas, such as those H’mong, women may change their family names after marriage, and some family names are considered inter-changeable, such as Duong/Giang and Dang/Tan are the same. In areas, where many EM people have no or limited literacy, teachers and village heads register births and fill in other registration documents for the former, hence leading to errors in birth certificates and registered documents. This may result in inconvenience for EM beneficiaries in using health services and receiving social assistance benefits. Therefore, the respondents believed that clear guidelines and regulations on the implementation process, including institutional arrangements and data collection and management are critical, which spell out clear roles and responsibilities of stakeholders and authorized sources on personal information (such as the stipulated use of information on ID cards, not on household registration booklets). Some wonder about the consolidation of the verification documents, i.e. whether both plastic cards and paper copies of beneficiaries’ signatures of payment have to be used for filing purpose. They also want more guidance on authorized positions to enter, revise and update data as well as issue cards in a manner that can ensure confidentiality, safety and convenience for all related parties.

**Coordination:** The administrators expressed their concerns about a plan for consolidating the existing related databases of VSS and MoLISA, which now have different functions and data collected on a basis of different information sources (one based on ID information while another on household registration
According to them, due attention should be paid to the different outreach of the two system with VSS only to the district level while MoLISA to the commune level. They expressed their hope for a clear division of roles and responsibilities during the implementation process. This should be clearly spelled out from the start. The commune’s labor officers worried that the project might shoulder more workload on them with no incentives provided, especially regarding registration and management of beneficiaries, GRM, updating of changes in beneficiary status and benefits, to avoid late payment and loss of funds. The coordination with the existing projects related, such as SASSP, should be taken into account for synergy and saving of resources.

**Administration:** The respondents expressed the needs for new and clear procedures and processes to run the ICS. They were concerned about whether a combination of both hard and e-copies would still exist under the ICS, for example regarding the verification of payment documents for final accounting will be completely electronic or is still paper-based when hard copies have to be printed out for checking. The current practice was described as cumbersome and time-consuming. The ICS is expected to be more costly and time-consuming as the respondents found it easier and cheaper to print paper cards. Also, they are concerned that a considerable number of cards may be wasted every year as people change their status and become no longer eligible. In case of connectivity with the ATM system, Agribank is the only provider in many remote areas where many EM groups live. In many areas, only a machine is located in the district centre, which is far away from many beneficiaries. Commune labor officers are concerned that if reading machines are not located in CPC, they cannot follow details of payment to respond to beneficiaries’ queries as they do with paper cards at the moment.

**Concerns of potential EM beneficiaries**

**Some common characteristics of EM beneficiaries:** EM beneficiaries share some constraints that may preclude them from fully benefiting from ICS, such as the language barrier, limited education, long distance from commune and district centres, limited or no experience with electronic transactions and. In addition, many people with revolutionary merits, pensioners and social assistance beneficiaries in EM areas may prefer paper-based approach in the initial stage, therefore it may be time-consuming to change their awareness and habits.

**Financial aspects:** The financial aspects of the ICS was raised as one of the major concerns. They were keen to learn about the cost of producing and reproducing ICS. They discussed at length the issues on whether to penalize the loss of electronics and, if yes, the implications of these penalties and to what extent they should be. These concerns are related to their potential needs for regular updating and revision of personal and household information as well as insecure practice of card storage, especially in EM areas.

**Practical use of the ICS:** The EM respondents were concerned about the issuance of temporary cards for use in health emergency cases in case of loss and misinformation of beneficiaries. They requested for due attention to the issue of authorization, such as for guardians of children, elderly people with severe disabilities and serious mental health illness who can use ICS on their own. The authorized persons should be allowed to be flexible, not necessarily household heads. They also raised the issue of potential abuse of authorization to use cards as mortgage for informal loans. They also explored the possibility of connectivity with the ATM system, and then stressed the necessity to address some concerns regarding operations of the ATM system, such as confidentiality, security, and location of machines (some potential beneficiaries may need to travel up to 30km to reach the district centre).

**Communication:** The respondents were concerned about effective communication, including regular consultation and training on usage, with potential EM beneficiaries. The issues include consideration of cultural factors in selecting beneficiary meetings and venues for usage of ICS cards; EM-friendly guidance on procedures; and culturally appropriate guidance on use, reproduction of cards in case of loss, and costs for updating and reproduction.
Administration of the ICS: The biggest concern was about the location of service points and reading machines and/or other necessary facilities, and post offices and commune centres were cited as more convenient venues. The respondents were raised the issue on which agency would be responsible for reproduction and re-issuance of cards as well as Responsibility and budgeting for maintaining and repairing reading machines to avoid long-term disruption of service, especially for health insurance. They were also concerned about the timing for issuing cards as paper cards are now issued on the 1st day of the month while users may need it earlier after registration. In case of no connectivity with the ATM system, attention should be paid to allocation of sufficient and flexible time for receiving benefits.

Design of ISS cards: The respondents expressed their concerns about the types, capacity, and contents of ISS cards, particularly transparency of information in ISC cards for health insurance usage and SA benefits. They questioned about the offline and online usage functionality of ISS cards. They also wondered what types of personal and household information would be provided on (e.g. beneficiary names and DoB) and inside cards (e.g. family members, photo, DoB, health checks, all benefits). They questioned whether the ISSCS would be connected with the SMS service to provide more timely information and transparency for beneficiaries. They also worried about potential production of fake cards. In addition, there might be a sense of comparison among pensioners, health insurance and social assistance beneficiaries if their ISS cards look the same for different categories of beneficiaries.

3.2. Methodology for preparing EMDP(s)

To prepare EMDPs, consultations are conducted with various stakeholders at the national level and at subnational ones in the project provinces. A number of conventional qualitative research instruments are employed, including focus group discussions, in-depth interviews, note-taking, and photographing, and non-participant observation.

- **Focus group discussions**: Each FGD usually includes 6-8 participants who are recommended and invited by local guides following the requirements of the research team. Gender-disaggregated data are paid attention through the establishment of gender sensitive FGDs. Local guides are the chiefs of the selected residential units who have a very good understanding of the community. In order to understand likely different impacts and their responses to the project, a variety of respondent groups are selected, including administrators from VSS and MoLISA at the national and subnational levels, users of VSS social and health insurance services, and social assistance beneficiaries, including local poor/near-poor and representatives from local EM groups.

- **In-depth interviews**: The team may plan to explore some case studies with more in-depth information. The informants for such in-depth interviews may be selected from the FGDs (researchers may find some discussants who have more interesting details to provide so have him/her for a separate in-depth interview). Also, the interviewees may be recommended directly by local guides after researchers have fully explained the assessment objectives.

- **Triangulation**: A few extra interviews with local VSS and MoLISA administrators are added under a technique known as ‘triangulation’ to validate the information that the researchers have obtained from local residents. They are an additional source rather than a proper sub-group. Also, there are some issues the latter may raise but do not understand why, given their positions. In such cases, the extra interviews would help clarify or supplement what local residents have stated. These interviews serve to validate and, in some cases, supplement the information provided by local residents.
3.3. Suggestive steps in developing an EMDP

The following steps should be followed by the PMU or its consultant, in order to prepare an EMDP for a subproject. The PMU or its consultants should comply with the suggestion steps for preparing an EMDP for the project.

<table>
<thead>
<tr>
<th>Step</th>
<th>Implementation plan</th>
<th>Monitoring the implementation</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td><strong>EMDP targets</strong></td>
<td>Monitor whether public consultation is organized or not.</td>
</tr>
<tr>
<td></td>
<td>For ensuring: (1) Avoiding, minimizing, mitigating potential negative impacts (if yes) and (2) Receiving the benefits for EM groups that are suitable to their cultures.</td>
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<tr>
<td>2</td>
<td><strong>Developing the data collection plan</strong></td>
<td>Factors to monitor (whether they are in accordance with the plan)</td>
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<tr>
<td></td>
<td>The data to be collected can be both quantitative and qualitative regarding:</td>
<td>The data (both quantitative and qualitative) collected (whether they are relevant and reliable; any discrepancies found)</td>
</tr>
<tr>
<td></td>
<td>• Natural conditions;</td>
<td>Methods used to collect the data (whether they are relevant and effective)</td>
</tr>
<tr>
<td></td>
<td>• Socio-economic conditions: the population of the selected project sites, the EM populations (broken down by each ethnicity group, by household and individuals); economic structures, growth rates, etc.</td>
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<tr>
<td></td>
<td>• Beneficiaries of VSS services and social assistance among EM groups.</td>
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<tr>
<td></td>
<td>• EM groups’ perceptions on the legislation, accessibility to information, and both positive and negative potential impacts of VSSMP. These qualitative data come from local consultations.</td>
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<td></td>
<td>The data can be collected by VSSMP PMU or, at the preparation stage, the related local officials from VSS, who are likely to be involved in VSSMP. A study group usually comprises three or four people.</td>
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<td></td>
<td>They can collect the existing secondary data from the related organizations and individuals. For example, population data can be collected from population censuses, usually from the Provincial Committees for EM Affairs or the Population Division of the Provincial Statistical Office, MoLISA, DoLISA, DivLISA.</td>
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<tr>
<td></td>
<td>They can collect qualitative data through conventional qualitative methods, such as group discussions, in-depth interviews, observation and photographing. Such direct consultations with representatives from the related VSS and MoLISA administrators as well as individual service users and beneficiaries, including those from EM groups.</td>
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<td></td>
<td>The team leaders should communicate regularly with a focal point at the central level to report emerging issues, consult necessary issues and report the progress to make the study to be followed. The focal point would provide adequate supervision and guidance to the teams as needed.</td>
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<td></td>
<td><strong>Review and analysis the data:</strong></td>
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</table>
- Compilation and aggregation of the data from the focus group meetings and participant groups in each location;
- Based on this type of aggregation it is possible to begin analyzing patterns in the data according to the frequency with which certain responses occur. This is where triangulation of the responses and recommendations made by different participant groups becomes important. The purpose of this is to identify areas of commonality in which there is a high degree of consensus and also areas in which there major differences of opinion between one or more groups;
- Iterative analysis of the data and in-depth knowledge of the local situation is required to interpret and assess the relevance and implications of this type of information; and
- It is important to verify the findings and the main conclusions with participants and other stakeholders to ensure that the analysis has not somehow drifted away from what people were trying to say.

Some data should be tabulated properly and placed either in the main text or annexes, whichever is more relevant depending on the specific report structure of each province.

<table>
<thead>
<tr>
<th>3</th>
<th>Based on the data collected and findings from public consultation, the study team should determine:</th>
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<tr>
<td>(a)</td>
<td>The factors from the project activities that may cause potential positive and negative impact (if any) and</td>
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<tr>
<td>(b)</td>
<td>Assess the needs of the related EM groups (with clear targets and priority strategy). It is important to prioritize their needs based on the sources (human resources, technology, finance, and institutions) available to the project.</td>
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</tbody>
</table>

On a basis of the identified factors, the team should discuss and propose what specific measures the project can do to avoid, minimise and mitigate the negative impacts, specifying who should do what and how given the available resources.

Check whether beneficiaries and impacts on them have been identified appropriately.
Check whether all the existing resources have been sought to address to maximise positive impacts and minimise potential negative impacts.
The expectation of beneficiaries and whether the project objectives can be met.

<table>
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<tr>
<th>4</th>
<th><strong>Writing up an EMDP</strong></th>
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<tbody>
<tr>
<td>An EMDP should be structured to address the important social safeguards issues relating to the EM groups in the project sites (more detailed information can be found at Annex 2):</td>
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<tr>
<td>-</td>
<td>Background information on the project sites and a profile of the related EM groups in the project sites (the related socio-economic and political conditions as well ethnic cultures and customs);</td>
</tr>
<tr>
<td>-</td>
<td>Key activities/mitigation measures that should be implemented locally, as identified on a basis of the assessment of specific needs from the public consultation with the related EM groups in each study site;</td>
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<tr>
<td>-</td>
<td>Key stakeholders who will implement these activities;</td>
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<tr>
<td>-</td>
<td>Resources needed (finance and human resources) for these key</td>
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</table>

Determining the implementation plan can be successful or not, and how the PMU perceive the effectiveness of this plan.
The implementation and monitoring plan should be developed with the PMU to make it easier to them to adopt it.
3.4. The proposed measures for an EMDP

Specific measures will be required to ensure that EM groups receive project benefits in a culturally appropriate manner, and the most vulnerable EM communities in upland areas are not disadvantaged by VSSMP. EMDPs, prepared in conjunction with the SA findings, are a vital tool in this regard. The needs and approaches to the project information vary considerably among EM groups, depending on their differences in the level of development, ability to receive, environmental conditions and platform experiences. Cultures and customs also vary among ethnic groups as well as within an ethnic group. Mitigation measures are very different in each province as a result of differences in their cultures and customs. Hence, VSSMP should have different measures for different EM groups to avoid irrelevance. Below are some development measures which may be considered for preparation of EMDPs.

**Timing strategy**: Given many constraints in the EM areas, many respondents, both administrators and beneficiaries, suggested piloting and phasing for EM areas and EM groups to learn lessons. They preferred the phased implementation from the lower to the higher land areas, from towns to rural areas, as well as from areas with better educated people to those with less educated ones.

**Training**: Adequate training should be provided for administrators and beneficiaries. In particular, ToT may be considered for training district and commune cadres first, and then village heads and local people. Furthermore, training sessions for EM beneficiaries should ideally be conducted directly at a village level, with hands-on demonstration, in EM languages, and by the same EM people, preferably village heads. More careful training may be provided to village heads who can later serve as focal points for queries on the use of ICS cards and benefits. Also, guidance should be recorded on CD and transmitted through by community sessions, smart phones and local TVs, among small groups, with due attention to poorly educated EM beneficiaries. Adequate timing of training sessions to maximise attendance is essential. In addition, assistance should be provided during the registration, issuance and guidance for use.

**Communication**: It is important to prepare a communication strategy with culturally appropriate activities for EM people regarding project information. Awareness-raising activities and events in EM areas are important so that EM beneficiaries would know how to use and protect cards well, possibly through the FPIC process, village heads, role-plays, and DVDs. Socio-cultural factors may be taken into account for communication work. Different ways of communication should be considered for different groups of EM beneficiaries with different levels of awareness. Ideal venues for communication events should be taken into account, such as a village community house, and Gould house (for Ko tu).

It is important to take advantage of socio-cultural characteristics for the communication strategy, including for community activities and events, although a diversity of situations may exist across the country. Amongst the EM populations, wherever possible written forms of information should be minimised, while greater attention should be paid to capacity building amongst heads of villages and local cadre to ensure that these individuals fulfill their current role as key disseminators of information more effectively. As EMs tend to be heavily dependent on village leaders and cadre as sources of information, capacity should be built at this level to ensure householders are regularly updated about the processes, and their potential...
involvement. For example, for the H'mong and Dao groups in Ha Giang, it is important to communicate project information and guidance to village heads who are considered closer to their community and can make a substantial impact on households and individuals. It is ideal to produce user-friendly guidance with pictures and short, as well as practical hands-on demonstration guidance, which could be recorded into DVDs for standard and repeated use among EM groups. Moreover, finger-print technology should be used for illiterate people.

Consultation with and participation of EM stakeholders: The project activities and interventions should draw the active participation and guidance (formal and informal), particularly in communication and GRMs, of local leaders that are available in communities, such as heads of villages and extended family networks, the elderly, respected persons, members of mediation panels, and chief monks (in Khmer pagodas). Experiences show that in many cases, they may be useful but may face constraints when they themselves do not understand issues. By enabling participation of relevant EM stakeholders during project planning, implementation, monitoring and evaluation, the project can ensure that EM people receive social and economic benefits that are culturally appropriate to them. In doing so, the service information system established by VSSMP can contribute to transparency and efficiency efforts and development outcomes as a whole among EM groups. Capacity should be built for those stakeholders to avoid the existing constraints in conducting local consultations, such as one-way consultation; lack of information; rush time; and coercion.

Promotion of gender equity: It is essential to increase the participation of women, especially in the EM groups in the project sites, in various project activities and interventions, such as information dissemination and training. It is important to raise awareness for women of their rights and benefits relating to social insurance, health insurance, unemployment insurance and social assistance benefits, their rights to access to the GRM system and how to lodge their complaints when needs arise. It should be recognised that engagement of and awareness raising for women, especially EM women, is a time-consuming process which should be planned and phased effectively with clear and practical short-, medium- and long-term objectives to make various steps feasible, with lessons reviewed and learnt as well as plans revised after each phase. Importantly, women from various EM groups should be consulted in good faith throughout the project cycle, from the design to the evaluation steps to ensure their voices to be heard and paid due attention to. There is a risk that female attendance at information workshops and meetings may be low. Specific measures may therefore be necessary to enhance women’s current access to information and their associated engagement in VSSMP. Efforts will be needed to arrange a location and time suitable for the participation of women, and additional promotional activities may also be necessary to maximise attendance by female householders. Training provided to local administrators as well as project staff should take into account gender sensitivity.

The SA reflected benefits of the ISSC towards women in managing household benefits and indicated the necessity to increase the participation of women, especially those from EM groups, in project activities, such as information dissemination and training. It is important to raise women’s awareness of their rights and benefits in social insurance, health insurance, unemployment insurance and social assistance, as well as access to the ISSC, their rights to access to the GRM system and how to lodge their complaints when needs arise. The SA showed that female attendance at information workshops and meetings may be low. The SA recommended the following gender agenda which would contribute to reducing the gender gaps (i) promoting the participation of women throughout the project cycle; (ii) organizing information dissemination activities specifically for women who will be household managers and users of cards, to enhance women’s current access to information and their associated engagement in the project; (iii) reducing women’s household workload through the introduction of the ISSC with more convenient services; (iv) training provided to local administrators as well as project staff should take into account cultural relevance and gender sensitivity; and (v) boosting the participation of grassroots women’s unions in communication activities, complaint resolutions, and gender-sensitive support to female users of the
ISSC. During the monitoring of the EMDP implementation, the key indicators of gender actions will be monitored and reflected in monitoring reports.

**The grievance redress mechanism (GRM):** Many EM respondents prefer direct communication, rather than through a help-line service. They trusted the role of the village management boards in settling grievances. Meanwhile, some administrators argued that grievances can be redressed through annual meetings with voters and VSS’s annual meetings with local people because there is a grievance redressal system under VSS from the national to district levels. District grievance redressal centers have to give training and guidance on GRM to commune officials, village heads or other related people and run VSS’s annual meetings with local people regularly. VSS may develop customer service units to handle grievances. In addition, the IT management system may develop menus for people to lodge their complaints to VSS when ISC cards are connected to the database.

3.5. **Procedure for review and approval of an EMDP**

Once an EMDP for a subproject is completed by the PMU, or its consultants, the EMDP needs to be submitted to the World Bank for prior review and comments before implementation of the subprojects for which the EMDP is associated. The Bank may request revision of the EMDP, based on the quality of the EMDP. When there is doubt or need for technical support in preparing an EMDP, the Bank’s task team should be contacted for timely support.

4. **IMPLEMENTATION OF AN EMDP**

4.1. **Implementation arrangements**

There would be one PMU at the central level (known as the PMU in this document), which will be established under VSS. This PMU has the overall responsibility for the overall implementation of EMDP(s), including monitoring and evaluation of the results of the EMDP implementation. The PMU will assign a qualified member of staff to work on social safeguards in the project. S/he will support local VSS and stakeholders with preparing materials in implementing EMDP(s) and in monitoring progress. S/he will ensure that EMDP(s) is implemented and delivered as per work plan and quality.

For areas where EM groups reside, the PMU would coordinate with provincial VSS and other stakeholders which would provide support to the former in the implementation and monitoring the implementation process of EMDP(s).

Provincial VSS and other stakeholders would provide guidance to district VSS and other stakeholders in the implementation and monitoring the implementation process of EMDP(s).

4.2. **Disclosure of EMDP**

Once preparation of an EMDP is completed, it needs to be disclosed to affected EM people and their communities. The EMDP needs to be disclosed in an appropriate manner to ensure affected EM people and their community can conveniently access and can fully understand. In addition to public disclosure of the EMDP, meetings need to be given at the community where EM people are affected by the subproject. Where needed, meetings should be conducted using the language of the EM affected to ensure they fully understand the EMDP objective and can provide feedback.

Please note that all EMDPs prepared during project implementation must be disclosed locally in a timely manner, before appraisal/approval of these subprojects. The EMDPs need to be disclosed in an accessible place and in a form and language understandable to affected EM as well as key stakeholders, including the Bank’s InfoShop.
4.3. GRM

GRM will be applied to persons or groups that are directly or indirectly affected by the project, as well as those that may have interests in a project and/or have the ability to influence its outcome -- either positively or negatively. At the commune level, VSS representatives regularly organize meetings with local people. Therefore, grievances can be redressed through annual meetings with voters and VSS’s annual meetings with local people.

If the affected EM people are not satisfied with the process, resolutions, or any other issues, the EM themselves or village leaders can lodge their complaints to the CPC or to the PMU following GRM described in the EMDP. All grievances will be addressed promptly, and in a way that is culturally appropriate to the affected EM peoples. All costs associated with EM’s complaints are exempt to EM complainants. The PMU is responsible for monitoring the progress of resolution of EMs’ complaints. All cases of complaints must be recorded in the PMU’s project files.

Procedures to settle cases within VSSMP’s jurisdiction

GRM is established on the basis of the Vietnam’s laws. VSS has a GRM from the national to district levels (see Annex A2), which will be followed during project implementation. The project will provide training and support to strengthen these existing structures for effectively dealing with grievances that may arise during the course of the project implementation. In addition, the PMU will be responsible for considering and settling cases within their jurisdiction. Complaints on project-related issues will be settled as follows:

- Individuals can lodge first-time complaints at district-level VSS, or make a suit at the People’s Court according to the existing legislation on civil proceedings.
- If individuals do not agree with first-time resolutions of district-level VSS, they can submit their complaints to the provincial VSS, or make a suit at the People’s Court according to the existing legislation on civil proceedings.
- If individuals do not agree with second-time resolutions of the provincial VSS, they can make a suit at the People’s Court according to the existing legislation on civil proceedings.

The project will establish an unit in charge of comments and complaints, including those EM groups regarding the implementation of the project. In addition, it is encouraged that grievances will be settled through informal institutions that are available in communities, such as heads of villages, extended family networks, mediation panels, and chief monks (in Khmer pagodas). At the village level, the project will coordinate with the existing grievance mechanisms that may be chaired by elder and/or spiritual leaders, which are acceptable to local communities, particularly the EM groups.

Some forms of comments and complaints may include written documents submitted, emails or direct communication (such as through telephones). People can send written texts or present their issues to village elderly, village heads or commune officials. Complaints will be handled in a timely manner, and written responses will be provided to complainants. District-level will record and document complaints and resolutions, which will be attached to bi-annual progress reports to the PMU for synthesis and submit to the WB.

To ensure that the grievance mechanism is practical and acceptable by EMs affected by the project, this will be consulted with local authorities and local communities taking into account of specific cultural attributes as well as traditional, cultural mechanisms for raising and resolving complaints/conflicts. If the EM objects, efforts will be made to identify and determine ways to resolve that are culturally acceptable to them. The information on GRM will be included in the POM. Local administrators and people in the project sites will be informed of this GRM.
5. MONITORING AND EVALUATION

The responsibility for overall monitoring and implementing the EMPF and EMDPs rests with the PMU. In case of necessity, the PMU may hire a qualified consultant for external monitoring of the implementation of EMDP(s). During monitoring of EMDP implementation, the key indicators, including those of gender actions, will be monitored and reflected in monitoring reports.

6. BUDGET

The budget for the implementation of EMDP(s) comes from the counterpart funds. VSS will allocate and provide funds sufficiently and timely to ensure that EMDP(s) will be implemented successfully. The implementation budget for EMDP(s) will be estimated on a basis of activities proposed in EMDP(s).
7. ANNEX

Annex 1: Elements for an EMDP

Executive Summary

This section describes briefly the critical facts, significant findings from the social assessment, and recommended actions to manage adverse impact (if any) and proposed development intervention activities on the basis on the social assessment results.

I. Description of the Project

This section provides a general description of the project goal, project components, potential adverse impact (if any) at the project and subproject levels. Make clear the identified adverse impact at two levels – project and subproject.

II. Legal and institutional framework applicable to EM peoples

III. Description of the sub-project population

- Baseline information on the demographic, social, cultural, and political characteristics of the potentially affected EM population, or EM’s communities.
- Production, livelihood systems, tenure systems that EM may rely on, including natural resources on which they depend (including common property resources, if any).
- Types of income generation activities, including income sources, disaggregated by their household member, work season;
- Annual natural hazards that may affect their livelihood and income earning capacity;
- Community relationship (social capital, kinship, social network...)

IV. Social Impact Assessment

This section describes:

- Methods of consultation already used to ensure free, prior and informed consultation with affected EM population in the sub-project area.

- Summary of results of free, prior and informed consultation with affected EM population.
  Results includes two areas:

  - Potential impact of subprojects (positive and adverse) on their livelihoods of EM in the project area (both directly and indirectly);
  - Action plan of measures to avoid, minimize, mitigate, or compensate for these adverse effects;
  - Preferences of EM for support (from the project) in development activities intended for them (explored through needs assessment exercise conducted during the social assessment);
  - An action plan of measures to ensure EM in the subproject area receive social and economic benefits culturally appropriate to them, including, where necessary, measures to enhance the capacity of the local project implementing agencies;
  - Gender issues: to ensure the engagement of both men and women in project activities.

V. Information Disclosure, Consultation and Participation:

This section will:
a) describe information disclosure, consultation and participation process with the affected EM peoples that was carried out during project preparation in free, prior, and informed consultation with them;
b) summarizes their comments on the results of the social impact assessment and identifies concerns raised during consultation and how these have been addressed in project design;
c) in the case of project activities requiring broad-based community access and support, document the process and outcome of consultations with affected EM communities and any agreement resulting from such consultations for the project activities and safeguard measures addressing the impacts of such activities;
d) describe consultation and participation mechanisms to be used during implementation to ensure Ethnic minority peoples participation during implementation; and
e) confirm disclosure of the draft and final EMDP to the affected EM communities.

VI. Capacity Building: This section provides measures to strengthen the social, legal, and technical capabilities of (a) local government in addressing EM peoples issues in the project area; and (b) ethnic minority organizations in the project area to enable them to represent affected Ethnic minority peoples more effectively.

VII. GRM: This section describes the procedures to redress grievances by affected Ethnic minority peoples. It also explains how the procedures are accessible on a participatory manner to Ethnic minority peoples and culturally appropriate and gender sensitive. While designing GRM procedures, the borrower should pay attention to the support of the existing legislation as well as dispute settlement mechanisms in EM communities;

VIII. Institutional Arrangement: This section describes institutional arrangement responsibilities and mechanisms for carrying out the various measures of the EMDP. It also describes the process of including relevant local organizations and NGOs in carrying out the measures of the EMDP;

IX. M&E: This section describes the mechanisms and benchmarks appropriate to the project for monitoring, and evaluating the implementation of the EMDP. It also specifies arrangements for free, prior and informed consultation and participation of affected Ethnic minority peoples in the preparation and validation of monitoring, and evaluation reports.

X. Budget and Financing: This section provides an itemized budget for all activities described in the EMDP
Annex 2: Some background information

A2.4. THE CURRENT COMPLAINTS RESOLUTION PROCESS UNDER VSS

The complaints handling process

**Reception**
- By contents

**Classification**
- By the handling authority
- By handling conditions
- By the number of complainants

**Processing**
- Cases not authorised to handle
- Cases authorised to handle
- Cases not authorised to handle
- Withdrawal of complaints

**Procedures to handle complaints for the 1st and 2nd times**

**Handling complaints for the 1st time**
(Complaints against administrative decisions and behavior regarding social insurance, health insurance, unemployment insurance; decisions on penalizing public employees; decisions and behavior regarding health insurance)

**Reception**
- Investigation
- Dialogues
- Issuing decision on first-time resolution
- Sending decision on first-time resolution. Disclosing decision on first-time resolution.

**Handling complaints for the 1st time**
(Complaints against administrative decisions and behavior regarding social insurance, health insurance, unemployment insurance; decisions on penalizing public employees)

**Reception**
- Investigation
- Dialogues establishing advisory council
- Issuing decision on second-time resolution
- Sending decision on first-time resolution. Disclosing decision on first-time resolution.
A2.5. THE CURRENT DENUNCIATION HANDLING PROCESS UNDER VSS

The denunciation handling

Reception
- By contents

Classification
- By the handling authority
- By handling conditions

Processing
- By the number of denouncers
- Cases not authorised to handle
- Cases authorised to handle

Procedures to handle denunciations (2c)
- Other cases

Issuing decisions on reception of cases
Investigation
Conclusion
Handling
Sending conclusions on cases
Disclosing conclusions on cases, and resolutions regarding violations denounced
Handling appeals
The provincial VSS sends quarterly, biannual and annual reports on reception of citizens and the existing situation of handling of complaints and denunciations to the Central VSS, which, in turn, submits its reports to the Government’s Inspectorate.