

Draft Ethnic Minority Development Plan

Project Number: 54118-001
May 2022

People's Republic of China: Strengthening Public Health Institutions Building Project

Prepared by the Fangchenggang Project Management Office for the Asian Development Bank.

CURRENCY EQUIVALENTS

(as of 9 Apr 2022)

Currency unit	–	yuan (CNY)
CNY1.00	=	\$0.1571
\$1.00	=	CNY6.365

ABBREVIATIONS

ACWA	–	All China Women's Association
ADB	–	Asian Development Bank
AoI	–	area of impact
ASEAN	–	Association of Southeast Asian Nations
EA	–	executing agencies
EID	–	emerging infectious disease
EM	–	ethnic minority
EMDP	–	ethnic minority development plan
FGD	–	focus groups discussion
FSR	–	feasibility study report
GRM	–	grievance redress mechanism
GZAR	–	Guangxi Zhuang Autonomous Region
IA	–	implementing agency
KIs	–	key informant interviews
KM	–	knowledge management
NDRC	–	National Development and Reform Commission
PMO	–	project management office
PPMS	–	project performance management system
PRC	–	People's Republic of China
PSGA	–	poverty, social, and gender analysis
RMB	–	Chinese Yuan
SGAP	–	social and gender action plan
SPS	–	Safeguard Policy Statement
TRTA	–	transaction technical assistance

This draft ethnic minority development plan is a document of the borrower. The views expressed herein do not necessarily represent those of ADB's Board of Directors, Management, or staff, and may be preliminary in nature. Your attention is directed to the "terms of use" section of this website.

In preparing any country program or strategy, financing any project, or by making any designation of or reference to a particular territory or geographic area in this document, the Asian Development Bank does not intend to make any judgments as to the legal or other status of any territory or area.

Endorsement Letter on

Implementation of the Ethnic Minority Development Plan (EMDP)

Fangchenggang Municipality is applying to participate in the Asian Development Bank loan "People's Republic of China: Strengthening Public Health Institutions Building Project" (54118-002). This Ethnic Minority Development Plan (EMDP) was prepared for this project. The EMDP complies with the relevant regulations and policies of the People's Republic of China, the Guangxi Zhuang Autonomous Region and Fangchenggang City, as well as the Asian Development Bank's Safeguard Policy Statement (2009), in particular the relevant ADB policy requirements on indigenous peoples.

The Fangchenggang Municipal Project Management Office (PMO) hereby confirming the contents and action plan listed in this EMDP and promise to include the budget listed in this plan into the overall budget of the project and allocate them in a timely manner. PMO has no objection to EMDP disclosure on the ADB website.

The Fangchenggang PMO has discussed the "Ethnic Minority Development Plan" with relevant agencies and will urge all relevant government agencies and implementing units to implement the actions listed in the plan in a timely manner. The Fangchenggang PMO will fully coordinate, organize, and guide the progress and performance of this Ethnic Minority Development Plan, conduct regular monitoring, and report to ADB on its implementation, including progress and performance as described in the EMDP.

Fangchenggang ADB Loan Project Management Office

Fangchenggang Development and Reform Commission (Substitute seal)



Data:

May 20, 2022

CONTENTS

I.	EXECUTIVE SUMMARY	2
II.	DESCRIPTION OF THE PROJECT	6
A.	PROJECT DESCRIPTION	6
B.	PROJECT BACKGROUND	7
C.	PROJECT LOCATION.....	8
III.	INFORMATION DISCLOSURE, CONSULTATION AND PARTICIPATION	9
A.	PROJECT STAKEHOLDERS.....	9
B.	ENGAGEMENT UNDERTAKEN	9
1.	ETHNIC MINORITY DEVELOPMENT PLAN ENGAGEMENT	10
2.	ETHNIC MINORITY PERCEPTIONS OF THE PROJECT AND ITS IMPACTS.....	11
3.	FUTURE ENGAGEMENT	11
4.	MEANINGFUL CONSULTATION.....	12
IV.	GRIEVANCE REDRESS MECHANISMS	13
V.	LEGAL POLICY FRAMEWORK	15
A.	CHINESE LEGISLATION	15
1.	THE CONSTITUTION OF THE PEOPLE'S REPUBLIC OF CHINA	15
A.	GENERAL OUTLINE.....	15
B.	RIGHTS AND DUTIES OF CITIZENS.....	15
C.	ETHNIC AUTONOMOUS AREAS	15
2.	LAW OF THE PEOPLE'S REPUBLIC OF CHINA ON THE NATIONAL COMMON LANGUAGE (2001)...	16
B.	LEGISLATION IN GUANGXI ZHUANG AUTONOMOUS REGION	16
1.	LAW OF THE PEOPLE'S REPUBLIC OF CHINA ON REGIONAL ETHNIC AUTONOMY (2005)	16
2.	OPINIONS OF THE PEOPLE'S GOVERNMENT OF GUANGXI ZHUANG AUTONOMOUS REGION ON THE IMPLEMENTATION OF THE NATIONAL "THIRTEENTH FIVE-YEAR PLAN" TO PROMOTE THE DEVELOPMENT PLAN FOR ETHNIC MINORITY AREAS AND ETHNIC MINORITIES WITH SMALL POPULATIONS (2017).....	16
3.	REGULATIONS ON THE WORK OF ETHNIC MINORITY LANGUAGES AND WRITING IN GUANGXI ZHUANG AUTONOMOUS REGION (2018).....	17
4.	REGULATIONS OF GUANGXI ZHUANG AUTONOMOUS REGION ON THE PROMOTION OF ETHNIC EDUCATION (2018).....	17
C.	ADB POLICY REQUIREMENTS ON INDIGENOUS PEOPLES	17
D.	GAPS BETWEEN NATIONAL LEGISLATION AND ADB SPS 2009	18
VI.	SOCIO-ECONOMIC SITUATION	19

A.	OVERVIEW	19
B.	FANGCHENG GANG CITY	19
C.	FANGCHENG DISTRICT	19
D.	PROJECT LOCATION.....	22
1.	ZHUANG ETHNIC GROUP.....	22
2.	YAO ETHNIC GROUP.....	23
3.	JING ETHNIC GROUP	24
4.	MIAO ETHNIC GROUP	24
5.	DONG ETHNIC GROUP	25
6.	BAI ETHNIC GROUP.....	25
7.	TUJIA ETHNIC GROUP.....	26
8.	YI ETHNIC GROUP	26
9.	SHUI ETHNIC GROUP	27
10.	LI ETHNIC GROUP	27
VII.	BENEFICIAL MEASURES	29
A.	DIRECT BENEFITS	29
1.	CONSTRUCTION PHASE EMPLOYMENT.....	29
2.	OPERATIONS PHASE EMPLOYMENT.....	29
3.	PROVISION OF IMPROVED HEALTH SERVICES.....	30
4.	TRAINING	30
5.	HEALTH AND WELLNESS TRAINING	31
6.	PERSONAL HEALTH VISITS	31
B.	INDIRECT BENEFITS.....	31
1.	ACCESS TO ESSENTIAL HEALTH SERVICES IN DURING EIDS AND OTHER PUBLIC HEALTH EMERGENCIES.....	31
2.	CONTROL OF PUBLIC HEALTH EMERGENCIES	32
3.	POLICY AND SYSTEM IMPROVEMENT OBJECTIVES.....	32
4.	MEDICAL ASSOCIATION WITH FANGCHENG GANG INTERNATIONAL (ASEAN) TRADITIONAL MEDICAL CENTRE	32
5.	INFORMATION DISSEMINATION.....	32
VIII.	MITIGATIVE MEASURES	33
A.	PROJECT RISKS AND IMPACTS.....	33
B.	MITIGATION MEASURES.....	33
1.	INVOLVEMENT OF EM REPRESENTATIVES IN PROJECT DESIGN.....	33
2.	INSTITUTIONAL STRENGTHENING, FINANCIAL AND PROCUREMENT TRAINING.....	34
3.	WORK ENVIRONMENT AND CONDITIONS ON CONSTRUCTION SITES.....	34

4.	CONSULTATION AND ENGAGEMENT	34
5.	CULTURAL SENSITIVITY TRAINING	35
6.	MEDICAL COSTS	35
C.	ETHNIC MINORITY ACTION PLAN	35
IX.	INSTITUTIONAL ARRANGEMENTS AND BUDGET	41
A.	EXTERNAL MONITORING BUDGET	42
B.	EMDP BUDGET	42
X.	MONITORING AND REPORTING	44
C.	MONITORING	44
1.	INTERNAL MONITORING	44
2.	EXTERNAL MONITORING	44
A.	OBJECTIVES	44
B.	INDICATORS	45
D.	REPORTING	45
APPENDIX A:	MEETING MINUTES OF STAKEHOLDER ENGAGEMENT AND FGDs	46
APPENDIX B:	PHOTOS OF STAKEHOLDER ENGAGEMENT	56
APPENDIX C:	COMPARISON BETWEEN THE PRC AND ADB REQUIREMENTS	57

I. EXECUTIVE SUMMARY

1. The Government of the People's Republic of China (PRC), through the National Development and Reform Commission (NDRC), has requested the Asian Development Bank's (ADB) support to prepare the proposed Strengthening Health Security Project (the Project). The transaction technical assistance (TRTA) and the ensuing loan are ADB's response to addressing the coronavirus disease (COVID-19) pandemic.

2. There are three proposed outputs for this Project. They are as follows:

- Output 1: Public health institutional capacity and policies developed.
- Output 2: Effective public health ecosystem established.
- Output 3: Training excellence and international cooperation capability enhanced.

3. The Project will be implemented in the provinces of Shaanxi, Guizhou and Guangxi Zhuang Autonomous Region (GZAR). The following is an overview of ethnic minorities in each of the provinces and the level of impact or benefit they are expected to receive from the Project:

- Fangchenggang City (GZAR) is a multi-ethnic community with a population of 438,656 people from 36 different ethnic minority groups, that accounts for 41.93% of the population. The large population from ethnic minority groups will positively benefit from the Project.
- Guiyang City (Guizhou) has a total of 49 ethnic minority groups, with an ethnic minority population of 721,500, accounting for 16.03% of the total population. Only 15 ethnic minority people were located in the Mai Nai village, where the Project will be constructed, and there are no significant differences in the socioeconomic characteristics between the ethnic minority people and the majority Han ethnicity.
- Yan'an City (Shaanxi) is an area where ethnic minorities live dispersed among the rest of the community. Ethnic minority groups make up 0.09% of the total population. There were no ethnic minority people identified as living on or near the Project location in Yan'an.

4. Based on the information provided above, this Ethnic Minority Development Plan (EMDP) has been prepared for Fangchenggang only. It was determined that an EMDP was not required for the Guiyang and Yan'an locations as ethnic minority groups would not be disproportionately impacted (either positively or negatively) by the Project.

5. This EMDP is aligned with the ABD Safeguard Policy Statement 2009 (SPS). The aim of the EMDP is to identify impacts to ethnic minority groups caused by the Project and provide benefit enhancement and mitigation measures for identified ethnic minority groups.

6. Stakeholder engagement has been undertaken in March and April 2022, through key informant interviews (KIIs), focus groups discussions (FGDs) and online surveys. Details of the Project and possible Project impacts and benefits have been discussed throughout the engagement process so far. Stakeholders have provided their views of the Project and raised their concerns in the meetings, which have been used to inform this EMDP. This EMDP will be disclosed to ethnic minority groups by the Fangchenggang project management office (PMO) prior to the ADB's management review meeting (an internal ADB process). Following the disclosure, a continuous and meaningful relationship will be maintained with ethnic minority groups throughout design, construction and operation stages of the Project.

7. Chinese legislation relating to ethnic minorities is primarily included in the Constitution of the People's Republic of China (passed in 1982 and subsequently amended), which states that "All ethnic groups in the People's Republic of China are equal. The government protects the lawful rights and interests of the ethnic minorities and upholds and develops a relationship of equality, unity and mutual assistance among all of PRC's ethnic groups. Discrimination against and oppression of any ethnic group are prohibited."¹ Given that the Project is located in the Guizhou Zhuang Autonomous Region, there is also applicable regional legislation and this EMDP has been prepared following all relevant legislation. This EMDP has also been prepared in line with the strategic priorities of the Asian Development Bank and the direction of the loan.

8. Fangchenggang city is a multi-ethnic community with a population of 438,656 people from 36 different ethnic minority groups, that accounts for 41.93% of the population. The predominant ethnic groups include the Zhuang with a population of 355,041 (33.94%); the Yao with a population of 48,011 (4.59%); and the Jing with a population of 25,973 (2.48%), the other ethnic groups combined make up the remaining 9,631 (or 0.92%). As of 2020 there were over 20 ethnic minority groups in Fangcheng District. The Zhuang with a population of 104,900, account for 26.84%, the Yao with a population of 26,000 or 6.6% and the Jing with a population of 3,575, accounting for 0.91% of the total population. There are people from 11 ethnic groups in the Project area of impact including the Han, Zhuang, Yao, Jing, Miao, Dong, Bai, Tujia, Yi, Shui and Li ethnic groups.

9. Benefits for ethnic minority groups and relevant enhancement methods as a result of the Project include:

Table E-1: Benefits and Benefit Enhancement Measures for Ethnic Minority Groups

Benefit	Benefit Enhancement Method
Construction and operations phase employment generation	The Project will prepare a recruitment plan for the construction and operation phase with an employment target of at least 42% of jobs allocated to people from ethnic minority groups for each phase.
Improved health care infrastructure	When constructed the healthcare infrastructure will include signage in hospitals to be provided in different languages (including Chinese and Zhuang at a minimum)/dialects or pictures and translation/interpreter services to be provided on request. Zhuang speaking staff will also be allocated to departments.
Upskilled health workers	A number of different types of training will be implemented for project management staff and public sector practitioners. A target for training of ethnic minority staff will be set at least 42% of all trainees (given that the percentage of healthcare workers has been identified to be 41.8%).
Training provided to ethnic minority groups on health and wellness	Specific training will be provided to ethnic minority groups on health and wellness.
Personal Health Visits	At least one welfare visit will be undertaken per year during construction to each vulnerable person identified

¹ <https://www.mfa.gov.cn/ce/cegv/eng/bjzl/t176942.htm>

Benefit	Benefit Enhancement Method
Capacity for early warning, risk reduction, and management of national health risks strengthened	Access to essential health services in times of EIDs and other public health emergencies will be improved particularly to vulnerable groups such as the ethnic minorities. This will be done by engaging community-based organizations in developing emergency preparedness plans designed to ensure these groups are able to access essential health services.
Control of Public Health Emergencies	Training and drills will be undertaken for epidemic prevention and control.
Policy and System Improvement Objectives	Policy recommendations will be made to provide reference for the establishment of a better emergency management system for public health emergencies
Medical Association with Fangchenggang International (ASEAN) Traditional Medical Centre	The Project will establish a long-term cooperation mechanism with hospitals in ASEAN countries to undertake personnel training and technology exchange.

28. The key areas of risk surrounding ethnic minority groups include:

- Language capabilities – while the majority of ethnic minorities in the PRC speak Chinese, there will be people in this Zhuang autonomous region that prefer speaking Zhuang (this may also be the case with other ethnic groups, such as the Miao or people that speak Miao language).
- Specific traditions, festivals and beliefs that could impede members of ethnic groups from accessing healthcare or participating in consultations and other Project activities, on particular days
- The capacity of the PMO and other relevant agencies to undertake ethnically sensitive actions, consultations and received grievances.

29. The following sections provide mitigation measures for ethnic minority people as a result of the Project.

Table E-2: Risks and Mitigation Measures for Ethnic Minority Groups

Risk	Mitigation Method
Involvement of EM Representatives in Project Design	A target of at least 20% of EM in Moyugang Group and at least 20% of EM in Dawangjiang Village should be invited to participate in Project design meetings ² .
Institutional Strengthening, Financing and Procurement Training	EM staff are invited to participate in management development workshops.

² Not all EM people may be willing/want to participate, so at least 30% is considered a reasonable number of people that would attend. The percentages are different due to the small number of people in Moyugang group, this will allow them to have sufficient representation.

Risk	Mitigation Method
Capacity Building	The PMO, IA, and contractors will be trained in the implementation and supervision of the EMDP, GRM, and reporting in compliance with ADB requirements
Work Environment and Conditions on Construction Sites	Work environment and conditions on the construction sites will be responsive to the needs of ethnic minority people working there.
Consultation and engagement	Project consultations will be undertaken in different languages/dialects as necessary, and the stakeholder engagement activities will be arranged at times, in locations and in ways that are culturally appropriate for ethnic minority groups. A target of at least 42% attendance for EM people will be set. EM representatives will be specifically consulted.
Cultural Sensitivity Training	During construction training should be conducted at least once to the workers of each of the contractors and sub-contractors at the start of their time on site. During operations training to be provided to all healthcare workers in the new facility on cultural sensitivity in health care provision and at least annually.
Increased medical costs	The expansion of the scale and function of the hospital will not lead to an increase in fee charging or an increase in the charging specifications. Because the costs for services paid by patients in public hospitals are fixed by the government.

10. The Fangchenggang Municipal People's Government has been appointed the executing agency (EA) for the Fangchenggang Project location. The Fangchenggang City Culture and Tourism Group Co. Ltd. is the appointed implementing agency (IA). The Fangchenggang PMO will be responsible for implementing this EMDP and coordinating with other relevant agencies to implement the other mitigation actions included in this plan.

11. The Project construction is expected to take approximately five years to complete. The national and international approvals will be completed in 2022 and construction is expected to be completed in approximately 2027.

12. Monitoring of ethnic minority mitigation and enhancement actions will be conducted for the duration of the Project. Monitoring will be the responsibility of the EA and IA. The Project PMO will prepare both semi-annual progress reports.

13. This Project can bring good social and economic benefits, which are urgently needed for the development of public health and economic development in Fangchenggang and the measures included in this EMDP will allow ethnic minority groups to enjoy these benefits.

14. No project component in Fangchenggang will cause adverse impacts on households including ethnic minorities. The Project does not involve land acquisition in Fangchenggang.

II. DESCRIPTION OF THE PROJECT

15. The Government of the People's Republic of China (PRC), through the National Development and Reform Commission (NDRC), has requested the Asian Development Bank's (ADB) support to prepare the proposed Strengthening Health Security Project (the Project).

16. Emerging infectious diseases (EIDs) continue to be a significant public health concern and cause of considerable socioeconomic disruption in the PRC. The unprecedented impact of COVID-19 outbreak has led to the PRC's renewed interest on the development of focused preparedness and response programs for longer-term health security.

17. The project will support the PRC in the development of an integrated system to strengthen the health security of the country. The project comprises upgrading of public health emergency facilities; development of modernized disease prevention, policies, research, and control systems; and improvement of talent building and international exchange capabilities.

18. There are three proposed outputs for this Project. They are as follows:

- Output 1: Public health institutional capacity and policies developed. Under this output the three participating hospitals will carry out the following high-quality public health interventions and activities: (i) Emergency preparedness and contingency planning; (ii) Capacity building of primary care and public health facilities; and (iii) Establishment of smart information and communications technology.
- Output 2: Effective public health ecosystem established. Under this output, the following priority public health functions will be carried out in the project sites: (i) Antimicrobial Resistance Surveillance System; (ii) Laboratory support for the detection of Emerging Infectious Diseases (EID); (iii) Wellness and mental health programs; and (iv) Upgrading of hospital facilities.
- Output 3: Training excellence and international cooperation capability enhanced. Under this output, the following priority public health activities will be implemented in the project sites: (i) Gender Mainstreaming; and (ii) Knowledge Management.

19. All of the Project outputs will have direct or indirect impact on ethnic minority peoples to some degree. Key direct impacts will be felt by ethnic minorities in Outputs 2 and 3, related to hospital facilities and training, as there will be employment and training opportunities for ethnic minority people.

20. This Ethnic Minority Development Plan (EMDP) is aligned with the ABD Safeguard Policy Statement (2009) (SPS). The aim of the EMDP is to identify impacts to ethnic minority groups caused by the Project and provide benefit and mitigation measures for identified ethnic minority groups.

A. Project Description

21. The objectives of the Fangchenggang projects are:

- Enhancing medical capacity in Fangchenggang
- Improving the capacity for triage and emergency management of infectious diseases in Fangchenggang
- Upgrading the training capacity of health care workers in Fangchenggang

- Improving the management of project construction in Fangchenggang; training various talents; improving policies and systems related to public health and disease prevention and control capacity; enhancing international cooperation capacity

22. The Fangchenggang location contains three sub-projects, namely the Special Medical Technology Building and Equipment Procurement Project, the Association of South Eastern Nations (ASEAN) Public Health Training Base Construction Project, and the ASEAN Public Health Institutions Capacity Building Project, as detailed in Table II-1.

Table II-1: Project Components for Fangchenggang

No.	Component name	Project content
1	Purchase of special medical and technical buildings and equipment	Construction of a new special medical and technical building, with a total construction area of 19,663.65m ² , it will include medical and technical rooms, testing and laboratory rooms, a teleconference center and medical office rooms,
2	ASEAN Public Health Training Base	Construction of a new training building, trainee dormitory, and library. It will include total construction area of 42,338.54m ² .
3	ASEAN Public Health Institutions Capacity Building Facility	i) Capacity building of project organizations; ii). Training of public health and health care staff; iii). International knowledge exchange training; iv). Research projects; v) Resident health training.

Source: Fangchenggang Feasibility Study Report, 2022

23. The land required for component 1 and 2 is 260.44 mu collective forest land owned by Dawangjiang village (acquired in 2021 with no APs). Other 33.81 mu land are state-owned green belt land. No person will be affected by land acquisition for the project.

24. The Project will be built in the Fangchenggang International Medical Openness Pilot Zone, (which is approximately 1km from Moyugang Group and 7km from Dawangjiang Village the two closest communities to the Project) therefore requiring that the Project also participates in external exchanges and cooperation within the pilot zone, international medical and health exchanges and cooperation, medical humanities exchanges and cooperation with Shanghai Cooperation Organisation member countries and ASEAN countries.

B. Project Background

25. The Project will be implemented in the provinces of Shaanxi, Guizhou and Guangxi Zhuang Autonomous Region (GZAR); and aligned with the PRC's 14th Five Year Plan and Healthy China 2030 to ensure equitable access to high quality public health services in regional centers of excellence. The project sites were identified by the NDRC as in need of investment in public health services in economically underdeveloped areas. The Project will prioritize easy access to health services by vulnerable groups such as ethnic minorities, women, children, the elderly, and the socially disadvantaged especially during emergencies and disasters.

26. Public health emergencies prevention and control emergency handling capacity needs to be improved in Fangchenggang, and the chronic disease prevention and control system needs to be strengthened. As Fangchenggang is located at the border, it is necessary to strengthen training and drills for epidemic prevention and control, and to enhance the emergency handling capacity of epidemic prevention and control, and the practical ability of prevention and control.

27. There are ethnic minority groups living in all three Project provinces. However, it has been determined that the ethnic minority groups in Fangchenggang are the only groups that will be disproportionately impacted by the Project. In this case, the impacts will be beneficial, in the form of receiving improved healthcare in this area with a large number of ethnic minority people. No disproportionate risks or impacts have been identified for ethnic minority groups in Guiyang and Yan'an as a result of the Project. Going forwards, when the "Project" is mentioned in this EMDP, it will be discussing the Fangchenggang location only.

C. Project Location

28. Fangchenggang is at the southernmost tip of mainland PRC, bordering Viet Nam. It is located in the south of Guangxi Zhuang Autonomous Region and at the southwest end of the Chinese mainland coastline. It is bordered by Yongning County of Nanning City and Fusui County of Chongzuo City to the north, Qinzhou City to the east, Ningming County to the west, Beibu Gulf to the south and the Democratic Republic of Viet Nam to the southwest.

29. The Project construction site is located at the southwest side of the intersection of Xiwanhuanhai Avenue and Lizitan First Grade Highway in Fangchenggang City. Figure II-1 provides an overview of the proposed location of the new construction.

Figure II-1: Project location



Source: modified from www.baidu.com

III. INFORMATION DISCLOSURE, CONSULTATION AND PARTICIPATION

30. The following sections provide an overview of Project stakeholders, particularly in relation to ethnic minority groups, engagement undertaken regarding ethnic minorities to dates, and the requirements for future stakeholder engagement and meaningful consultation.

A. Project Stakeholders

31. Stakeholders are persons or groups who are directly or indirectly affected by a project, as well as those who may have interests in a project and/or the ability to influence its outcome, either positively or negatively. Key stakeholders for the Project include:

- The city government
- The city Sanitation and Health Bureau,
- District and township government,
- The DRC and Financial Bureau,
- Health professionals, the communities and their residents
- Other project beneficiaries.

32. Other Project stakeholders that may be indirectly impacted by the Project include people that will travel to use the services provided from other provinces or from Viet Nam, civil society organizations and groups with special interests.

33. Those stakeholders that will be able to influence or be impacted by ethnic minority concerns include:

- Fangchenggang City Ethnicity and Religious Committee
- Fangchenggang Civil Affair Bureau
- The All China Women's Federation in Fangchenggang
- Associates for Elders and the Disabled at the village level
- Township and village committees in Fangchenggang (particularly Dawangjiang Village)
- Ethnic minority health professionals
- Ethnic minority people living in communities that will be served by the Project (particularly Dawangjiang Village)

B. Engagement Undertaken

34. The public participation activities in the early stages mainly focused on the public announcement of land acquisition, informing the people that a hospital would be built in the plot, but the construction design details, Project details, and construction specific contents were not publicized to the public at that time, as they were not available.

35. The details, such as the Project name, purposes and the general benefits to society were first released to the public in 2021 (approximately one year prior to the writing of this EMDP) in the Government's Annual Report, the 14th Five Year Plan, and through media sources, such as the TV news.

36. The population living in the surrounding area is a total of 4,528 people from Dawangjiang Village which is approximately 7km from the Project site and 159 people from Moyugang Group,

which is approximately 1km from the Project site. To date, there have been no inquiries or concerns raised by the local communities.

37. Information disclosure and stakeholder engagement has also been undertaken for the preparation of this EMDP. This information is discussed in the following sections.

1. Ethnic Minority Development Plan Engagement

38. Stakeholder engagement for the EMDP included providing information about the Project, an overview of its possible impacts and benefits, and receiving both baseline information and comments and concerns raised by stakeholders regarding the construction and implementation of the Project, from the perspective of ethnic minority groups.

39. The following table (Table III-1) provides a summary of the key informant interviews (KIIs) undertaken with key stakeholders in Fangchenggang regarding ethnic minority groups. These were undertaken on March 2, 2022.

Table III-1: List of KIIs undertaken in Fangchenggang

No.	Name	Sex	Organization and position	Summary of Discussion
1	Han Bo	F	PMO staff	Responding to specific questions related to the Project.
2	Ye Feng	M	Civil Affairs Bureau, head of statistic office	Provided the total number of poor and low-income people in the community. Stated that the COVID-19 pandemic has not significantly impacted them.
3	Wei Siyu	F	All China Women's Federation (ACWF), head of publicity office	The work of the ACWF. There is a hope that the Project will improve women's and children's health. There is no expected impact on ethnic minority women.
5	Fu Xianjie	M	City Ethnicity and Religious Committee, head of ethnicity office	Ethnic make-up of the Project site. Stated that the make-up of ethnic groups is generally harmonious. Regional identity is sometimes stronger than ethnic identity.
10	Meng Li	F	Deputy, City Chinese Traditional Medicine Hospital	Use of traditional Chinese medicine (TCM) in Fangchenggang and the function of their facility. Number of EM people that work in TCM.
11	Zheng Li	F	Deputy, City Chinese Traditional Medicine Hospital	

40. In addition, three focus group discussions (FGDs) have been undertaken with ethnic minority people in March and April 2022. A total of 14 ethnic minority people including seven women. Meeting minutes for KIIs and FGDs have been provided in Appendix A.

41. An online survey was administered to people in the wider Project area of impact. Of the total 48 respondents, 23 (47.9%) were from ethnic minority groups. Their responses have also been used to inform this EMDP.

2. Ethnic Minority Perceptions of the Project and its Impacts

42. As a result of the KIIs, FGDs and online survey a number of key perceptions from Ethnic minority people have been observed regarding the Project. These perceptions include:

- The impact of the COVID-19 on all people has been the same, that is, everyone dares not go out, nor can they go out to work and earn money, and their income is affected.
- Respondents hope that the Project construction will not affect the surrounding area too much, especially the noise and dust.
- Respondents hope that after the hospital is built, there will be more medical staff and the medical level can be improved but hope that the prices will not be raised.
- The respondents have no negative expectations about the Project, and the positive expectations are basically related to improved medical treatment, and employment opportunities
- Through discussion with the facilitator, some respondents raised that they hope the construction works will not impact their daily lives too much, such as blocking roads.

3. Future Engagement

43. This EMDP will be disclosed to ethnic minority groups by the Fangchenggang PMO. The timing of the disclosure, including on ADB website, will be in April 2022. The EMDP will be disclosed through FGDs that will discuss the EMDP and the actions included in the action plan (section VIII-4) and also follow ADB's Groups Discussion/or Interview guide for Ethnic Groups. The EMDP will also be disclosed in accessible places in the communities of Dawangjiang Village and Moyugang Villager Group, such as township and villager group offices, village supermarkets and the village clinic.

44. Engagement will be undertaken with ethnic minority groups in a culturally appropriate manner, at a time that will allow the most people to be able to attend. It will likely need to be undertaken in both Chinese (Mandarin) and the Zhuang language. Given that the incidence of the COVID-19 pandemic has increased in the PRC at the time of writing this EMDP, the FGDs may need to be undertaken virtually. If so, every effort will be made to ensure that people from vulnerable groups will be represented. There may be a need for facilitators to have a brief training session on how to use the technology platform prior to the start of the FGD to allow people that are not tech-savvy to participate.

45. A continuous and meaningful relationship will be maintained with ethnic minority groups throughout design, construction and operations of the Project (see further details in the next section). EM engagement will be the responsibility of the Fangchenggang PMO. It is expected that an ethnic minority specialist will need to be identified within the Project Management Consultancy Company to undertake this task.

46. Timing and frequency of consultations will primarily be determined through the Project Public Consultation Plan, a draft of which is included in the Project Initial Environmental Examination (IEE) (April 2022). By engaging ethnic minority groups in meaningful consultation and decision-making, raising their awareness of the Project and actively participating in discussions and resolving issues related to the nature and/or design of the Project, the EM groups, relevant government agencies and local government units will be able to develop a sense of ownership of the Project.

4. Meaningful consultation

47. As a key component of future stakeholder engagement, the Project will need to undertake culturally appropriate, gender sensitive process of meaningful consultation. Meaningful consultation is defined by ADB in its SPS 2009 as a process that “(i) begins early in the project preparation stage and is carried out on an ongoing basis throughout the project cycle; (ii) provides timely disclosure of relevant and adequate information that is understandable and readily accessible to affected people; (iii) is undertaken in an atmosphere free of intimidation or coercion; (iv) is gender inclusive and responsive, and tailored to the needs of disadvantaged and vulnerable groups; and (v) enables the incorporation of all relevant views of affected people and other stakeholders into decision making, such as project design, mitigation measures, the sharing of development benefits and opportunities, and implementation issues”.

48. Meaningful consultation for the Project will require regular consultations and discussions with EM people and their representatives, as well as information disclosure related to issues important for EMs. Consultations may be undertaken in the form of FDGs and public consultations. There is no specific need for any of the ethnic groups to undertake separate men’s and women’s consultations. However, it may be beneficial for separate women’s consultations to be undertaken regularly so that both women’s and men’s thoughts and opinions are taken into consideration (see comments above for culturally appropriate timing of the consultations).

49. Some methods of dissemination of information about the Project could be the media (TV news, newspapers, news apps, etc.), government websites, and important government departments, including township and sub-district governments. All engagement with EMs will need to take into account minority cultures and customs when undertaking consultations, planning, implementing training and providing employment opportunities.

50. Information received from ethnic minority groups during meaningful consultations will inform the ongoing implementation of the Project,

IV. GRIEVANCE REDRESS MECHANISMS

51. In accordance with the ADB SPS, a functional and accessible mechanism must be provided by the Project to enable people and entities to submit questions, comments, suggestions and/or complaints and provide feedback on all Project related activities at the local level to have their concerns addressed in a timely, even-handed and transparent manner.

52. Prior to the implementation of the Project, a Grievance Redress Mechanism (GRM) will be established and funded by the Fangchenggang PMO, as a transparent and effective complaint and appeal channel for the affected residents, including minority groups, to help them safeguard their own interests.

53. The GRM will be available to ethnic minority people and groups, Project stakeholders and other affected parties, and will serve as an important feedback mechanism that can improve Project impacts and mitigate risks. Through the GRM grievances from ethnic minority groups will be identified, documented, discussed, and resolved in a timely and effective manner when they arise, in compliance with Chinese regulations and ADB safeguards.

54. The GRM will be disclosed through public consultations and information disclosure, such as via social media. It will initially be disclosed during the disclosure of this EMDP then regularly thereafter. Where necessary the mechanism will also be disclosed to all cooperative members and related farmer households (as relevant). Ethnic minority (EM) community members will be represented in communication channels through village leaders and/or community cadres. The GRM will be made available in a manner and language relevant to the EM groups, this will help them to fully understand their own rights on delivering any complaints and grievance.

55. The aim of the GRM is that every person that will benefit or be negatively impacted by the Project knows and is capable of using the GRM to deliver their concerns, problems, suggestions and complaints to the Project. Grievances can be raised in the following ways:

56. **Stage one** - Grievances can be raised either verbally or in written form to the Dawangjiang village committee or leadership, or the township government. Where necessary a female community cadre will be made available to receive and/or respond to grievances. Each of the institutions will be required to maintain written records of each grievance (even if it is provided verbally) and provide a written response to the grievance within two weeks.

57. **Stage two** - If the complainant does not consider their grievance suitably resolved the grievance will be taken to the Fangchenggang PMO within the EA. The PMO will provide a written response within three weeks of the initial receipt of the grievance.

58. **Stage 3** - Should the complainant remain unhappy with the response provided by the PMO they can appeal to the Fangchenggang Municipal People's Government or the Fangchenggang City Culture and Tourism Group Co. Ltd. They will provide a written response within three weeks of the initial receipt of the grievance.

59. Complainants will be able to request that their grievances remain anonymous and any responses to anonymous grievances will be disclosed on local noticeboards, social media or at the offices of the village committee. Complainants will be warned that some grievances may not be able to be fully investigated if they remain anonymous.

60. Should a complainant have difficulty receiving a written response, the responsible party at the relevant stage of the GRM will provide the response verbally, however a written copy of the response will be kept on record.

61. The Fangchenggang PMO will have overall responsibility for keeping records of and maintaining the EM GRM. It will supervise the grievance process to monitor the provision of appropriate explanations and solutions in a timely manner.

62. All costs incurred in filing and resolving the complaints by affected persons will be borne by the project.

63. Should EM community members not be satisfied with their response following Stage Three, this GRM will not restrict them from also taking their grievances to the civil court, in line with the ADB SPS and the Chinese Civil Procedure Law. Complainants can also raise their complaint to the ADB project team or through the ADB's Accountability Mechanism.

V. LEGAL POLICY FRAMEWORK

64. The Project has been developed to be in-line with relevant national policies on ethnic minorities. Some key policies have been described below.

A. Chinese Legislation

65. The Government of the People's Republic of China recognizes 56 ethnic groups within the country, of those 55 are considered to be ethnic minorities, which are determined to be communities other than the Han ethnic group, the majority population, with approximately 90% of the total population. The Government administers and respects the rights of ethnic minorities through the following legislation.

1. The Constitution of the People's Republic of China

a. General Outline

66. In the Constitution of the People's Republic of China (passed in 1982 and subsequently amended) it stipulates that: "All ethnic groups in the People's Republic of China are equal. The government protects the lawful rights and interests of the ethnic minorities and upholds and develops a relationship of equality, unity and mutual assistance among all of PRC's ethnic groups. Discrimination against and oppression of any ethnic group are prohibited"³.

67. Areas that are inhabited by ethnic minority groups will have the right to exercise regional autonomy and establish means of self-government. However, all ethnic autonomous regions are considered inseparable parts of the People's Republic of China.

68. In accordance with the characteristics and needs of each ethnic minority group, the government will assist the ethnic minority region to undertake economic and cultural development. All ethnic minorities have the freedom to use and develop their own language and writing, and to maintain their own customs and rituals.

b. Rights and Duties of Citizens

69. All citizens of the People's Republic of China are equal before the law. All citizens that receive the rights included in the Constitution must at the same time fulfill the obligations stated in the Constitution and the law.

70. Citizens of the People's Republic of China have freedom of religious belief. No government organism, social group or individual may compel a citizen to change their religious beliefs and citizens must not be discriminated against based on their religious beliefs.

c. Ethnic Autonomous Areas

71. Autonomous regions will be responsible for the management of their own educational, scientific, cultural, health and sports activities. They will also be required to protect their own cultural heritage. Ethnic autonomous areas will choose to use one or more of the languages

³ <https://www.mfa.gov.cn/ce/cegv/eng/bjzl/t176942.htm>

commonly used in their regions. The government will assist the autonomous region in the areas of finance, materials, and technology.

72. The government will assist the autonomous regions to identify and train a large number of cadres at all levels, various professional talents and skilled workers from among the local ethnic groups.

2. Law of the People's Republic of China on the National Common Language (2001)

73. All ethnic groups have the freedom to use and develop their own languages (both written and verbal). Ethnic minority groups will be free to use their own languages and texts, as stated in the relevant provisions of the Constitution, and the Law on Regional Ethnic Autonomy (2005 – see next section).

B. Legislation in Guangxi Zhuang Autonomous Region

In the early 1980s, the Law of Ethnic Regional Autonomy (1984) was signed to allow governments of autonomous regions in the PRC to decide their own economic policy. The regions are able to decide on the allocation of government subsidies, and, within set guidelines, other policy issues as well. The following sections include legislation from the Guangxi Zhuang Autonomous Region that relate specifically to ethnic minorities.

1. Law of the People's Republic of China on Regional Ethnic Autonomy (2005)

74. The governing agencies of an autonomous region must safeguard ethnic relations, equality, unity and mutual assistance among all ethnic groups. It is prohibited to discriminate or oppress any ethnic group, undermine national unity or create national divisions.

75. Ethnic minority areas will train cadres at all levels and promote professional and technical training for personnel among ethnic minorities, including women. Employment of ethnic minority people, particularly from rural areas be prioritized in enterprises and public institutions in ethnic autonomous areas.

76. Self-governing ethnic autonomous areas will independently decide on their own development plans for medical and health facilities and develop modern medicine and traditional ethnic medicinal practices. When constructing a project in an autonomous region due care needs to be taken to the interests of the region, the production and the livelihoods of ethnic minority people. The project must make efforts to protect and improve the local living and ecological environment and prevent and control pollution and other public hazards.

2. Opinions of the People's Government of Guangxi Zhuang Autonomous Region on the Implementation of the National "Thirteenth Five-Year Plan" to Promote the Development Plan for Ethnic Minority Areas and Ethnic Minorities with Small Populations (2017)

77. The thirteenth five-year plan focused on improving medical and health services, employment, social security, and education for ethnic minority people in Guangxi Zhuang Autonomous Region, by 2020. In relation to the Project, the plan intended to complete and stabilize the health and family planning service network at the county, township, and village levels and strengthen the capacity of key medical disciplines and clinical specialties. The focus was to be on poor counties, autonomous counties, border counties (cities, districts), and counties with

small populations inhabited by ethnic groups. It included the development of traditional Chinese medicine.

3. Regulations on the Work of Ethnic Minority Languages and Writing in Guangxi Zhuang Autonomous Region (2018)

78. The legislation aims to strengthen the use of the languages and text of ethnic minorities, to guarantee the freedom of all ethnic minorities to use and develop their own languages. The autonomous region encourages and supports the use of the Zhuang language and script as determined by the government-approved "Zhuang Script Plan" in areas inhabited by the Zhuang ethnic group. The legislation encourages the use of ethnic minority languages to be used in schools and the use of ethnic minority languages when conducting litigation.

4. Regulations of Guangxi Zhuang Autonomous Region on the Promotion of Ethnic Education (2018)

79. The legislation encourages the standardization of compulsory education in schools in areas inhabited by ethnic minorities, and capacity improvement for school in such areas in order to meet national standards. The regulation encourages and supports the implementation of ethnic bilingual education at different levels. It also defines the preferential policies for admission into educational facilities for ethnic minority candidates as well as subsidies for the education of people from ethnic minority groups.

C. ADB Policy Requirements on Indigenous Peoples

80. ADB's third safeguard policy within the Safeguard Policy Statement (SPS) 2009 relates to indigenous peoples. Indigenous peoples are a group that has social or cultural identities distinct from the mainstream or dominant population in the countries in which they live. In the case of the PRC, the dominant population is considered to be the Han ethnic group.

81. There are a number of interchangeable terms for indigenous peoples, including cultural minorities, ethnic minorities, indigenous cultural communities, tribal people, natives, and aboriginals. While ADB uses the term 'indigenous peoples', this term is not legally recognized in the PRC, therefore this EMDP will use the term ethnic minorities which is a recognized term.

82. The ADB SPS recognizes that ethnic minority groups have the potential to be particularly vulnerable in development processes. The third safeguard policy works to ensure that indigenous peoples have opportunities to participate in and benefit equally from project development.

83. Project activities must ensure that development initiatives affecting ethnic minority groups are effective, sustainable, and culturally appropriate. Affected ethnic minority groups should receive culturally appropriate social and economic benefits; and that when potential adverse impacts on ethnic minorities are identified, these will be avoided to the maximum extent possible.

84. Where possible projects must avoid negatively affecting ethnic minority groups, if avoidance of impacts is not possible, the project must provide culturally appropriate mitigation measures and/or fair compensation. Project strategies and approaches to development that affect indigenous peoples must include mechanisms for accurate, objective analysis of their circumstances. Processes must be transparent and encourage the participation of ethnic minority groups in all areas that affect them, including project design and implementation.

D. Gaps Between National Legislation and ADB SPS 2009

85. National ethnic minority legislation in the PRC works at a high level and is relating to the provision of human rights to ethnic minority groups. The legislation focuses on issues such as: freedom in religious belief, protecting the lawful rights and interests of EMs, the right to vote and the right to be elected and the freedom to use and develop their own languages.

86. In addition, the authorities within ethnic autonomy localities have the following rights: autonomous legislative power; autonomy in the administration of local political, economic, financial, scientific, educational and cultural affairs; the right to organize local public security forces; and the right to use and develop EM languages, etc.

87. ADB on the other hand provides requirements at a Project level. Therefore, there are a number of gaps between the national and regional legislation and ADB requirements. For example, the legislation does not require:

- Documentation (such as an EMDP) to be prepared relating to ethnic minorities
- Engagement to be undertaken and to allow EMs to influence development decisions
- Special efforts to be made to ensure that ethnic minorities participate in the planning or development of the project
- That Projects are implemented in a way that fosters full respect of ethnic minorities' identity, dignity, human rights, livelihood systems, and cultural uniqueness as defined by themselves
- That ethnic minorities receive culturally appropriate social and economic benefits
- That ethnic minorities do not suffer adverse impacts as a result of projects, and can participate actively in projects that affect them

88. This EMDP has been prepared to address these gaps. Consultation has been undertaken and meaningful consultation will continue throughout the Project implementation (Section III). Ethnic minority representatives will be asked to participate in Project design (Section III). Section VII provides an overview of Project benefits and Section VIII identified possible impacts and mitigation measures. A summary table of key points from national legislation and the ADB policies is included in Appendix C.

VI. SOCIOECONOMIC SITUATION

A. Overview

89. The total population of the 55 ethnic minority groups recognized in the PRC, reached 111,964,901 people in 2010 (the time of the most recent census) or 8.4% of the PRC's total population. The following statements provide information on ethnic minority groups impacted by the Project.

B. Fangchenggang City

90. Fangchenggang City has 2 districts, 1 county and 1 county-level city, with 4 county-level administrative regions (the Port area, Fangcheng District, Shangsi County and Dongxing City), 23 townships and 7 street offices. Fangchenggang city is a multi-ethnic community with a population of 438,656 people from 36 different ethnic minority groups, that accounts for 41.93% of the population. The predominant ethnic groups include the Zhuang with a population of 355,041 (33.94%); the Yao with a population of 48,011 (4.59%); and the Jing with a population of 25,973 (2.48%). Except for one county (Shangsi county) which is predominantly (86.71%) populated with people from the Zhuang ethnic group, there is no particular concentration of ethnic minorities in the city, and it is made up of mixed and small-scale settlements.

91. Fangchenggang is working to become the only "National Unity Demonstration City" in Guangxi, as an ethnic frontier area, aiming to highlight its own ethnic characteristics (including ethnic minority medical practices) and promoting cultural and folklore exchanges among various ethnic groups. According to the Municipal Ethnicity and Religious Committee, the relationship between local ethnic minorities is good and people are more likely to identify themselves based on regional concepts than based on their ethnic group.

C. Fangcheng District

92. Fangcheng District is located at the edge of the Beibu Gulf of the PRC. In 2020, Fangcheng District has jurisdiction over 10 rural townships, and 3 sub-districts, 145 administrative villages and 20 communities. The Project site located inside Dawangjiang Village, which has a population of over 4000, with good economic conditions and geographical location.

93. As of 2020 there were over 20 ethnic minority groups in Fangcheng District. The district has a lot of movement of people, however among its permanent population, 253,700 people are Han, accounting for 64.89% of the population and people from ethnic minority groups make up 137,300 people, accounting for 35.11% of the total population. The three largest ethnic minority groups in Fangcheng district are, the Zhuang with a population of 104,900, accounting for 26.84% of the total population, and the Yao with a population of 26,000 or 6.6% of the total population and the Jing with a population of 3,575, accounting for 0.91% of the total population.

94. A total of 78% of ethnic minority people (18 out of the 23 respondents) from Fangcheng District that responded to the online survey stated that they use their nearest health center (the Han majority community less people - 60% of the respondents – used their closest health center). Of those respondents 39% stated that their nearest location was fair, 34% said it was good and 26% said it was excellent. None of the respondents said their nearest health center had poor service.

95. A total of 14.29% of total survey respondents⁴ (48 respondents, both from EM and Han ethnic groups) do not use the health facilities closest to them. The reasons they provided for this were that they prefer to use more famous facilities, they are very healthy and do not use any facilities, the nearest facility do not provide a good service⁵, and that the qualifications of staff at the nearest facilities are insufficient.

96. Respondents were then asked what the quality was of the health facilities that they use and none of the respondents said they were poor, while the majority said they were good (47.92%). See Table VI-1 for more information.

Table VI-1: Quality of Health Services

Quality	Number	Percentage
Not good	0	0%
Fair	15	31.25%
Good	23	47.92%
Very good	10	20.83%

Source: Online survey.

97. For those that answered fair, respondents stated that the health facilities needed to improve the quality of service, upgrade hardware and software, increase medicine supply, and increase the number of staff.

98. Even though the respondents did not use the closest healthcare facilities, the majority had to travel less than 1km to reach their preferred facilities. Only two people needed to travel further than 10km.

Table VI-2: Distance to nearest healthcare facility they use.

Distance	Number	Percentage
<1km	6	40%
1-5km	4	26.67%
5-10km	3	20%
>10km	2	13.33%

Source: Online survey.

99. Just over half of ethnic minority respondents (52%) said they pay for health services, the remainder (48%) said they do not pay. A total of 92% of those that pay said they would be willing to pay more for better services and 91% of respondents that said they do not currently pay; said they would be willing to pay if the Project improves the services. A total of 74% of respondents said that they have health insurance (a similar percentage to Han respondents).

100. With medical insurance, people pay for treatment but are generally reimbursed part of the cost by the hospital. This payment model is consistent among rural and urban populations, but the reimbursement ratio for rural patients (using the new rural cooperative medical insurance) is generally higher.

101. Costs for services paid by patients in public hospitals are fixed by the government. Hospitals themselves are not able to increase prices. It is a difficult procedure that requires public consultations. In addition, basic healthcare costs are protected by national policies, such as the

⁴ Given the COVID-19 restrictions surveys were undertaken in an online format. However, due to the formatting of the survey a breakdown of this information into ethnic groups was not possible. Information generated during the monitoring period (based on key indicators described in Section XI) will be disaggregated into ethnic groups, to allow for sufficient monitoring.

⁵ Note: This seems to contradict the response above where no respondents stated their services was poor.

Interim Measures for Basic Medical Insurance for Urban and Rural Residents in Guangxi⁶. The fees are calculated based to the type of service provided.

102. Survey respondents from Fangchenggang (both EM and Han) were asked if they pay for health services (excluding medicines), 53.57% of respondents stated that they do pay for health services. Of those that pay the majority (53%) pay less than 50 RMB each time they go. With only one respondent saying they pay over 300 RMB.

Table VII-1: Cost of healthcare per visit

Cost	Percentage
< 50 RMB	53.33%
50-150 RMB	33.33%
150-300 RMB	6.67%
>300 RMB / month	6.67%

Source: Survey results March 2022.

103. Annually survey respondents pay up to 3,000 RMB for health services (excluding medicines). The majority of respondents (60%) stated they pay less than 500RMB annually.

Table VII-2: Annual cost of healthcare

Cost	Percentage
< 500 RMB	60%
500-1500 RMB	20%
1500-3000 RMB	20%
>3000 RMB	0

Source: Survey results March 2022.

104. Of EM respondents 87% use traditional Chinese medicine (TCM), approximately the same rate as the Han community respondents. The EM respondents said the TCM facilities they use are fair (25% of respondents), good (45% of respondents) and excellent (30% of respondents), none of the respondents said their TCM facilities were poor.

105. A total of 83% of EM respondents stated they use or have a female family member that uses maternity or women's facilities at a hospital. Of the respondents to this question 16% said the facilities were fair, 53% said they were good and 32% said the facilities were excellent.

106. None of the EM survey respondents stated that there are restrictions for healthcare for ethnic minority groups and they state that their situation did not get worse during the COVID-19 pandemic. One respondent or 4% of total respondents state that there were some restrictions for elderly or disabled use of medical facilities.

107. When asked if their health facilities were able to suitably manage the COVID-19 pandemic, none of the respondents stated that their service got worse, 26% stated their services was the same and 37% stated their service had improved (37% of respondents stated they did not know if their service had improved or not). Of the total respondents 35% said their health care services have some capacity to manage future EIDs but could be better and 65% stated that their health services were well equipped.

108. National and provincial statistics are not kept relating to the ethnicity of hospital staff. The percentage of ethnic minority people working in the Fangchenggang TCM hospital is 41.8% this

⁶ http://xxgk.beihai.gov.cn/bhsylbzj/zcfgzl_102691/zcfg_102692/202011/t20201103_2316125.html

is almost the same percentage of ethnic minority as are in the total population in Fangchenggang City (and higher than Fangcheng District).

D. Project Location

109. The Project is located in Shuiying Street, Dawangjiang Village. Moyugang Villager Group. Dawangjiang Village has a total of 775 households, a total population of 4,528, Moyugang Group has more than 30 households with a total population of 159 people. The people that live on the streets and administrative villages where the Project is to be located are predominantly Han and Zhuang ethnic groups. Table VI-1 provides an overview of the ethnic minority distribution in the two villages.

Table VI-1: EM distribution in Dawangjiang Village and Moyugang Group

	Dawangjiang Village	Moyugang Group
Total population	4,528	159
Ethnicity		
Han	2,904	122
Zhuang	1,427	29
Yao	123	5
Jing	48	0
Miao	10	0
Dong	3	0
Bai	3	0
Tujia	3	0
Yi	3	3
Shui	2	0
Li	2	0

Source: Fangchenggang PMO (April 2022).

110. The Zhuang, Yao and Jing are the three ethnic minority groups with substantial numbers of group members. Therefore, this EMDP will focus on those groups. The following are the characteristics of the three key ethnic minority groups found in the Project location.

1. Zhuang Ethnic Group

111. The Zhuang ethnic group is the largest of the ethnic minorities that are recognized in the PRC, with a population of approximately 18 million people. The majority of the Zhuang people living in the Guanxi Zhuang Autonomous Region (in which the Project is located).

112. The majority of the Zhuang people speak mandarin Chinese, although they do have their own language, which is similar to the Thai language and a written language, although few Zhuang people can still read it⁷.

113. The Zhuang people do not follow a particular religion, Buddhism and Taoism, and later Protestantism have all been introduced to the ethnic minority group. In general, the Zhuang are

⁷ [Zhuang Ethnic Minority, Zhuang Group in China \(chinahighlights.com\)](http://chinahighlights.com)

considered to be polytheists. This includes worshipping nature, such as large rocks, old trees, tall mountains, animals and birds⁸.

114. While the Zhuang have taken on and now share many of the festivals with the majority Han ethnic group, they continue to celebrate a number of their own festivals. Traditional clothes are worn for special occasions, but in day-to-day life modern clothing is worn⁹. Another particularity of the Zhuang is that wives return to live at their father's house after marriage and stay there until their first child is born. This tradition is still identified in the Zhuang community but has waned in recent years¹⁰.

115. The Zhuang community has historically suffered from insufficient medical services, which have led to outbreaks of contagious diseases in the communities. Such diseases include; cholera, smallpox, snail fever and malaria. Improvements in medical facilities (clinics in villages and access to hospitals in cities) since the Communist Revolution in 1949 have improved the situation of the Zhuang people¹¹.

2. Yao Ethnic Group

116. The total population of the Yao ethnic group is approximately 2.13 million people. Between 60-70% of Yao people live in the Guangxi Zhuang Autonomous Region, with the remainder living in Hunan, Yunnan, Guangdong, Guizhou and Jiangxi provinces¹². They are thought to have originated from the Hunan Province.

117. The name Yao incorporates several distinct groups with the same origins¹³. Therefore, there are many regional differences between Yao ethnic minority people living in different locations. Yao is a term given to the group, they call themselves Mian or Mien, which means "people". There is a Yao language, which is spoken by approximately half of the Yao people (which includes a number of regional dialects), the remainder speak the Miao or Dong languages. The majority of Yao people also speak Chinese or the Zhuang ethnic minority language. The Yao did not have their own written language, originally passing their knowledge on through song. In 1949 they were assisted by the Chinese government to make their own language¹⁴.

118. The Yao have a patrilineal society controlled by headmen that inherited their roles from their fathers. The Yao hold high respect to the elderly and have etiquette and manners related to the elderly¹⁵. Yao traditional dress is different depending on the location in which they reside.

119. Religion for the Yao was originally made up of animism and shamanism. However, in more recent years they have been influenced by Taoism and Buddhism, with a small number converting to Christianity. Communities today still believe in spirits and deities (particularly evil spirits). The Yao have discarded some traditions that were considered 'unhealthy' while keeping "healthy" ones. There are a large number of festivals that are participated in by people from the Yao ethnic group (approximately 1 per month), however these differ between locations. Signing continues to be a big part of the community¹⁶.

⁸ [Ethnic Groups - china.org.cn](http://EthnicGroups-china.org.cn)

⁹ Ibid.

¹⁰ [Zhuang | people | Britannica](http://Zhuang-people-Britannica)

¹¹ [Ethnic Groups - china.org.cn](http://EthnicGroups-china.org.cn)

¹² [The Yao ethnic minority \(mfa.gov.cn\)](http://TheYaoethnicminority(mfa.gov.cn))

¹³ [An Introduction to China's Yao People \(theculturetrip.com\)](http://AnIntroductiontoChina'sYaoPeople(theculturetrip.com))

¹⁴ [The Yao ethnic minority \(mfa.gov.cn\)](http://TheYaoethnicminority(mfa.gov.cn))

¹⁵ [Yao Ethnic Minority, Chinese Ethnic Minority \(chinatravel.com\)](http://YaoEthnicMinority.ChineseEthnicMinority(chinatravel.com))

¹⁶ [YAO MINORITY | Facts and Details](http://YAO-MINORITY-FactsandDetails)

120. Traditionally Yao ethnic groups had very poor healthcare, with epidemics such as smallpox and cholera prevalent. However, the Chinese government has now trained Yao doctors and nurses to work in hospitals or clinics in every Yao County, township, and village¹⁷.

3. Jing Ethnic Group

121. The Jing is a small ethnic minority group consisting of approximately 22,500 people. They live in communities in Guangxi Zhuang Autonomous Region, Fangcheng Multi-ethnic Autonomous County, and the islands of Wanwei, Wutou and Shanxin. Approximately a quarter of the Jing ethnic minority group live in cities and towns where there are no significant differences in the socioeconomic characteristics between the Jing, the Han and Zhuang ethnic groups¹⁸. The Jing are thought to have emigrated to the PRC from Viet Nam¹⁹.

122. Jing people have their own language and originally also had their own script called Zinan. The majority of the Jing people nowadays speak Cantonese and use the Chinese writing script²⁰.

123. Traditionally the Jing had their own ethnic form of dress, however it is no longer common. Some elderly women continue to use the dress style and dye their teeth black, as was the tradition. However, the majority wear modern clothes²¹.

124. The Jing ethnic group maintain their traditional colorful folk art and strong tradition of singing. They maintain some of their original festivals, but also participate in the festivals of the Han majority ethnic group²².

125. The Jing have been influenced by Buddhism or Taoism, and to a small extent Catholicism, however they also continue to worship their ancestors and a number of gods. Predominantly, the Gods worshipped by the Jing ethnic minority are related to the sea²³.

126. The Jing have their own form of traditional Chinese medicine, which is the only type of TCM that uses items from the sea to treat diseases.

4. Miao Ethnic Group

127. The Miao ethnic group is one of the largest ethnic minority groups in the PRC, with a population of approximately 8,940,000 people. In the last centuries the Miao have undertaken large scale migration across the PRC and as a result, the name Miao is now used for four distinct groups of people across the PRC who are related through a common language and culture²⁴. The Miao are predominantly located in the provinces of Guizhou, Yunnan, Hunan and Sichuan provinces and Guangxi Zhuang Autonomous Region²⁵. Guizhou is considered the homeland of the Miao and approximately 25% of the total population live in Guizhou province²⁶.

128. There are a number of variations in dialects, and traditional clothing in Miao people who live in different locations²⁷. Miao have their own language that comes from the Miao-Yao branch of the Chinese-Tibetan language family. Across the country the Miao speak in different dialects

¹⁷ [The Yao ethnic minority \(mfa.gov.cn\)](http://mfa.gov.cn)

¹⁸ [Ethnic Groups - china.org.cn](http://china.org.cn)

¹⁹ [Jing Ethnic Minority \(chinaculture.org\)](http://chinaculture.org)

²⁰ [Ethnic Groups - china.org.cn](http://china.org.cn)

²¹ [Ethnic Groups - china.org.cn](http://china.org.cn)

²² [Jing Ethnic Minority \(chinatravel.com\)](http://chinatravel.com)

²³ [Jing Ethnic Minority \(chinaculture.org\)](http://chinaculture.org)

²⁴ [Miao | people | Britannica](http://britannica.com)

²⁵ [Ethnic Groups - china.org.cn](http://china.org.cn)

²⁶ [The Miao Minority, History, Customs and Festivals of Miao Minority \(chinahighlights.com\)](http://chinahighlights.com)

²⁷ [Ethnic Groups - china.org.cn](http://china.org.cn)

and some Miao from different locations find it difficult to understand the different dialects. Miao in different locations can have different festivals or celebrate festivals on different days²⁸.

129. Traditionally Miaos believed in a number of different gods, and had specific ritual traditions²⁹. These traditions have faded somewhat since the cultural revolution.

5. Dong Ethnic Group

130. The Dong have a population of approximately 2,960,300 people. They generally live in a stretch of territory along the borders with Hunan, Guizhou, and Guangxi. Between the years of 1982 and 1990, they had the highest birth rate of any ethnic group in the PRC³⁰.

131. The Dong have their own language that they call Kam. It is considered to be a Kam-Sui language which is related to the Thai languages³¹. The Dong people did not have their own writing style before 1949 (the Chinese government helped them to create one in 1958 – but it never became popular), therefore Dong people generally use written Chinese.

132. Dong communities were based on the feudal patriarchal family model, with women being the in the lowest social strata. This has changed since the Cultural Revolution. In villages, the Dong continue to maintain a council of elders, who hold meetings and discuss local affairs³².

133. Prior to the Cultural Revolution, the Dong relied heavily on traditional healers (or shaman) and remedies for their medical needs³³. The Dong suffered with poor health, such as malaria outbreaks and other diseases before 1949, however Dong health problems have largely been eliminated³⁴.

6. Bai Ethnic Group

134. There were approximately 1,933,510 people in the Bai ethnic group in 2010 (according to the 2010 Chinese census)³⁵. The majority of Bai people (80%) live in the Dali Bai Autonomous Prefecture in Yunnan Province. The remainder live predominantly in Sichuan and Guizhou provinces³⁶.

135. The Bai ethnic group has its own language, which is related to the Yi branch of the Tibetan-Myanmese group of the Chinese-Tibetan language family. Due to the long history of contact between the Bai and the Han, there are a lot of Chinese words used in the Bai language³⁷. The Bai have used two different styles of written languages over the centuries, they are the Bo language (which is an ancient form of written as Chinese, which was read in the Bai language) and a form of Sanskrit-Chinese, which was the most widely used. Bai children often study at Bai-Chinese bilingual schools³⁸. It is estimated that 1.2 million Bai people, can speak their traditional language, which is a high percentage in relation to other ethnic minority groups³⁹.

²⁸ [Ethnic Groups - china.org.cn](http://EthnicGroups-china.org.cn)

²⁹ [Ethnic Groups - china.org.cn](http://EthnicGroups-china.org.cn)

³⁰ [Dong | people | Britannica](http://Dong-people-Britannica)

³¹ [Dong | people | Britannica](http://Dong-people-Britannica)

³² Dong Ethnic Minority | China & Asia Cultural Travel

³³ [Ethnic Groups - china.org.cn](http://EthnicGroups-china.org.cn)

³⁴ [Ethnic Groups - china.org.cn](http://EthnicGroups-china.org.cn)

³⁵ BAI MINORITY: HISTORY, RELIGION AND FESTIVALS | Facts and Details

³⁶ [Ethnic Groups - china.org.cn](http://EthnicGroups-china.org.cn)

³⁷ [Ethnic Groups - china.org.cn](http://EthnicGroups-china.org.cn)

³⁸ BAI MINORITY: HISTORY, RELIGION AND FESTIVALS | Facts and Details

³⁹ [The Bai Minority in China \(chinahighlights.com\)](http://TheBaiMinorityinChina.chinahighlights.com)

136. The majority of Bai were Buddhists and worshippers of "communal gods" (called Wuzeng, or Laogu (male ancestors), or Laotai (female ancestors)). Nowadays Buddhism, Taoism and ancestor worship are practiced mainly by older Bai people. The Bai continue to practice traditions from when they worshipped the communal gods⁴⁰.

137. Prior to the Cultural Revolution the Bai believed that illnesses were caused by evil spirits. The evil spirits were dispelled by a shaman that used medicinal herbs, songs, chants and exorcisms to treat illnesses⁴¹.

7. Tujia Ethnic Group

138. The majority of the approximately 8,028,100 Tujia people live in the Xiangxi Tujia-Miao Autonomous Prefecture and Exi Tujia-Miao Autonomous Prefecture, there are also Tujia people living in Hunan and Hubei provinces. They are the eighth largest ethnic group in the PRC⁴². However, the Tujia now live among the Han and Miao ethnic groups. The Tujia share many traditional lands with the Miao, but they are not ethnically related. The Tujia are more closely related to the Yi people⁴³.

139. There is a language called Tujia, that is spoken by approximately 20,000-30,000 people, who are located in remote areas. The language is similar to Yi language and comes from the Tibeto-Burman group of the Chinese-Tibetan language system⁴⁴. However, the majority of Tujia speak Chinese and the Miao languages.

140. Tujia religious beliefs used to include "Taoism, ancestor worship and a shamanistic belief in gods, ghosts and demons"⁴⁵. Although these have largely died out.

8. Yi Ethnic Group

141. The Yi ethnic minority has a total population of approximately 9.5 million people, making them the seventh largest ethnic minority group in the PRC⁴⁶. The Yi can be found across the provinces of Sichuan, Yunnan and Guizhou, and the Guangxi Zhuang Autonomous Region. The largest community of Yi people (approximately 1,000,000 people) live in the Liangshan Yi Autonomous Prefecture⁴⁷.

142. The Yi people have their own language which comes from the Tibetan-Myanmese Language Group of the Chinese-Tibetan Language Family. Given the distribution of Yi people across the PRC, there are six different dialects of the Yi language. However, the majority of Yi people now also speak Chinese. The Yi ethnic group used to have its own written language called Yi language.

143. Prior to 1949 the Yi lived in caste system with three different classes. The Black Bone Yi (approximately 7% of the population were the ruling class, the White Bone Yi (approximately 50% of the population were subjects of the Black Bone Yi and the Jianu (43% of the population) were

⁴⁰ [BAI MINORITY: HISTORY, RELIGION AND FESTIVALS | Facts and Details](#)

⁴¹ [BAI MINORITY: HISTORY, RELIGION AND FESTIVALS | Facts and Details](#)

⁴² [An Introduction to China's Tujia People \(theculturetrip.com\)](#)

⁴³ [An Introduction to China's Tujia People \(theculturetrip.com\)](#)

⁴⁴ [Tujia Ethnic Minority \(chinaculture.org\)](#)

⁴⁵ [Ethnic Groups - china.org.cn](#)

⁴⁶ [The Chinese Yi Ethnic Minority, History and Customs \(chinahighlights.com\)](#)

⁴⁷ [Ethnic Groups - china.org.cn](#)

slaves of the Black Bone Yi⁴⁸. The community was also very structured along gender lines, with 'men's' and 'women's' work clearly identified⁴⁹.

144. Before 1949 the Yi practiced polytheism which combines ancestor worship and aspects of Taoism and Buddhism⁵⁰ that was called Bimoism. Traditionally the Yi used their own calendar which has 10 months of 36-days each⁵¹.

145. The predominant method to cure diseases prior to the Cultural Revolution was through prayer and many diseases such as smallpox, typhoid, leprosy, malaria, and cholera were prevalent. However, the Yi people did have traditional medical knowledge, which has been integrated into the modern day traditional Chinese medicinal practices (particularly Yunnan baiyao which treats haemorrhage, wounds, bruises)⁵².

9. Shui Ethnic Group

146. Shui means water in Chinese. The Shui people still continue to keep a connection with water, and rivers. There are approximately 406,900 Shui people in the PRC. They predominantly live in Guizhou Province (approximately 90% of the population) in the Sandu Shui Autonomous County. There are a small number of Shui people that live in the north-west of the Guangxi Zhuang Autonomous Region⁵³.

147. The Shui have a language that belongs to the Zhuang-Dong branch of the Chinese-Tibetan language family. There are reported to be approximately 300,000 native speakers of the Shui language, which means the majority of the Shui ethnic group can speak the language. This is rare among ethnic groups in the PRC⁵⁴. The Shui did have their own written language (called "Shui Shu" or Shui letters⁵⁵), which was based on pictographs and the traditional Chinese characters. This language continues to be used for religious purposes, but otherwise has been replaced by Chinese for day-to-day use⁵⁶.

148. The Shui religions are based on shamanism and polytheism. The Shui have a large number of beliefs and rituals that continue to be practiced⁵⁷. The Shui also invented their own calendar with nine lunar months⁵⁸.

149. Health concerns were traditionally thought to be brought on by evil spirits and remedied by a shaman using prayer and animal sacrifice. Diseases were prevalent, such as Malaria that was reported to have an 80% incident rate. Malaria in the Shui communities has now been brought under control through investment in healthcare, which was initiated after 1949⁵⁹.

10. Li Ethnic Group

150. The Li people originate from the island of Hainan (archaeological studies show they were the first people to inhabit the island⁶⁰) and it is still the home to the largest percentage of the Li

⁴⁸ [Ethnic Groups - china.org.cn](http://EthnicGroups-china.org.cn)

⁴⁹ [An Introduction to China's Yi People \(theculturetrip.com\)](http://AnIntroductiontoChinasYiPeople(theculturetrip.com))

⁵⁰ [Ethnic Groups - china.org.cn](http://EthnicGroups-china.org.cn)

⁵¹ [An Introduction to China's Yi People \(theculturetrip.com\)](http://AnIntroductiontoChinasYiPeople(theculturetrip.com))

⁵² [An Introduction to China's Yi People \(theculturetrip.com\)](http://AnIntroductiontoChinasYiPeople(theculturetrip.com))

⁵³ [Ethnic Groups - china.org.cn](http://EthnicGroups-china.org.cn)

⁵⁴ [An Introduction to China's Sui People \(theculturetrip.com\)](http://AnIntroductiontoChinasSuiPeople(theculturetrip.com))

⁵⁵ [The Shui Ethnic Minority in China: Culture and Tourism \(chinahighlights.com\)](http://TheShuiEthnicMinorityinChina:CultureandTourism(chinahighlights.com))

⁵⁶ [Ethnic Groups - china.org.cn](http://EthnicGroups-china.org.cn)

⁵⁷ [An Introduction to China's Sui People \(theculturetrip.com\)](http://AnIntroductiontoChinasSuiPeople(theculturetrip.com))

⁵⁸ [Ethnic Groups - china.org.cn](http://EthnicGroups-china.org.cn)

⁵⁹ [Ethnic Groups - china.org.cn](http://EthnicGroups-china.org.cn)

⁶⁰ [An Introduction to China's Li People \(theculturetrip.com\)](http://AnIntroductiontoChinasLiPeople(theculturetrip.com))

population predominantly in the Hainan Li-Miao Autonomous Prefecture. The total population of Li is approximately 1,247,800⁶¹. The Li people live in close contact with the Miao people.

151. The Li people have their own spoken language which comes from the Chinese-Tibetan language family. However, many Li no longer speak the language and instead speak Chinese. The Li ethnic group did not have its own written language, instead recording information by tying knots in ropes. The Chinese government helped it to create one in 1957⁶².

152. The predominant forms of worship for the Li ethnic groups were Totemism, including ancestor worship, and worship of earth gods and spirits⁶³.

153. Prior to the Cultural Revolution the Li suffered from outbreaks of disease, such as smallpox and cholera. Malaria was also reported to have killed whole villages⁶⁴. This has now been brought under control with investment in health services in Hainan. The Li traditionally follow a twelve day-week each named after an animal from the totem (these animals are the same as the 12 Chinese zodiac animals)⁶⁵.

⁶¹ [Ethnic Groups - china.org.cn](http://EthnicGroups-china.org.cn)

⁶² [Ethnic Groups - china.org.cn](http://EthnicGroups-china.org.cn)

⁶³ [Li Ethnic Minority \(chinaculture.org\)](http://LiEthnicMinority.chinaculture.org)

⁶⁴ [Ethnic Groups - china.org.cn](http://EthnicGroups-china.org.cn)

⁶⁵ An Introduction to China's Li People (theculturetrip.com)

VII. BENEFICIAL MEASURES

154. The Project beneficiaries include direct and indirect beneficiaries. The direct beneficiaries include the direct users of the Project, who will benefit from equitable and equal access to better health services and health security, training for health professionals and health and wellness training. These direct beneficiaries are patients, trainees, new job seekers, existing hospital staff and residents in Fangcheng District who will receive health and wellness training. Indirect beneficiaries will receive benefits from the positive spill over from improvements to epidemic monitoring and prevention systems, and collaboration between specialists. Indirect beneficiaries include the permanent residents of Fangcheng district, Fangchenggang city, Guanxi Zhuang Autonomous Region, and PRC as a whole.

155. Ethnic minority people will be able to receive both direct and indirect benefits as they make up a large percentage of the potential beneficiaries in Fangchenggang. As a result, measures will be taken to ensure that ethnic minority groups equally access Project benefits, considering their characteristics in terms of health-seeking behaviour. The next sections provide further details on the types of benefits that will directly benefit ethnic minority communities.

A. Direct Benefits

1. Construction Phase Employment

156. There will be temporary employment generation that will result from the construction of the Project. The majority of job opportunities will be for unskilled and semi-skilled workers with fewer skilled technical and managerial roles. Unskilled jobs will include labourers, and the provision of services for workers such as food and refreshments, cleaning, sanitation and hygiene. Semi-skilled work includes bricklaying, welding and painting. Employees will benefit from on-the-job training for these activities.

157. Although construction jobs will be temporary, they will contribute to livelihood security. In addition, local workers having earnings that can be spent on local goods and services, will have indirect socio-economic benefits on local communities. Skills and experience gained through this temporary work experience will benefit the workers' future job prospects.

158. The Project will prepare a recruitment plan for the construction phase. This plan will have a requirement for priority employment of ethnic minority people. The target is that at least 42% of jobs will be allocated to people from ethnic minority groups, based on the percentage of ethnic minority people in the total population of Fangchenggang city.

159. Ethnic minority people will be informed about employment opportunities, in advance, so that ethnic minority job seekers can be identified.

2. Operations Phase Employment

160. There will be permanent operations phase employment opportunities once the Project is constructed. These opportunities will only be available for people with the relevant training and education. This will be of particular benefit to medical students and existing healthcare workers.

161. The Project will prepare a recruitment plan for the operations phase. This plan will have a requirement for priority employment of ethnic minority people (as long as they have the requisite experience). The target is that at least 42% of jobs will be allocated to people from ethnic minority

groups, based on the percentage of ethnic minorities working in healthcare in Fangchenggang city.

3. Provision of Improved Health Services

162. While few respondents of the online survey stated that their health services were poor (see section VI-C further details), the majority stated that they could be improved, particularly in relation to their response to the COVID-19 pandemic.

163. The Project will directly benefit people that live near to the Project locations and will consider the new facilities their nearest facilities. However, the health services have the potential to benefit people from wider areas. In Fangchenggang it is expected to reach up to 10 million people from the PRC as well as people from four provinces of Viet Nam.

164. In order for all of these people to benefit from the Project, the facilities will need to include appropriate facilities for ethnic minority people. These will include signage in hospitals to be provided in different languages/dialects (most importantly the Zhuang language) or pictures and translation/interpreter services to be provided on request. It does not appear that there are Hui ethnic minority groups in the Project area. However, if they are identified, the Project should consider providing prayer rooms (or non-denominational worship rooms) and halal meals for patients⁶⁶. There should also be at least one staff member that speaks the Zhuang language in each department (especially in emergency rooms).

4. Training

165. Through this Sub-project, the training and education of project management staff and public sector practitioners will be strengthened, and the training of project management staff and related practitioners in professional ethics, technical level and service capacity will be enhanced, so as to improve the management level and service quality and the overall service capacity of the public health sector in Fangchenggang.

166. The types of training expected for the project are:

- Project construction management personnel - investment decision-making and assessment, project management and risk control, project financing and cost control, etc.
- Operation and management personnel - professional training in hospital operation and management, medical and nursing vocational skills
- Public health management personnel - disease prevention, control, health education and public health management
- Community and township general practitioners (grassroots professional and technical personnel) - Infectious disease surveillance and early warning, risk assessment, emergency response coordination, emergency response capabilities, public opinion and information response, etc.
- Service-oriented talents - Professional training in geriatrics, rehabilitation, nursing, infant and childcare

⁶⁶ Yan'an hospital has a halal kitchen at its existing facilities. Therefore, there may be the need to construct one in Fangchenggang.

A target of at least 42% of ethnic minority people to be involved in the training has been set, given the percentage of ethnic minority people employed in healthcare in Fangchenggang city.

5. Health and Wellness Training

167. The Project will carry out health education training sessions to increase the awareness of health knowledge throughout the community and the residents' sense of access. The training will cover new health concepts, healthy lifestyles, factors affecting health, and preventing disease, including emerging infectious diseases and other health hazards. It will help residents, especially rural residents, ethnic minority groups, women and the elderly, to self-test and prevent chronic and multiple illnesses, reduced morbidity, and mortality. There will be at least six training sessions undertaken annually.

168. At least two of the training sessions per year will be targeted and advertised for ethnic minority groups. Training for ethnic minority people will be provided in a location that is easily accessible to ethnic minority people. The timing will be reviewed to ensure they do not fall on the dates of ethnic minority festivals. In addition, particular attention will be paid to making the training culturally sensitive to ethnic minority people and their beliefs.

169. Before and during the health and wellness training for ethnic minorities, the PMO, with the ethnic minority specialist will: (1) conduct further public consultation with ethnic minorities to understand their needs and areas of interest; (2) regularly monitor and evaluate the performance and satisfaction of the training activities through participatory methods, and make necessary adjustments to future training based on the views and opinions obtained from ethnic minority respondents.

6. Personal Health Visits

170. During construction the ethnic minority specialist will undertake consultations with local community leaders and public consultations to determine vulnerable people living near to the Project. Personal welfare visits will be undertaken to vulnerable groups, including poor / EM / elders / disabled villagers.

171. At least one welfare visit will be undertaken per year during construction, to each vulnerable household identified.

B. Indirect Benefits

1. Access to Essential Health Services in During EIDs and Other Public Health Emergencies

172. The Project will help ensure access to essential health services in times of EIDs and other public health emergencies particularly to vulnerable groups such as the ethnic minorities, economically disadvantaged, the elderly, and the chronically ill. This will be done by engaging community-based organizations in developing emergency preparedness plans designed to ensure these groups are able to access essential health services. The public health preparedness plans will prioritize (i) evacuation procedures: identifying appropriate modes of transportation and protection for vulnerable groups (such as ethnic minorities), (ii) risk communication: utilizing different modalities and channels of communication (or different languages) to vulnerable groups, and (iii) continuity of services: ensuring continued access to basic necessities.

2. Control of Public Health Emergencies

173. A key benefit will be the improvement of the public health emergencies prevention and control emergency handling capacity and strengthening of the chronic disease prevention and control system. As Fangchenggang is located at the border, it is necessary to strengthen training and drills for epidemic prevention and control, and to enhance the emergency handling capacity of epidemic prevention and control, and the practical ability of prevention and control.

3. Policy and System Improvement Objectives

174. The Project aims to strengthen the public health system, optimising the institutional mechanism and enhancing the overall strength of the emergency management system. The response to COVID-19 has on the one hand, revealed the shortcomings of the PRC's emergency management system for public health emergencies; on the other hand, the country has also gained experience in active and effective prevention and control of EIDs. Therefore, the problems of the current emergency management system in public health incidents will be analysed and corresponding policy recommendations made to provide reference for the establishment of a better emergency management system for public health emergencies.

4. Medical Association with Fangchenggang International (ASEAN) Traditional Medical Centre

175. The Project will establish a long-term cooperation mechanism with hospitals in ASEAN countries to undertake personnel training and technology exchange, and train and deliver traditional medicine technical personnel to ASEAN countries; provide a platform for exchange and cooperation in the prevention and control of major infectious diseases such as COVID-19, and the prevention and control of regional high prevalence diseases such as malaria, dengue fever and thalassaemia, and improve the public health disposal capacity in the ASEAN region.

176. The Project will explore the construction of a close medical association system with the Fangchenggang International (ASEAN) Traditional Medical Centre as the main body and each township health centre and community health service centre as members, helping township health centres, community health service centres and village medical points to improve their service capacity and realising resource sharing and interconnection among medical institutions at all levels.

5. Information Dissemination

177. The Project will prepare and disseminate information to people in Fangcheng District that discuss relevant topics of healthy lifestyles – such as brushing teeth, stopping smoking, and regular exercise. These will be specifically disclosed to EM communities or EM groups and focus on areas that are of interest/importance to them identified before and during the health and wellness training for ethnic minorities (see section VII-A-5 above). EM representatives will be asked to assist in disseminating the information.

VIII. MITIGATIVE MEASURES

178. This section presents the identification and assessment of the potential risks and adverse impacts for ethnic minority groups during the Project construction and operational phases. It also identifies mitigation measures where adverse impacts are identified.

A. Project Risks and Impacts

179. Based on the findings of the IPSA, the FSR prepared by the Fangchenggang PMO, site visit observations, consultations, and secondary data, the following is a summary of the adverse Project impacts identified:

- Construction nuisance
- Uncontrolled in-migration
- Disruption the functioning of health facilities
- Community health and safety and communicable diseases

180. No impacts have been identified in relation to land acquisition and resettlement in Fangchenggang. The impacts identified above have been addressed in the Project IEE and the SGAP.

181. In order for ethnic minority groups to equally benefit from the Project, or for the Project to reduce the risk that the construction of the Project will negatively impact ethnic minority groups, a number of mitigation measures have been identified. The key areas of risk surrounding ethnic minority groups include:

- Language capabilities – while the majority of ethnic minorities in the PRC speak Chinese, there will be people in this Zhuang autonomous region that prefer speaking Zhuang (this may also be the case with other ethnic groups, such as the Miao or people that speak Miao language).
- Specific traditions, beliefs, and festivals that need to be respected.
- The capacity of the PMO and other relevant agencies to undertake ethnically sensitive actions, consultations and received grievances.

182. The following sections provide mitigation measures for ethnic minority people under the Project.

B. Mitigation Measures

1. Involvement of EM Representatives in Project Design

183. In order to create a facility and service that is culturally sensitive, EM representatives will be invited to be involved / consulted in designing of Project contents. A target of at least 20% of EM in Moyugang and at least 20% of EM in Dawangjiang Village (as, given the small number of

EM people some may not be interested or available to attend) should be invited to participate in Project design meetings⁶⁷.

2. Institutional Strengthening, Financial and Procurement Training

184. Institutional strengthening, financing and procurement training will be undertaken as part of the Project. Given that there are ethnic minority people working in healthcare, there should be ethnic minority representation in these training opportunities. Ethnic minority hospital staff will be invited to attend all trainings .

185. Capacity building will be included under the Project budget, to increase the capacity of the PMO, IA, and contractors in the implementation and supervision of the EMDP, GRM, and reporting in compliance with ADB requirements.

186. The PMO will be responsible to arrange this training. This should be undertaken by the ethnic minority specialist and may include the Ethnicity and Religious Committee.

3. Work Environment and Conditions on Construction Sites

The Construction Contractor will need to provide ethnic minority workers with a work environment and conditions on the construction sites that are responsive to the needs of ethnic minority people. This may include separate signs in relevant languages (particularly the Zhuang language) and prayer facilities (if necessary) at construction sites. All training and handouts (such as for COVID-19 or HIV/AIDs infection) should be provided in the Zhuang language (and other EM languages as relevant).

4. Consultation and Engagement

187. Ethnic minority groups may be left out of, or not able to access public consultations or stakeholder engagement activities, therefore increasing Project risks due to lack of awareness or hindering ethnic minority peoples from being able to benefit from the Project to the extent that the rest of the community can.

188. Project consultations will be undertaken in different languages/dialects as necessary (particularly Zhuang language), and the stakeholder engagement activities will be arranged at times, in locations and in ways that are culturally appropriate for ethnic minority groups (see section III-B-4 on meaningful consultations).

189. A target of at least 40% ethnic minority people should be included in stakeholder engagement activities (based on the percentage of EM people in the population – however some may not be interested or available to attend).

190. In addition, information will be disclosed to EM people (including, but not restricted to, EM people in Moyugang and Dawangjiang village) and their representatives after completion of the hospital facilities to disclose the services and facilities that are available at the new facilities (and pointing out EM sensitive facilities – as relevant).

191. At least annual consultations will also need to be undertaken with EM representatives to discuss the Project and its policies (as they relate to EM people).

⁶⁷ Not all EM people will be willing/want to participate, so 30% is considered a reasonable number of people that would attend. The percentages are different due to the small number of people in Moyugang group, this will allow them to have sufficient representation.

5. Cultural Sensitivity Training

192. The Contractor (with assistance from the ethnic minority specialist and Ethnicity and Religious Committee) will be responsible for undertaking cultural sensitivity training to workers during the construction phase (particularly if there are a large number of migrant workers). This training should be conducted at least once to the workers of each of the contractors and sub-contractors at the start of their time on site.

193. Training to be provided to all healthcare workers in the new facility on cultural sensitivity in health care provision. This training will be the responsibility of the IA with assistance from the Ethnicity and Religious Committee. Training should be provided to all healthcare workers at the facility at least annually.

6. Medical Costs

194. Ethnic minority respondents were concerned about cost increases in relation to the new health facilities. The expansion of the scale and function of the hospital will not lead to an increase in fee charging or an increase in the charging specifications. Costs for services paid by patients in public hospitals are fixed by the government. Hospitals themselves are not able to increase prices. It is a difficult procedure that requires public consultations. In addition, basic healthcare costs are protected by national policies, such as the Interim Measures for Basic Medical Insurance for Urban and Rural Residents in Guangxi. The fees are calculated based to the type of hospital, and the price department conducts strict checks on hospitals every month.

C. Ethnic Minority Action Plan

195. The PSGA includes a social and gender action plan (SGAP), which contains all of the required social actions for the implementation of the Project. This EMDP only discusses those actions that are specifically related to ethnic minority groups.

Table VIII-1: Ethnic Minority Action Plan

No.	Proposed actions	Targets and Indicators	Responsible parties	Timeline	Funding source	EMDP specific Costs
Output 1: Public health institutional capacity and policies						
1	Ethnic minority representatives are involved in institutional strengthening, financing and procurement training	Participation of EM staff in management development training	EA and IA	2022-2026	Project budget	
2	Capacity building training will be provided to the PMO, IA, and contractors on implementation and supervision of the EMDP, GRM, and reporting in compliance with ADB requirements	Training provided on implementation of EMDP, GRM and reporting	PMO, ethnic minority sPMO's Social Specialist, and supporting agencies Ethnicity and Religious Committee.	2023	EMDP budget	\$6000
Output 2: Effective public health ecosystem established						
3	Disclose employment opportunity information to the EM people in affected communities to identifying community members interested and capable of fulfilling the required roles of the construction workforce.	Meetings with ethnic minority group leaders	Construction Supervisor, supported by the PMO's ethnic minority specialist	2022-2023	EMDP budget	\$500
4	EM representatives to be involved / consulted in designing of Project contents	At least 40% of participants from Dawangjiang Village and Moyugang Group are ethnic minorities	EA, IA and Design Team.	2022-2023	Project budget	\$0
5	Priority employment for people from ethnic minority groups during construction and on-the-job skills building.	At least 40% of unskilled jobs during construction from ethnic minority groups (if suitable candidates are available).	EAs and IAs of each Project location	2022-2026	Project budget	\$0

No.	Proposed actions	Targets and Indicators	Responsible parties	Timeline	Funding source	EMDP specific Costs
6	Project community and stakeholder consultation events will be attended by at least 40% EMs.	At least 40% of consultation participants are from ethnic minorities	EAs and IAs	2022 – completion of the loan	Project budget/IEE budget	\$0
7	At least annual consultations held with EM representatives to discuss the Project and its policies,	Consultations held annually	EA and IA	2022 – completion of the loan	EMDP budget	\$3,000 x 5 years = \$15,000
8	All trainings on public health and the infectious disease prevention for local people should also be offered in a Zhuang Language version	Zhuang language versions of key training and handouts.	EA and IA	2022 – completion of the loan	EMDP budget	\$6,000 x 5 years = \$30,000
9	Development of a recruitment policy for construction; to include equal pay for equal work and no discrimination based on ethnic origin. Statistics to be monitored and reported.	Recruitment policy with specific ethnic minority actions Project semi-annual reports	EAs and IAs of each Project location	2023	Construction budget/SGAP budget	\$0
10	Trainings on EM cultural sensitivities should be provided to all contract and workers (particularly migrant workers). The training can be in collaboration with the Ethnicity and Religious Committee.	All contractors on the Project undertake cultural sensitivity training at least once at the start of their time on site.	Construction contractor and supporting agencies.	2023 to 2026	Construction budget/ EMDP budget	\$3,500 x 3 years = \$10,500
11	Work environment and conditions on construction sites are responsive to the needs of ethnic minority people	Separate signs in relevant languages and prayer facilities (if necessary) at construction sites	Construction contractor	2023 to 2026	Construction budget/ EMDP budget	\$5,000

No.	Proposed actions	Targets and Indicators	Responsible parties	Timeline	Funding source	EMDP specific Costs
12	During construction undertake personal welfare visits vulnerable groups, including poor / EM / elders / disabled villagers from the community of the construction site .	At least one welfare visit undertaken per year to each vulnerable person identified during construction.	Construction contractor	2023 to 2026	Construction budget/ SGAP budget	\$0
13	All facilities (but particularly emergency facilities) have information and signage in multiple languages and pictures (where relevant), there are also translation/interpreter services available	Information and signage in multiple languages and pictures (where relevant)	EAs and IAs	2026 – completion of loan	SGAP budget	\$0
14	Staff in different departments able to speak Zhuang, especially in emergency room	Availability of Zhuang Interpretation for patients in hospital when necessary.	IA	By 2028	Facilities operations budget	
15	Information disclosed to EM people and their representatives after completion of the hospital facilities related to services and facilities available at the new facilities (pointing out EM sensitive facilities).	At least 80% of EM people in Moyugang Group and Dawangjiang village receive leaflets or other forms of information disclosure. Information disclosed to EM stakeholders, such as Fangchenggang City Ethnicity and Religious Committee.	EA and IA	By 2028	EMDP budget	\$3000
Output 3: Training excellence and international cooperation capability enhanced.						

No.	Proposed actions	Targets and Indicators	Responsible parties	Timeline	Funding source	EMDP specific Costs
16	Health training talks, aimed at promoting healthy lifestyles and preventing disease, including emerging infectious diseases and other health hazards, focused towards rural populations, and ethnic minority groups to be undertaken at least annually.	Health training talks for (totaling 300 participants per year). At least 100 EM participants	IA	2023 - completion of the loan	Project budget	\$0
17	Disseminate information on healthy lifestyle to people of Fangcheng District (specifically providing information to EM community members)	Pamphlets on healthy lifestyles prepared and disseminated to community members including ethnic minorities	EA and IA	2022 - completion of the loan	SGAP budget	\$0
18	At least 1,000 public health field staff (at least 65% women) trained and report improved knowledge and understanding on public health issues and strengthening national health security	At least 30% of trained health field staff are from ethnic minority groups ⁶⁸	IA	By 2028	Project budget	\$0
19	At least 1,000 public health staff from hospitals, primary health care facilities, and laboratories; and other allied public health staff (at least 65% women) trained, and report improved knowledge and	At least 30% of trained public health staff from hospitals, primary health care facilities, and laboratories are from ethnic minority groups ⁶⁹	IA	By 2028	Project budget	\$0

⁶⁸ Target reflects the expected proportion of EM staff during project implementation given the current influx of professional staff from outside Guangxi.

⁶⁹ Refer to above footnote.

No.	Proposed actions	Targets and Indicators	Responsible parties	Timeline	Funding source	EMDP specific Costs
	skills on key health security topics					
20	Training to be provided to all healthcare workers in the new facility on cultural sensitivity in health care provision.	Cultural sensitivity training undertaken for hospital employees at least annually.	IA	By 2028	Facilities operations budget	\$0
	Total					\$75,000

IX. INSTITUTIONAL ARRANGEMENTS AND BUDGET

196. The Project is expected to take approximately five years to complete at each location. The construction of the facility will last between 36 to 72 months in total. The national and international approvals will be completed in 2022 and construction is expected to be completed in approximately 2027.

197. The Fangchenggang Municipal People's Government has been appointed the executive agency (EA) for the Fangchenggang Project location. The Fangchenggang City Culture and Tourism Group Co. Ltd. is the appointed implementing agency (IA).

198. The Fangchenggang PMO is responsible for implementing this EMDP and coordinating with other relevant agencies to implement the EMAP. Other key agencies for implementation include the Fangchenggang Ethnic Minority and Religious Affairs Commission, Civil Affairs Bureau, Health Bureau, All China Women's Federation (ACWF), Rural Revitalization Bureau, Shuiying Township Government and Dawangjiang village Committee. In addition, Project contractors will be involved in the implementation of the EMDP. The Fangchenggang Ethnic Minority and Religious Affairs Commission will provide advisory support and review the internal monitoring reports on implementation progress. Implementation arrangements for the EMAP have been integrated into the overall Project management.

199. A Project Management Consulting Company will be hired to assist PMO on completing works of the Project. An ethnic minority specialist will be included in the consulting company for approximately 2-3 months per year., Specific officers will need to be appointed in PMO and township government to be responsible for EMDP implementation and coordination with local government agencies. Their main responsibilities will be (i) implementation of the EMAP, (ii) management of the ethnic minority GRM (or ensure Project GRM is culturally sensitive), (iii) coordination of internal and external monitoring, and (iv) compile internal monitoring reports semi-annually.

200. The PMO will also need to employ an independent external monitor on EMAP (together with SGAP) implementation and provide semi-annual reports (together with SGAP external monitoring report) to the PMO and ADB. During internal and external monitoring of the implementation of EMDP, household surveys, village surveys, focus group discussions and key informant interviews with relevant agencies will be applied, focusing on the target groups and contents of the EMDP.

201. As part of the Project, capacity building training will be provided to the PMO, IA, and contractors on implementation and supervision of the EMDP, GRM, and reporting in compliance with ADB requirements. This training will be held by the ethnic minority specialist from the Project Management Consulting Company, and/or in coordination with the Ethnic Minority and Religious Affairs Commission.

202. During the implementation of the Project, the proposed actions may be modified or improved. The Fangchenggang Municipal People's Government, through the Fangchenggang City Culture and Tourism Group Co. Ltd., PMO, in coordination with relevant municipal, district and community agencies, will monitor whether the proposed activities and/or plans are being implemented to the benefit of ethnic minority groups.

A. External Monitoring Budget

203. An estimate of the annual rate of external monitoring for Fangchenggang is US\$15,500 (99,100 RMB). This estimate covers the costs of external monitoring and evaluation for two semi-annual reports. This will require two surveys, remuneration for the consultant and survey takers, per diem, travel expenses, report preparation, and other administrative expenses. Should the monitoring need to be undertaken virtually due to restrictions related to COVID-19 lockdowns, outbreaks or other similar circumstances, the budget will be reduced as per diem and vehicle expenses will not be required. External monitoring on implementation of EMDP and SGAP will be shouldered through the ADB portion of the loan.

Table IX-1: Budget for External Monitoring of the EMDP

Item	No.	Unit	Unit cost	Amount (USD)
Salary	40	Days	100	4000
Per Diem	20	Days	100	2000
Land transportation/ Vehicle rental	20	Days	100	2000
Survey Assistants	20	Days	75	1500
Reports and translation	2	Lump sum	2,000	4,000
Management overhead	2	Lump sum	1,000	2,000
Total				15,500

B. EMDP Budget

204. The overall Project is estimated to cost \$636.7 million. The government has requested a loan equivalent to \$300 million from ADB's ordinary capital resources to help finance the project and remaining amount will be funded by government as counterpart funding.

205. Many of the actions in the EMAP will be implemented and included as (i) part of the Project budget (i.e., design features); (ii) part of the SGAP budget, or (iii) part of the facility ongoing budget. The actions included in the EMAP that specifically relate to ethnic minorities have been identified and the total budget has been estimated as \$27,000.

206. In addition, budget will be required for additional staff to implement the EMDP. These include an ethnic minority specialist to be recruited in the Project management Consulting Company to assist EMDP implementation requiring a budget of approximately 2-3 months per year or maximum \$35,000 per year.

207. The following budget has been provided for the Project EMDP implementation per year and the total for 5 years of implementation (2022-2027).

Table IX-2: EMDP Budget (US\$)

Item	Lump sum	Annual	Total for 5 Years
EMAP Actions	\$14,500	\$12,500	\$70,000*
Internal monitoring and management		\$35,000	\$175,000
External monitoring		\$15,500	\$77,500
Total	\$18,000	\$62,500	\$312,500

*Note: One action is allocated for 3 years not 5 years, therefore the 5 year total is less than \$12,500 X 5 + \$14,500.

X. MONITORING AND REPORTING

C. Monitoring

208. Monitoring of ethnic minority mitigation and enhancement actions will be conducted for the duration of the Project. In the event of any restrictions due to COVID-19 outbreak or other unforeseeable phenomena, virtual meetings (videoconference, telephone calls, WeChat) will be carried out. The subproject will strictly adhere to social distancing, wear protective masks/equipment during in-person meetings in line with government protocols and guidelines.

209. The purpose of ethnic minority monitoring and evaluation will be to assess the achievement rate of the Project objectives and the positive and negative impacts of the Project on ethnic minority groups, through fair, impartial and transparent monitoring by internal staff and third-party monitoring agencies, and through the evaluation results, make recommendations or proposals to improve the Project and enhance the effectiveness of its implementation, and ultimately achieve the overall objectives of the Project.

1. Internal Monitoring

210. The internal monitoring of the EMDP will be part of the day-to-day Project management activities. The PMO will be primarily responsible for the internal monitoring.

211. The internal monitoring will monitor the activities included in the EMAP. According to the plan, it will check whether the activities are undertaken, and whether the manner in which they have been undertaken is adequate and effective. If not, corrective actions will be identified to resolve the issue identified.

212. The PMO will conduct an internal monitoring of the EMDP and provide stand-alone semi-annual internal monitoring reports.

2. External Monitoring

a. Objectives

213. An external monitor with suitable experience relating to ethnic minorities will be hired by the IA to undertake external monitoring. External monitoring will be undertaken semi-annually and reported to the PMO and ADB. The objectives of the external monitoring and evaluation of the EMDP will include:

- monitoring that the EMDP is being properly implemented and the overall objectives of the EMDP are being met
- collecting data and information to identify the progress of implementation of the EMDP
- collecting qualitative data to describe impacts of EMDP measures
- assessing whether appropriate participatory approaches have been adopted and appropriate involvement of minority men and women in planning and implementation has taken place;
- reviewing complaints that have been received in the GRM and checking the effectiveness of the GRM
- updating the targets and indicators as relevant based on the findings of the monitoring.

b. Indicators

214. Targets and indicators identified in the EMAP will be monitored and evaluated, by an external monitor hired by the IA. The following are examples of key indicators for mitigation and enhancement measures should be considered during monitoring:

- No. and % of local people that gain employment in the construction phase of the Project (disaggregated by sex, ethnicity, contractor and skilled/unskilled positions);
- No. and % construction staff and workers get training, in HIV/AIDS, cultural sensitivity and other relevant training (disaggregated by sex and ethnicity)
- Languages training is provided in to be identified
- Languages information disclosure documents are provided in to be identified
- No. and % of people participating in health awareness training (disaggregated by sex and ethnicity)
- No. and % EM people participating in design and planning meetings (disaggregated by sex and ethnicity);
- No. and % of local people attending the public hearing (disaggregated by sex and ethnicity);
- Number of grievances received and how they were closed out (disaggregated by sex and ethnicity)

In addition, monitoring should review the actions of management, monitoring and evaluation in relation to ethnic minorities, including if sufficient engagement has been made of staff and organizations to ensure the smooth implementation of the EMDP.

D. Reporting

215. The Project will prepare semi-annual internal and external monitoring reports during the construction and operations phases until the completion of the loan.

216. These reports will include status updates on the progress of reaching the targets and indicators included in the EMDP. In addition, the reporting will also include a summary of ethnic minority grievances received and how they were closed out (their outcomes) during the reporting period, with a summary of all grievances received and their outcomes (presented in a way to be anonymous). Social monitoring reports should also include a summary of monitoring activities carried out in the reporting period and to be carried out in the next period.

217. Ethnic minority group members or their representatives will be consulted and provide feedback on Project outcomes and their perspective of the efficacy of the actions undertaken for each of the reporting periods.

APPENDIX A: MEETING MINUTES OF STAKEHOLDER ENGAGEMENT AND FGDS

218. The following are the translated responses to the Project key informant interviews (KIIs). Note, that as this document will be disclosed, identifying information (such as names and job-positions) for each of the people met has been removed to protect their identities.

Meeting Minutes: Municipal Ethnicity and Religious Committee

Date: March 2, 2022.

- The streets and administrative villages where the project is located are mostly Han and Zhuang ethnic groups, which are basically hereditary residences. Dawangjiang Village is closer to the urban area, the transportation is convenient, the degree of ethnic integration and Sinicization is relatively high, the villagers are relatively better-off, and the internal relations of the village are relatively harmonious
- Fangchenggang is a city of immigrants, established in 1993, there are constantly outside population entering, the total population of about 1.03 million, ethnic minorities accounted for 50%, except for one county for the Zhuang ethnicity, there is no particular concentration in other places, and it is basically mixed and small-scale settlements;
- Fangchenggang is working on the only "National Unity Demonstration City" in Guangxi, as an ethnic frontier area, trying its best to highlight its own ethnic characteristics, and is a multi-ethnic harmonious symbiosis that has become a city card, including ethnic minority medicine. There are also Yao medicine studios in the Traditional Chinese medicine hospital, Zhuang and Miao also have their own specific medicines, and we personally believe that there is no essential difference from Chinese medicine. Therefore, for example, the project tries to emphasize the promotion of TCM will not cause disapproval from other ethnic minorities. Perennial ethnic integration and socio-economic integration make no matter which ethnic group generally considers medicine from the efficacy and function and chooses it. At present, only some of the more remote ethnic villages still have forms somehow close to wizards and spiritual leaders, but the scope of influence is extremely limited, generally concentrated in the middle-aged and elderly population over 50 years old;
- The relationship between local ethnic minorities is relatively harmonious and the degree of Sinicization is relatively high, and the influence of the regional concept may be much stronger than the ethnic concept

Meeting Minutes: Fangchenggang Civil Affairs Bureau

Date: March 2, 2022

- The total number of low-income households in Fangcheng District is about 6955 households, 17992 people. The low-income population is defined as having an income level within twice the income range of the lowest income line;
- The epidemic has not triggered a significant increase in the number of low-insured households in recent years. During the epidemic period, the living difficulties of the people are mainly solved by applying for and issuing temporary assistance. The preliminary work of issuing temporary assistance is mainly to be identified, judged and collected by civil affairs workers at communities and township level officials and social workers. Since 2019, the state has provided special funds to Guangxi for rescue, and

the proportion of people who have received assistance has increased, which can actually be understood as the impact of the epidemic on the basic people's livelihood and the income of the grass-roots people

Meeting Minutes: Fangchenggang All China Women's Federation:

Date: March 2, 2022

- At present, the main work direction of the Women's Federation includes encouraging women to actively participate in grass-roots social governance, building a volunteer team, helping the elderly and helping the poor, and actively giving play to the initiative and creativity of women's groups.
- Women's federations have always received less government resources, and in fact lack of information on women, including the specific situation of left-behind women (age group, preferences, etc.), and the situation of migrant workers (gender composition, industry preferences, etc.);
- There are no significant gender and ethnic differences in employment options, including the type and direction of migrant workers, participation in skills training and leaving the hometown to outside work. The Women's Federation will regularly organize technical training, study and other activities with civil training institutions, personnel and labor security bureaus, agriculture and rural bureaus and other departments and units, and in some cases will have gender tendencies, but basically will not organize from the perspective of ethnicity;
- The Women's Federation has its own managed home economics training base, mainly for women who go out to work;
- For the choice of traditional Chinese medicine, there is no obvious gender difference. However, women usually pay more attention to health management, health knowledge, health care knowledge, etc., and pay more attention to family, children, their own health and gender equality issues;
- The Women's Federation believes that there are no gender differences in the impact of the COVID-19 epidemic;
- In view of the project construction, at present, the state has increased its attention to gender issues through the periodic formulation of women's and children's development programs/plans, hoping that the project can consciously strengthen the construction of talent teams related to women's and children's health, improve health service capabilities, and provide better quality and more secure medical protection. It is recommended to establish a maternal and child health information platform to operate in the form of public welfare services;

Meeting Minutes: Shuiying Street (township level, where the project is) Office

Date: March 2, 2022

- There are five village / rural committees and three urban community committees, the permanent population is 42776, the household registration population is more than 27,000, in recent years with the expansion of the city, the development of many commercial houses, many non-locals buy houses to live, but household registration does not belong to this street. The agricultural population is over 17000, for a total of over 6,000 households;

- The project site located inside Dawangjiang Village, which has a population of over 4000, with good economic conditions and geographical location, offshore aquaculture, close to the city and traffic roads, and the per capita annual income of the agricultural population is 8,000 RMB or above;
- Among the three urban committees, one is a community for poor households relocation for the poverty alleviation program, one is a low-cost housing and public rental housing construction community, and the other is a local village resettlement (after land acquisition) community. The overall low-income population is large, and the biggest pressure on management at present is to arrange employment, including public welfare jobs inside the communities
- The per capita land area of the agricultural population is less than 1 mu, and in recent years, a large number of land acquisitions have been involved in urban construction, so there are fewer and fewer people who rely purely on agriculture, and the proportion of migrant workers and small businesses is very high. However, there are no labor-intensive industries in local area, so there are more service industries, but since the epidemic, the service industry (small restaurants, small vendors, etc.) has been severely affected. Basically, except the government and public institutions with fixed salary, the income of the grass-roots population, including agricultural production, has been greatly affected. The population of about 20,000 people in this street can be classified as having received a greater impact. During the ongoing epidemic in 2020, it was impossible to go out to work, sell agricultural products, and logistics were broken, mainly relying on emergency assistance arranged by the government, including living materials
- Each of the five village committees has its own health center / clinic and village doctors, basically from the villagers, and a few are hired by the township health center. Overall, the level and conditions at the village level, including community health clinics, need to be improved, the basic functions so far are dealing with mild illnesses, and the conditions of facilities are very insufficient. However, due to the proximity of this street to the city, the people basically choose to go to the hospitals in the city, and for instance, the farthest community is no more than 8 kilometers away from the Chinese medicine hospital
- The general vulnerable groups in the community include: the disabled, left-behind children, the extremely poor, the seriously ill and the family, the sick or the financially disadvantaged single-parent family. Measures to help vulnerable groups include: (after passing street certification) to obtain a higher proportion of medical reimbursement, temporary assistance, material assistance, etc.
- The current difficulties faced by Shuiying Street include: employment problems for a large number of surplus laborers; medical treatment and health management and medical services for the extremely poor (especially for the elderly and the disabled, medical treatment can be reimbursed, However, continuous nursing care is difficult, and the nursing fees or assistance subsidized by the government are far less than the cost of nursing care); the pressure of accurate prevention and control of the epidemic (for example, the movement of red and yellow code personnel is greatly restricted, affecting life and employment).

Meeting Minutes: The Chinese Medicine Hospital:

Date: March 2, 2022

- The Hospital located in Fangcheng District, is the two highest-level hospitals in Fangchenggang City, and is equally important as the Municipal People's (First) Hospital. The service orientation actually covers the whole municipal;
- The Hospital and the People's Hospital are both located in Fangcheng District, so the medical resources in the area are relatively complete and rich, in addition, there are Fangcheng District Maternal and Child Health Hospital, Skin Disease Prevention and Treatment Hospital;
- Both the People's Hospital and the Chinese Medicine Hospital have the functions of providing technical guidance, supervision and counterpart assistance to the community grass-roots clinics/health centers/health stations within the coverage;
- At present, one of the major functions of the Chinese Medicine Hospitals is to promote the use of traditional Chinese medicine through technical training and guidance of township doctors and village-level medical personnel and organizing social publicity and awareness raising activities. Local people have a high degree of recognition of Traditional Chinese medicine, and generally choose whether to go to the Chinese Medicine Hospital or the People's Hospital according to the needs of their own, distance, familiarity, etc. Chinese medicine hospital has a good reputation in tuina, orthopedics, insect and snake bites and other aspects;
- As far as external publicity is concerned, the Chinese Medicine Hospital has: the Medical Affairs Department, the Xingfeng Construction Office (equivalent to the supervision and management function), the Publicity Department, the Science and Education Section, the Prevention and Protection Department, the Doctor-Patient Dispute Office, etc. After the completion of the project, it will also build a portal website, electronic touch screen and other facilities, and currently actively discloses information to the public through WeChat, in-hospital information disclosure columns and other forms;
- Every year, the hospital has a fixed task to provide free clinics to grass-roots communities, publicize disease prevention and treatment, provide technical assistance to township health centers, and deliver medicines to vulnerable groups. The total amount of funds used for foreign publicity, public health services, public training, etc. can reach 500,000 RMB per year
- The concept of "health care" may be more acceptable in the concept of Traditional Chinese medicine, Chinese medicine for recent years is more focusing to emphasize the promotion of "treatment of diseases for the future", literally means to treat diseases that have not occurred, in fact, it is closer to health care and health management, and a health management center has been established to expand service functions through physical examination and related services. But more audiences are concentrated in urban residents with fixed jobs and incomes, and the rural population should be relatively unfamiliar with the concept of health management;
- At present, universal medical insurance has been basically realized in the PRC, and there are few pure self-funded behaviors. Medical insurance is generally the part that the patient directly pays for himself, and the other parts are reimbursed by the hospital directly with the government management department. This payment model is consistent among rural and urban populations, but the reimbursement ratio for rural patients (using

the new rural cooperative medical insurance) is not the same, such as the poor who receive higher reimbursement amounts;

- For health care and health management related content, its fees will depend on whether it is included in the national medical insurance directory, at present, some contents are included, some not, and the same management and charging model will be adopted after the completion of the project in the future, and the hospital itself has no right to adjust the scale and amount of charging separately, pricing will be strictly supervised by the government management department;
- As far as the development of the medical market concerned, the government is currently advocating graded diagnosis and treatment by seeking medical treatment at the grass-roots level, and the reimbursement rate for diagnosis and treatment in the grass-roots clinics can reach up to 90%;
- The training section in this project plans to support the construction of expert/teacher dormitories and student dormitories, and the training supporting specifications stipulated by the state are 12 square meters per student, and the current design plans to accept 800 students at the same time;
- In the past two years, about 200 talents have been introduced, of which women account for nearly 90%, and ethnic minority account for about 90% of middle-level managers. There are services such as green channels and barrier-free access for the medical treatment of vulnerable groups, poor households, and the disabled. However, it can be felt in the interviews that there is a willingness to promote the women or vulnerable groups friendly environment but actually lacks detailed design and planning;
- After the completion of the project, it is planned to add 1640 medical workers, including about 550 basic nursing staff, mainly women, and will be mainly recruited from Fangchenggang City.

219. The following are the translated responses to the Project focus group discussions (FGDs) Note, that as this document will be disclosed, identifying information (such as names and job-positions) for each of the people met has been removed to protect their identities.

FGD Minutes: Township government

Date: March 2, 2022

- The role of women in the family/community is mainly in the upbringing of children and the care of the elderly. A lot of our women here go out to work, or work in the city. Because many men are out of the house, 70-80% of the things in the home are decided by women. It is also generally women who are responsible for family health
- In addition to illness, local women generally use health facilities once or twice a year, and they basically go only during physical examinations and screenings. It is close to medical facilities (including obstetrics and gynecology/family planning institutions), across the river, about 10 minutes on foot;
- But generally speaking, the level of health services in townships and grass-roots units is average, and the people generally feel that the doctor's skills are not very good, and it is closer to the city hospital
- During the epidemic, all residents (including vulnerable groups and women) need to go to the hospital to ask the community and the street for approval, and there has not been a dangerous situation due to the delay in the epidemic prevention process; it feels that the epidemic has not had a greater impact on women or the elderly. However, due to the

strengthening of prevention and control and various publicity, everyone will not go to the hospital easily, and the overall medical treatment has become less convenient than before. Here there are more rural hukou, relocated population, low-income population, in addition to those who earn wages, the livelihood of the epidemic is generally affected, the amount of relief and help needed is relatively large, it is difficult to fully meet;

- Many locals rely on nearby odd jobs and stalls to live, the income itself is not very stable, the epidemic period is more seriously affected, the income reduction will cause many problems, including family conflicts, community conflicts, but these are also the focus of the government's work;

FGD Minutes: Hospital management staff (3, 2 managerial staff and 1 senior doctor)

Date: March 2, 2022

- For hospitals in Fangchenggang city, over 70% of staff are female, in general, the whole municipality might have 65% of total medical staff are female;
- So far, the capacities of hospitals on taking inpatients are not enough, not enough beds for patients;
- During COVID-19, many mild disease patients have to stay at home, usually they may choose to become inpatients;
- All hospitals in Fangchenggang have rampway for wheelchair, green path for emergencies especially for vulnerable people, wheelchair / wheel beds are standardized equipment, rooms for women with infants, toilets with special facilities for disabled people, mobile screens for protecting privacies, etc.;
- COVID-19 seems no particular and more impacts on women and EM people, on the other hand, the elders and children might need more attention and cares including treatment and publicizing. For the elders and children, regular health lifestyle activities might be more needed, adjust diets and pay more attention on prevention;
- Prevention and control of COVID-19 have some negative impacts on routine management and services of hospitals, e.g., some departments might need to be merged for getting more mandate for COVID-19, some department like dentistry was even suspended;
- Trainings and capacity building for medical staff should be always appreciated for medical staff in cities like Fangchenggang, for they may lack opportunities for on and off-job trainings;
- Most of the trainings in the past two years concentrated in dealing with pandemic;
- The idea of the project on promoting on-line data bank, national wide internet connection with good hospitals and professionals around the PRC will be very good for improving quality of small cities, will benefit local people, especially those who live in remote places;
- So far, trainings on treatment and medical / health services through internet, vocal and visual capacities in doing daily job are very necessary;
- The project is also expected to improve the quality of county / township and even village level hospitals and clinics for better training, more technical support and on-line cooperation;
- The current problems for hospitals including shortage on rooms and beds, shortage on hospital facilities like parking area, small sized and shabby conditions (in comparison

with Nanning and other regional cities) will not help to attract qualified staff, high mobility of medical staff due to lower income;

- For community-level medical services, most of them can provide basic and preliminary services, but lack human resources for conducting comprehensive health management, active promotion of healthy lifestyle, public training and awareness buildings, most of their routine jobs in related to out-door services will rely on the support of city hospitals;

FGD Minutes: Villagers (2 male EM, 1 elder female)

Date: March 2, 2022

- Villagers generally do not go to the hospital, and for most of the small health issues will go to the village clinic or private clinic, mainly because the distance is close, very convenient, but also cheap. The city hospital can be reached by car for ten minutes to half an hour, depends on where you live in the village, the village clinic is just a few minutes away, and the excellent point is can be opened at night, but it is not open every day, once needed, you can call them and make appointment. Village clinics are open all day only when a physical examination (organized for elderly or women) or for organizing nucleic acid test.
- Now the hospital in the city we feel that the service is good, there are outpatient and emergency departments, and the elderly with chronic diseases may go once or twice a month, but the hospital are always more people queuing up. We feel that the hospital has arrangements to take care of the elderly, children, women, and the disabled, but sometimes there are too many people, and it is very inconvenient to take the elevator, so you can only carry children to climb the stairs;
- Women need to stay at home to take care of the elderly and children more often, they also tend to do more small business including raising chickens and setting up stalls on local streets, but it is difficult to sell things now, income is very affected, chickens and vegetables are difficult to sell, part-time work cannot go out, mainly due to epidemic prevention and control, the open-air market is not allowed to open;
- The people generally have new rural cooperative medical insurance; it is estimated that after the completion of the hospital, the price of medical treatment will not increase arbitrarily, and there should be no additional pressure on the people. Here we feel that there is nothing special about ethnic minorities, everyone is the same, nothing stands out;
- Now, once need to go hospital people need to have a health code, take the body temperature, show the travel code, etc., there is no trouble for most people, but it will be more difficult for the elderly, and going to the hospital in most cases requires young people to accompany them. Feeling that improved hospital conditions will help them improve their medical care and may be more beneficial to women because they used to take the responsibility on having children at home and taking care for the elderly, and may need to go to the hospital more often;
- The impact of the COVID-19 on the people is the same, that is, everyone dares not go out, nor can they go out to work and earn money, and their income is more affected. Epidemic prevention and control are very busy, so those work in the village committee and township government are very busy, and other things are affected, and the efficiency is far less than before. Community management seems that there is not enough manpower, and there are more elderly and middle-aged people for doing jobs

who are generally not skilled in using information technology. The sanitation of the village needs to be improved, such as garbage sorting and transportation;

- We hope that the construction will not affect the surrounding area too much, especially the noise and dust. We also hope that after the hospital is built, there will be more medical staff and the medical level can be improved but hope that the price will not be raised.

FGD Minutes: FGD 1: 7 EM (4 female) from Dawangjiang Village, including 2 members of village committee; **FGD2:** 5 EM (3 female) from Moyugang Sub-village

Date: April 08 and April 09, 2022

- How many people approximately from your ethnic minority group live in the district?
 - Largest ethnicity is Han people in Dawangjia ,the second largest is Zhuang, several hundreds, somehow 700 or 800 people, not so sure about exact number, there are also other ethnicities, like Yao, Jing, Yi, Miao, very few for each.
- Which minority are they?
 - All participants are Zhuang people.
- How many people in your ethnic group live in Fangcheng District, Shuiying Street and Dawangjiang Village?
 - Not sure about outside Dawangjiang, but Moyugang Groups has about close to 30 Zhuang and very few others, about 1/4 of total residents of the Group
- How many of them do you think will be directly impacted by Project construction?
 - It's difficult to judge how many people are directly affected, the land for the project is collective land, theoretically belongs to everyone in the group.
- Positive impacts: The villagers can basically think of economic employment and convenience / easier / shorter access to medical services when needed;
- Negative impacts: basically none (due to the land is not in use and is a barren land, guess there is no negative impact);
- What are the current health services in your community like? Are they sufficient / qualified? Why?
 - The village clinic is close and convenient, but the village is also very close to local hospitals with better conditions, real issues people used to go hospitals. Village clinics are just for measuring blood pressure of elders, dealing with small issues and organizing physical checks for women and elders;
 - They are qualified and able to meet the needs, all participants noticed that the medical staff of both village clinic and township hospital are extremely busy recently due to the outbreak of COVID-19;
- Do you think your EM group has any difference with other EM groups or the Han?
 - The villagers basically don't think there is any difference. (Ethnic groups are approaching fusion or there are some language differences that hardly affect them.)
- Do people from your EM live separately from the rest of the community, or are you integrated?
 - Scattered living: It is more harmonious, there will be no contradictions, and the status quo is almost always maintained. (There will also be people who have been living together all the time, for example a family with several generations

living together, or a clan live traditionally in a corner of the village, rather than people from same EM group live together)

- What are the important EM features that you currently have in daily life? (e.g., those can differentiate you from others) Do you have any comments?
 - Except for important occasions like March the 3rd, the others are basically invisible. (Some people think that the characteristics of the Miao people are more obvious, from daily dressing and daily livelihood)
- Do you perceive any disadvantages to EM (women, children, elders, disabled) in the current health services? What and how (worth to) to improve?
 - Basically, no disadvantages. (Some mentioned that the number of local health service personnel needs to be increased, and the epidemic has made them overwhelmed.) (The good side: The door-to-door service for the elderly and the disabled is convenient, which was not available in the past.)
- Has there been any difference in impact on ethnic minorities from COVID? And have there been greater burdens placed on EM as a result of the COVID pandemic?
 - The villagers agree that there are no such things, in general rather to say that everyone is being affected, from income opportunities to daily livelihood, especially those who rely on short-term migrations;
- Are ethnic minorities more or less likely, than the rest of the population, to use traditional Chinese medicines? Why? How and what EM in your community still practice / use traditional medicine?
 - Half of the interviewees think they are more willing to try Chinese medicine, especially the older generation, and the local Chinese medicine hospital also provides opportunities. (Some elder people in the village still using in most cases the traditional old method, traditional Chinese medicine)
 - The other half believe that both Chinese and Western medicines are the same, they will only focus on results / effects when needed;
- Do you think EM people can participate (employment or other opportunities) in the project equally with other people?
 - The villagers consistently believe that they are equal, and some even believe that ethnic minorities have advantages (such as extra points in the college entrance examination).
- Can you think of some benefits / losses the project might bring to EM people / group?
 - Employment, medical treatment, etc. are convenient for basically everyone.
 - Losses may include unavoidable problems like noise, but they are understandable.
- Normally if you have a grievance or complaint relate to a government run service / project, what can you do? Do you know any channels to raise them?
 - The villagers will take the initiative to say that they can call 1234570. Secondly, there are people who know and report to the village committee; the public

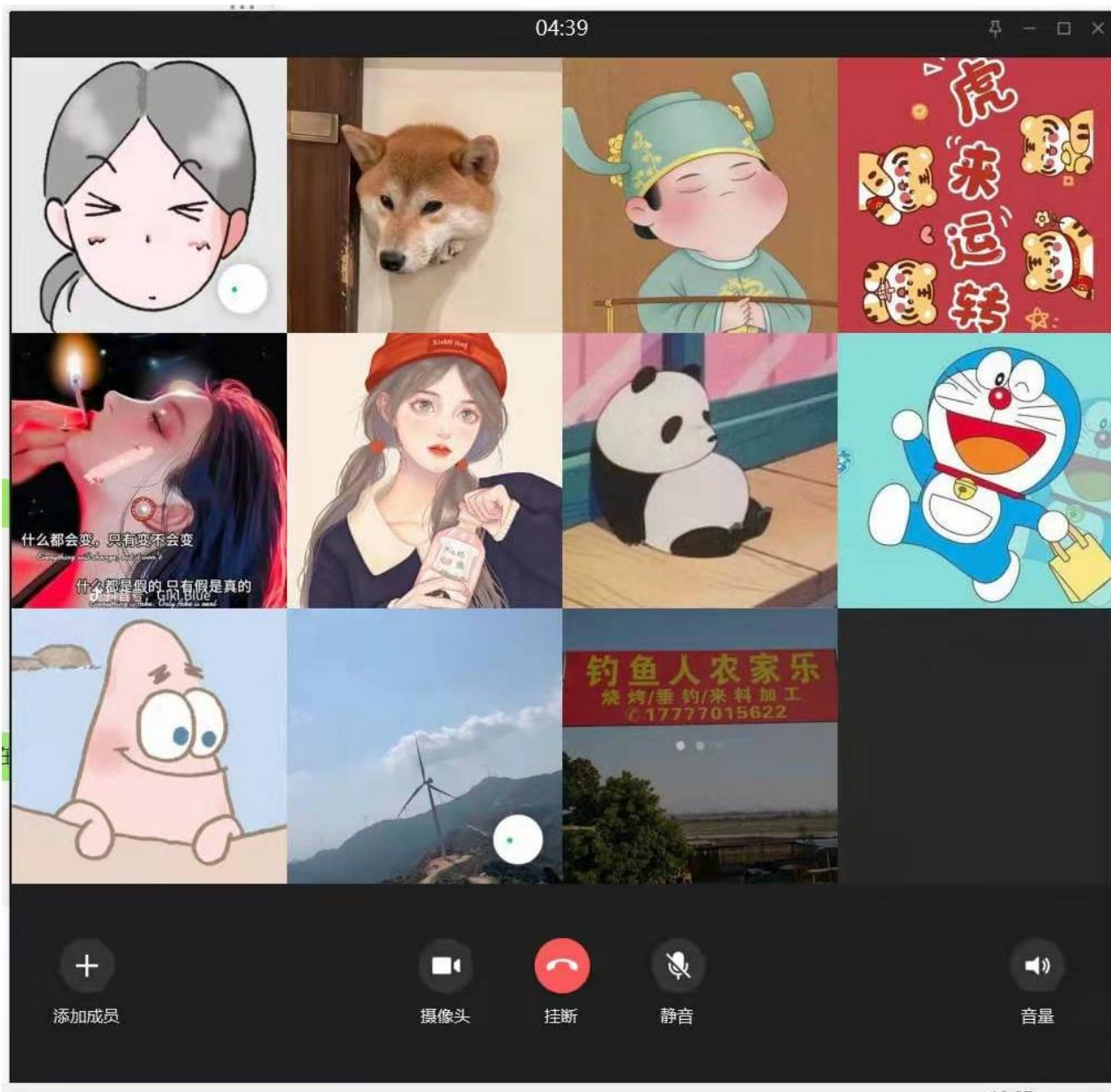
⁷⁰ 12345 in any administrative area (down to county level) is a fixed phone number for “Mayor’s hotline”, it is the most well-known channel for everyone to report / redress any grievance or complaints, the operator of the hotline will take record and distribute to any organization / office which should take responsibility for. And any organization / office received a complaint introduced from 12345 should make due reactions, including contact the people who raised complaints, record the process of solving the issue, report the process and results to the hotline. The hotline will also re-call the one who raised the issue. All the steps and procedures are standardized everywhere.

mailbox of the mayor; the media; interview calls, municipal calls; letters and visits, etc.

- In your perception, is there any specific traditions or cultural activities that could be impacted by construction or operation of the project?
 - Villagers basically think that there will be no impact. Some of them think that there are good aspects that can promote the development of traditional Chinese medicine related culture.
- What's your positive / negative expectations to the project?
 - The villagers have no negative expectations, and the positive expectations are basically the same as above (medical treatment, employment);
 - Through discussion with the facilitator, some raised that they hope the construction works will not impact daily live too much, like blocking roads, noise, dust, etc.

APPENDIX B: PHOTOS OF STAKEHOLDER ENGAGEMENT

Table B-1: Screen shot of focus groups with Ethnic Minority People (April 2022)



APPENDIX C: COMPARISON BETWEEN THE PRC AND ADB REQUIREMENTS

No.	ADB SPS	Chinese Legislation	Gap Filling Methods
1	Screen early on to determine (i) whether Indigenous Peoples are present in, or have collective attachment to, the project area; and (ii) whether project impacts on Indigenous Peoples are likely.	There are no legal requirements for screening for IP impacts.	The Project will follow ADB's requirement to identify indigenous peoples. However, the term 'ethnic minority groups' will be used as this is the legally recognized term in the PRC. Screening was carried out and EM groups were identified during project preparation.
2	Undertake a culturally appropriate and gender-sensitive social impact assessment or use similar methods to assess potential project impacts, both positive and adverse, on Indigenous Peoples.	Law of the People's Republic of China on Regional Ethnic Autonomy (2005) requires that when constructing a project in an autonomous region, due care needs to be taken to the interests of the region, the production and the livelihoods of ethnic minority people. The project must make efforts to protect and improve the local living and ecological environment. However, there is no specific social impact assessment (SIA) requirements for affected ethnic minorities.	A social impact assessment has been conducted based on ADB requirements. It covers the production and livelihood of ethnic minority groups. It also includes benefits that will improve the local living environment of ethnic minority people.
3	Undertake meaningful consultations with affected Indigenous Peoples communities and concerned Indigenous Peoples organizations to solicit their participation (i) in designing, implementing, and monitoring measures; and (ii) in tailoring project benefits for affected Indigenous Peoples communities in a culturally appropriate manner.	No formal mechanism for consultation with ethnic minority communities. The Regulations on the Work of Ethnic Minority Languages and Writing in Guangxi Zhuang Autonomous Region (2018) encourages and supports the use of the Zhuang language and script in areas inhabited by the Zhuang ethnic group.	Meaningful consultation was undertaken with ethnic minority groups. Where relevant these will be undertaken in the Zhuang language during implementation.
4	Ascertain the consent of affected Indigenous Peoples communities to the following project activities: (i) commercial development of the cultural resources and knowledge of	There is no legal requirement to obtain consent from IPs.	This item is not triggered, as the Project does not meet any of the listed criteria.

No.	ADB SPS	Chinese Legislation	Gap Filling Methods
	Indigenous Peoples; (ii) physical displacement from traditional or customary lands; and (iii) commercial development of natural resources within customary lands under use that would impact the livelihoods or the cultural, ceremonial, or spiritual uses that define the identity and community of Indigenous Peoples.		Therefore, consent is not required.
5	Avoid, to the maximum extent possible, any restricted access to and physical displacement from protected areas and natural resources.	There is no legal requirement to avoid physical displacement if IPs.	This item is not triggered, as the Project does not require any physical displacement of ethnic minority people.
6	Prepare an Indigenous Peoples plan (IPP)	There is no legal requirement for an IPP or ethnic minority development plan to be prepared.	An Ethnic Minority Development Plan (EMDP) has been prepared for this Project as per ADB requirements.
7	Disclose a draft IPP, including documentation of the consultation process and the results of the social impact assessment.	There are no legal disclosure requirements.	The EMDP has been disclosed, and relevant disclosure of information will continue per ADB requirements.
8	Prepare an action plan for legal recognition of customary rights to lands and territories or ancestral domains when the project involves (i) activities that are contingent on establishing legally recognized rights to lands and territories that Indigenous Peoples have traditionally owned or customarily used or occupied, or (ii) involuntary acquisition of such lands.	There is no legal requirement for an action plan to be prepared.	This requirement is not triggered.
9	Monitor implementation of the IPP using qualified and experienced experts. Disclose monitoring reports.	There are no legal requirements for specific monitoring of IPs and disclosure of monitoring reports.	Monitoring and reporting of the implementation of the EMDP has been outlined in the EMDP as per ADB requirements. Monitoring reports will be disclosed.