INITIAL POVERTY AND SOCIAL ANALYSIS

Country:	Viet Nam	Program Title:	Health Human Resources Sector Development Program-Phase 2
Lending/Financing Modality:	Sector Development Program	Department/ Division:	SERD / SEHS

I. POVERTY IMPACT AND SOCIAL DIMENSIONS

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

Viet Nam has made significant progress in reducing poverty and improving the health status of the population. The country's health-related Millennium Development Goal targets are likely to be met by end of 2015. Improvements in poverty reduction and health outcomes, however, are mainly attributed to the densely populated cities, leaving rural and remote areas lagging much behind. There is lack of access to quality health services due to shortage of health workforce particularly at the district and commune levels, and many health workers at these levels do not have university or higher education training to respond to the changing health needs of the population. Deficiencies in primary and preventive medicine at the commune level have resulted in overcrowding of tertiary and specialist hospitals, compounded by the increased demand for health services resulting from the shift in burden of diseases, higher insurance coverage, and rising incomes. Only 40% of commune health stations (CHS) have reached standards and around one-third of CHS in the Northern Mountains, Midlands, and Central Highlands, where many of the poor and ethnic minorities live, reached the standards. The government's policy to increase the number of medical workers and nurses has resulted in significant increase in the number of schools and students. However, the performance of medical universities and schools is constrained by old and under-resourced facilities, inadequate practice facilities and training equipment, lack of qualified instructors and outdated curricular and teaching methods. These challenges call for upgrading of quality standards for teaching and ensure quality assurance and accreditation system for training institutions, which are expected to produce competent and adequate number of health workers that can provide quality health services across regions particularly in remote areas.

The proposed program will support the adoption of international quality standards for enhancing the quality of health workforce. It will improve HHR management systems and medical education and training capacities to ensure quality standards of care across regions. Access to scholarships for women and ethnic minorities will be provided. The proposed program will benefit the poor by providing them quality health care services to be rendered by competent health workforce. It supports the implementation of Viet Nam's Master Plan for Developing Health Human Resources for the Period 2012-2020, and the National Health Strategy for 2011-2020 and Vision to 2030, which are aligned with the country's Socio-Economic Development Strategy 2011- 2020. The proposed program and PPTA are included in the Country Operations Business Plan 2015-2017 for Viet Nam.

B. Targeting Classification

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

The proposed program will contribute to strengthened management of health workforce towards improving universal health coverage (UHC) and achievement of health-related sustainable development goals. It will support policy actions to facilitate upgrading of education and training to international standards, and investments to support the upgrading of technical infrastructure capacity and raising the standard of health professional education and training. The program is expected to result in increased supply of competent and qualified health workforce, improved health service delivery and governance, improved technical infrastructure capacity for teaching and service delivery and raise standard of health profession education and training to address the changing health needs of the population and on a broader scale the need to provide higher quality health services and care at all levels with particular attention to the poor, minority groups, women, and those residing in remote rural areas.

C. Poverty and Social Analysis

1. Key issues and potential beneficiaries.

Viet Nam has made notable progress in reducing poverty and improving the health status of its population. Poverty incidence declined from 28.9% in 2002 to 11.1% in 2012. However, significant regional disparities exist, with many rural and remote provinces having high poverty incidence and poor access to quality health care. Ethnic minority groups account for less than 15% of the total population, but they account for more than half of the poor. A large number of households remain vulnerable to internal or external shocks that could push them back into poverty. The average out-of-pocket spending on health in 2013 was 50%. In 2015, 71.6% of the population is covered by the national health insurance. The non-poor informal sector and family members of insured non-poor and

vulnerable population are generally uninsured.

2. Impact channels and expected systemic changes

Improvement of HHR capacity and upgrading of educational and training institutions to meet international standards are of critical importance in providing quality health care and services across the population, particularly the poor and vulnerable. The program will provide improved access of women and ethnic minorities from remote areas to better health professional education and training. It will also support mechanisms to promote equitable distribution of health workers across the regions. Strategies will be developed to ensure that knowledge and competence of health professionals translate into practice.

3. Focus of (and resources allocated in) the PPTA or due diligence.
Social and gender assessments for the program will be conducted and frameworks or action plans prepared during program preparation. Social development and safeguards consultants will support program preparation.

II. GENDER AND DEVELOPMENT

1. What are the key gender issues in the sector/subsector that are likely to be relevant to this project or program?

Women and adolescent girls in poor, remote, and ethnic minority communities, and migrant women are particularly affected by the limited access to quality health services and the lack of ethnically sensitive health workers. Women and men in Viet Nam also experience different disease patterns. While women's health needs relate primarily to child-bearing and possibly the effects of domestic violence, men's health is disproportionately affected by traffic and other accidents, alcohol, and drug abuse.

The health workforce is predominantly female, but the majority of women are concentrated in lower-level positions. In 2006, for example, 98% of midwives, 69% of nurses and 50% of assistant doctors were women, while only 35% of full doctors and 28%–29% of health professionals with masters and PhD degrees were women. Only a small percentage of women hold senior positions in the Ministry of Health or provincial health departments.

2. Does the proposed project or program have the potential to make a contribution to the promotion of gender equity and/or empowerment of women by providing women's access to and use of opportunities, services, resources, assets, and participation in decision making?
☒ Yes ☐ No Please explain.

The project will support the increased participation of women in higher positions in the health sector. It will improve access of women and disadvantaged groups to medical education and training that meet international standards through scholarships and/or subsidies for education and training.

The PPTA will engage a social development specialist with expertise in gender and development and who will conduct gender analysis and prepare gender action plan in consultation with government and other stakeholders.

3. Could the proposed project have an adverse impact on women and/or girls or widen gender inequality?
☐ Yes ☒ No Please explain

4. Indicate the intended gender mainstreaming category:
☒ GEN (gender equity theme) ☐ EGM (effective gender mainstreaming)
☐ SGE (some gender elements) ☐ NGE (no gender elements)

III. PARTICIPATION AND EMPOWERMENT

1. Who are the main stakeholders of the project, including beneficiaries and negatively affected people? Identify how they will participate in the project design.

The main stakeholders are the incumbent and incoming faculty and staff of medical educational institutions, health professionals, MOH staff, civil society organizations, and current and incoming medical students. The poor, women, and ethnic minority groups will be consulted in designing the proposed program.

2. How can the project contribute (in a systemic way) to engaging and empowering stakeholders and beneficiaries, particularly, the poor, vulnerable and excluded groups? What issues in the project design require participation of the poor and excluded?

The PPTA will involve close consultations with stakeholders to ensure that their concerns are integrated in the program design. Risk assessment and social analysis will involve the participation of stakeholders, to determine how the program can provide maximum benefits to them, and how they can participate in program implementation.

3. What are the key, active, and relevant civil society organizations in the project area? What is the level of civil society organization participation in the project design?
[L] Information generation and sharing [L] Consultation [M] Collaboration [L] Partnership

4. Are there issues during project design for which participation of the poor and excluded is important? What are they and how shall they be addressed? ☐ Yes ☒ No

Actions to ensure the participation of women, ethnic minority groups, and other vulnerable groups will be included through the preparation of a gender action plan (GAP) and other plans as appropriate during project preparation.

IV. SOCIAL SAFEGUARDS

A. Involuntary Resettlement Category ☐A ☐B ☒C ☐FI

1. Does the project have the potential to involve involuntary land acquisition resulting in physical and economic displacement? ☐ Yes ☒ No

2. What action plan is required to address involuntary resettlement as part of the PPTA or due diligence process?

☐ Resettlement plan ☐ Resettlement framework ☐ Social impact matrix
☐ Environmental and social management system arrangement ☒ None

B. Indigenous Peoples Category ☐A ☒B ☐C ☐FI

1. Does the proposed project have the potential to directly or indirectly affect the dignity, human rights, livelihood systems, or culture of indigenous peoples? ☒ Yes ☐ No

2. Does it affect the territories or natural and cultural resources indigenous peoples own, use, occupy, or claim, as their ancestral domain? ☐ Yes ☒ No

3. Will the project require broad community support of affected indigenous communities? ☐ Yes ☒ No

4. What action plan is required to address risks to indigenous peoples as part of the PPTA or due diligence process?

☒ Indigenous peoples plan ☐ Indigenous peoples planning framework ☐ Social Impact matrix
☐ Environmental and social management system arrangement ☐ None

V. OTHER SOCIAL ISSUES AND RISKS

1. What other social issues and risks should be considered in the project design?

☐ Creating decent jobs and employment [L] Adhering to core labor standards ☐ Labor retrenchment
☐ Spread of communicable diseases, including HIV/AIDS ☐ Increase in human trafficking [L] Affordability
☐ Increase in unplanned migration ☐ Increase in vulnerability to natural disasters ☐ Creating political instability
☐ Creating internal social conflicts ☐ Others, please specify _____

2. How are these additional social issues and risks going to be addressed in the project design?

Stakeholder consultation will be undertaken to ensure that core labor standard issues will be addressed in the project design. There is limited impact on affordability as upgrading of curriculum, faculty and facilities can translate to higher cost of service delivery. This will be assessed and confirmed during project preparation.

VI. PPTA OR DUE DILIGENCE RESOURCE REQUIREMENT

1. Do the terms of reference for the PPTA (or other due diligence) contain key information needed to be gathered during PPTA or due diligence process to better analyze (i) poverty and social impact; (ii) gender impact, (iii) participation dimensions; (iv) social safeguards; and (vi) other social risks. Are the relevant specialists identified?
☒ Yes ☐ No

2. What resources (e.g., consultants, survey budget, and workshop) are allocated for conducting poverty, social and/or gender analysis, and participation plan during the PPTA or due diligence?
The PPTA will engage 6 person-months of consulting inputs from a social development specialist (poverty, social safeguards, and gender) to conduct due diligence during project preparation. Workshop budget is provided to support poverty, social, and gender analyses.