

HelpAge International

**Reducing Income- and Health-Related
Vulnerability of Older Persons in Viet Nam Project**

**STAKEHOLDER ENGAGEMENT PLAN
(SEP)**



HANOI – March 2020

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ABBREVIATION

APRO	Asia Pacific Regional Office
CMB	Club Management Board
CHS	Commune Health Station
PT	Project Team
PPT	Provincial Project Management Team
EM	Ethnic Minority
FGD	Focus Group Discussion
HAIV	HelpAge International in Vietnam
HelpAge	HelpAge International
HI	Health Insurance
IGA	Income Generating Activities
ISHC	Intergenerational Self-help Clubs
MOH	Ministry of Health
MOLISA	Ministry of Labor, Invalids and Social Affairs
SEP	Stakeholder Engagement Plan
OP	Older People
PC	People's Committee
PWD	Person with Disability
GRM	Grievance Redress Mechanism
AP	Affected Parties
VAE	Vietnam Association for the Elderly
OIP	Other Interested Parties
WB	World Bank
ESF	Environmental and Social Framework

II. INTRODUCTION

2.1. Project background

This report presents the Stakeholder Engagement Plan (SEP) which has been prepared and will be implemented by HelpAge International, in partnership with national and Provincial Association of the Elderly in the 6 project provinces, for the Reducing Income and Health-Related Vulnerability of Older Persons in Viet Nam Project. The project will support the establishment of Community Driven Development (CDD) model named Intergenerational Self-help Club (ISHC) in around 180 communities in six provinces, clustered within three regions and with variation in socio-economic and aging profiles. They are Hoa Binh and Thanh Hoa in the North, Quang Binh and Da Nang in the central coast, Khanh Hoa and Ninh Thuan in the South-Central coast. The implementation period is expected to be between 2020 and 2024 with 3 million USD budget. It is expected that as a sustainable and multifunctional CDD model, the ISHC will be an effective social mechanism to respond to rapid ageing in low middle-income Vietnam, by reducing the income and health related vulnerability of older people in the country.

2.2. Project overview

The project development objective is to increase the participation of older persons in income-generating activities and their use of community-level health and social care services in the project communities. The project is mainly composed of 3 components as follows:

Component 1: Establishing ISHCs and supporting their on-going community-level health and social care services (estimated at US\$1,500,000)

This component has three sub-components:

(i) Sub-component 1.1 Initial establishment and on-going capacity-building of ISHCs:

This sub-component includes the activities associated with establishing new ISHCs and providing ongoing capacity-building for the ISHCs, their local partners and government health workers. Examples of such activities include project orientation meetings, institutional set-up of clubs, development of training materials, initial and on-going training activities, meetings of the project's advisory committees, regular technical support supervision visits, and small monthly grants (less than US\$20) to ISHCs to cover their basic operating and monthly meeting costs during the first 1-2 years.

(ii) Sub-component 1.2 Health promotion and access to community-level healthcare:

This sub-component focuses on improving older persons health-related behaviors and use of community-level health care interventions. It will include quarterly health awareness talks (provided by commune health station staff or trained club members) on disease prevention, managing chronic conditions, proper nutrition and other health-related issues relevant to older persons; health promotion through physical exercise and sports and

cultural groups, established by the ISHC to promote healthy and active lifestyles; community health awareness campaigns; basic monthly health monitoring (such as measurement of body mass index, blood pressure, sugar levels) in collaboration with the local commune health stations; health check-ups conducted in collaboration with the local district and/or commune health stations to provide more comprehensive check-ups on a semi-annual basis; promoting access of ISHC members to the health insurance benefits to which they are entitled and educating them in how to use them. Costs associated with the development of training materials and the training of those people who will provide these health-related interventions to the elderly will be financed under the first sub-component.

(iii) Sub-component 1.3 Community-based social care services: Under this sub-component, homecare volunteers (drawn mainly from among the ISHC's members) will deliver care to people who are largely housebound and need assistance with ADLs and IADLs. Depending on the needs, care might include social care (information-sharing, companionship), personal care (house cleaning, food preparation, personal hygiene), health-related care (monitoring general health status, purchasing and administering medicine, physical rehabilitation), and support with household maintenance (including house and farm maintenance, provision of food or other basic necessities), and help with access to entitlements. For the provision of in-home health-related support, the homecare volunteer will be supported by local healthcare providers (typically retired doctors or nurses or commune health workers). Costs associated with the development of training materials and the training of homecare volunteers will be financed under the first sub-component.

Component 2: Income security (estimated at US\$900,000)

This component focuses on strengthening the livelihoods of older persons through access to capital from a revolving fund managed by the ISHC. This component will include the grants to the ISHCs to set up the self-managed revolving fund schemes; training of the fund participants (as well as other community members) in techniques and skills related to their selected livelihoods projects; formation of groups to share knowledge and experience across fund participants; facilitating access to government entitlements related to income security (e.g. old age, disability, widow and veteran social allowances); and small social funds maintained at club level (and financed by ISHC club income from the revolving fund, membership fees, and local fundraising) to help club and community members in the event of financial shocks to the household. Costs associated with the training activities related to revolving fund (including on fund management and how to identify needy and credit-worthy beneficiaries) will be financed under the first sub-component of Component 1.

Most of funds in this component will be allocated to the revolving fund. Details of the operation of the fund, including criteria for the selection of beneficiaries of the revolving fund, guidelines on fund management, loan amount, loan terms, exit strategy upon closure (among others) will be described in the project operations manual and also in a user-friendly ISHC revolving fund manual. It is currently anticipated that around 40-50 percent of ISHC members (20-30 people) will participate in the revolving fund. Loan amounts are expected to average around US\$250, be repaid over a 12-18-month period, and have a monthly interest rate of 1 percent. The livelihood activities to be funded will typically be small scale husbandry (raising chicken, ducks, fish, goats, pigeons, rabbits and pigs), agriculture (vegetable and fruits), or small businesses. Training on environmentally friendly livelihood

schemes or techniques (suitable to adoption by older person) will also be provided to fund participants as well as to others in the community, with the local AEs facilitating links to the local agricultural sector for technical support where appropriate.

The revolving fund is key to the sustainability of the ISHC model: 50 percent of the revolving fund monthly interest (1 percent) will be used to augment the ISHC's total livelihood revolving fund (to grow the fund, as well as cover the risk of non-repayment) and the remaining 50 percent will be used to cover the costs of ISHC operation and activities (fully replacing the club's monthly grants after 1-2 years). To enhance local ownership and sustainability, a local contribution to the revolving fund (of VND 15 million per ISHC) is required.

Component 3: Project Management and Administration, Monitoring and Evaluation, and Knowledge Dissemination (estimated at around US\$300,000)

Sub-component 3.1 Project management and administration: This sub-component will cover the costs associated with project management and administration, including the management of the project by HelpAge and local partners, the annual mandatory audit, and the project's mandatory Implementation Completion Report. Project management activities will also include activities related to ensuring compliance with the World Bank's fiduciary and safeguards requirements and other project reporting and financial management guidelines. Specific project management functions and key staff roles (including related to project management, procurement and financial management) will be elaborated in the project paper / appraisal document.

Sub-component 3.2 Monitoring and evaluation (M&E): This sub-component will cover the costs associated with project monitoring, project evaluation, and capturing the lessons learned from the project – both to further strengthen implementation of the project and also to demonstrate its results. All assessment and evaluations will be carried out in a participatory manner in order to give voice to beneficiaries concerns and help create a feedback loop from the findings to the interventions in a way that addresses beneficiaries' needs. The main M&E activities will include the development of an annual participatory work plan, annual participatory project assessments (including at baseline), and a mid-term and end-of-project evaluation carried out by an external evaluator. These activities are described further in the JSDF Annex and will be confirmed during the remainder of project preparation and appraisal as well as detailed further in the operations manual. The regular monitoring and technical support visits and meetings by project staff and/or ISHC consultants will be covered under Component 1.

Sub-component 3.3 Knowledge dissemination: The sub-component will cover costs associated with knowledge dissemination related to the ISHC model. These include developing materials on the project's best practices and an on-line knowledge resource portal to share the project's materials and lessons learned widely throughout the six project provinces and beyond, and activities to advocate for the scaleup of the project's ISHC development at national level and in non-project sites.

2.3. Purpose and objective of the SEP

The purpose of the present Stakeholder Engagement Plan is to explain how Stakeholder Engagement will be practiced throughout the course of the project and which methods will be used as part of the process; as well as to outline the roles and responsibilities of HelpAge International and AE at all levels in the implementation of Stakeholder Engagement activities. In other words, it provides an appropriate approach for consultations and disclosure. These in turn are expected to create an atmosphere of understanding that actively involves project-affected people and other interested parties, reaching out to them in a timely manner, and that each subgroup is provided opportunities to voice their opinions and concerns. The specific objectives of stakeholder engagement for Reducing Income and Health-Related Vulnerability of Older Persons in Viet Nam Project are to:

- Provide ongoing information on the project to the all stakeholders.
- Provide timely and appropriate information prior to and during implementation to enable participation in the project and to define appropriate mitigation measures.
- Encourage equal participation of all affected groups in the consultation process.
- Obtain public input on the project implementation and the mitigation measures.
- Facilitate open and continuous communication and consultation between various groups
- Disclose the impacts of the project and proposed mitigation measures

The stakeholder engagement process is ongoing throughout the life of the project and includes formal scheduled consultations and meetings. Information will also be disseminated as needed to address significant changes in schedule or other important project developments. The stakeholder engagement process includes two key aspects:

- Early and ongoing outreach to key stakeholders to provide information on the project.
- A grievance redress system to address public complaints during implementation of the project.

Overall, SEP serves the following purposes: i) stakeholder identification and analysis; (ii) planning engagement modalities viz., effective communication tool for consultations and disclosure; and (iii) enabling platforms for influencing decisions; (iv) defining role and responsibilities of different actors in implementing the Plan; and (v) grievance redress mechanism (GRM).

2.4. World bank requirement

The World Bank's Environmental and Social Framework (ESF)'s Environmental and Social Standard (ESS) 10, "Stakeholder Engagement and Information Disclosure", recognizes "the importance of open and transparent engagement between the borrower and project stakeholders as an essential element of good international practice" (World Bank, 2017: 97). Specifically, the requirements set out by ESS10 are the following:

- Borrower will engage with stakeholders throughout the project life cycle, commencing such engagement as early as possible in the project development process and in a timeframe that enables meaningful consultations with stakeholders on project design. The nature, scope and frequency of stakeholder engagement will be proportionate to the nature and scale of the project and its potential risks and impacts.

- Borrower will engage in meaningful consultations with all stakeholders. HelpAge will provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.
- The process of stakeholder engagement will involve the following, as set out in further detail in this ESS: (i) stakeholder identification and analysis; (ii) planning how the engagement with stakeholders will take place; (iii) disclosure of information; (iv) consultation with stakeholders; (v) addressing and responding to grievances; and (vi) reporting to stakeholders.
- Borrower will maintain and disclose as part of the environmental and social assessment, a documented record of stakeholder engagement, including a description of the stakeholders consulted, a summary of the feedback received and a brief explanation of how the feedback was taken into account, or the reasons why it was not.” (World Bank, 2017: 98).

ESS10 Stakeholder Engagement and Information Disclosure

The Borrower and the World Bank’s task team recognize the importance of engagement with relevant stakeholders, beneficiary communities and project affected parties throughout the project cycle. During the development of the Idea Proposal for JSDF, HelpAge has already conducted consultations with potential beneficiaries to identify the needs not yet met by the current ISHC model. The World Bank’s task team has also joined HelpAge on fieldtrips to learn more about the needs of beneficiaries. These consultations have revealed the need for greater collaboration between formal health and social protection services, on the one hand, and community-based organizations for the elderly, on the other hand. In addition, it was found that the current ISHC model has not yet fully met health and care needs of older persons with chronic or terminal diseases, or who need rehabilitation services to regain physical or cognitive capacity after illness. Consultations also confirm the need for support to livelihoods of older persons and the benefit provided to older persons and their family caregivers by the livelihoods/income generation activities of the ISHC.

HelpAge has prepared and implemented an inclusive Stakeholder Engagement Plan (SEP) proportional to the nature and scale of the project and associated risks and impacts. The SEP involves all project affected parties including HelpAge, the World Bank and JICA, the association of the elderly at all levels, commune health stations, and particularly targeted ISHCs and communities. The SEP also involves other interested parties including local authorities, community leaders (village heads and others), local women’s unions, local farmer’s unions, local Red Cross, local Father Land Front, and local media.

The Borrower provides stakeholders, including potential beneficiaries from vulnerable groups, with timely, relevant, understandable and accessible information, and consults with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation. The SEP includes provisions for establish a Grievance Redressal Mechanism (GRM). The implementing agency uses the GRM to strengthen social accountability and to empower households to voice their complaints,

concerns, queries, clarifications, and to increase awareness about the features of the program and their entitlements. The GRM platform will seek to establish a continuous feedback and responsive platform between beneficiary communities and implementing structures. The SEP has been prepared and will be disclosed as early as possible and before project appraisal. The SEP, along with other social and environmental instruments, is subject to public consultation and disclosure per requirements of ESS10 and is treated as a live document to be updated be regular updated along the pace of project implementation.

III. BRIEF SUMMARY OF PREVIOUS STAKEHOLDER ENGAGEMENT ACTIVITIES

3.1. Key stakeholder meeting for SEP preparation

During the preparation of the SEP, HelpAge conducted a number of meetings with relevant stakeholders, including meetings with WB-team in Hanoi and with VAE at national level to agree on the project approach, priorities, role of each party and the initial selection of project provinces. HelpAge also conducted the direct consultations with all 6 provincial AEs in Hoa Binh, Thanh Hoa, Quang Binh, Da Nang, Khanh Hoa and Ninh Thuan, and indirect (through phone and email) with national and all the 6 provincial AEs. In some provinces the consultation also includes provincial DOH and DOLISA such as in Ninh Thuan, Khanh Hoa and Hoa Binh. The consultation focused on feasibility of ISHC' areas of activities, feasibility of more systematic partnership with government service providers (health and social welfare sectors and others...), interest in participating in the project, co-funding requirement for livelihood revolving fund, and preferred mechanisms for communication and coordination during the development of the WB/JSDF proposal, as and when needed. Some direct consultations with potential beneficiaries were also conducted to assess the needs of older people to be addressed by the project.

Table 1: Key Stakeholder preliminary meetings

Location	Date	Participants	Key points raised
VAE office	6 Aug 2018	<ul style="list-style-type: none"> - Vietnam Association of the Elderly (VAE): 5 - HelpAge International (HelpAge, both regional level and country office): 2 	<ul style="list-style-type: none"> - The need for ISHCs of many provinces - Importance of having ISHC self-managed revolving loan fund - The need for improved link with health sector - Full support to the project
WB office in Hanoi	7 Dec, 2018	<ul style="list-style-type: none"> - World Bank: 3 (1 from health and 2 from social security sessions) 	<ul style="list-style-type: none"> - Criteria for selection of project provinces - Importance of having both health and social care, apart from livelihood - Individual and communities should be

		<ul style="list-style-type: none"> - HelpAge International : 2 	<ul style="list-style-type: none"> empowered - Role of VAE in policy advocacy and supporting local AEs during project proposal development & implementation
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3.2. Formal communication with target partners in 6 provinces

In 2019 and early 2020, HelpAge had formal meetings/communication with the Provincial AE in the six selected provinces and city. The meetings' objectives were to inform Provincial AE on the details of the WB-JSDF proposal, to cross-check if they are interested in joining the JSDF proposal and if yes, identify preferred mechanisms for communication and coordination during the development of the JSDF proposal, as and when needed. Please find below the stakeholder meetings information.

Location	Date	Participants	Key points raised
Phan Rang, Ninh Thuan	5 May 2019	<ul style="list-style-type: none"> - Ninh Thuan: 3 (1 from provincial AE, 1 from DOLISA and 1 from DOH) - HAI: 2 	<ul style="list-style-type: none"> - ISHC model and project activities - Interest in participating in the project - Meeting co-funding requirement for livelihood revolving fund - Role and support of DOLISA and MOH - Preferred mechanisms for communication and coordination during the development of the WB/JSDF proposal, as and when needed.
Phan Rang, Ninh Thuan	5 May 2019	<ul style="list-style-type: none"> - Ninh Thuan: 10 (5 are older people, 2 local authority, 3 commune, district and provincial AE) - HAI: 2 	<ul style="list-style-type: none"> - Ageing situation and need of OPs - Interest in ISHC model - Co-funding requirement - Measures to have good results
Nha Trang, Khanh Hoa	6 May 2019	<ul style="list-style-type: none"> - Khanh Hoa: 7 (4 from provincial AE, 2 from DOLISA, 1 from DOH) - HAI: 2 	<ul style="list-style-type: none"> - ISHC model and project activities - Interest in participating in the project - Meeting co-funding requirement for livelihood revolving fund - The need of having ISHCs in filling the gaps of health and social care

			<ul style="list-style-type: none"> - Role and support of DOLISA and MOH - Preferred mechanisms for communication and coordination during the development of the WB/JSDF proposal, as and when needed
Nha Trang, Khanh Hoa	15 Oct, 2019	<ul style="list-style-type: none"> - Older and near older people: 60 - HelpAge: 2 	<ul style="list-style-type: none"> - Need ranking - Measures for ISHC to be successful
Hoa Binh	13 May 2019	<ul style="list-style-type: none"> - Hoa Binh: 5 (2 provincial AE, 1 DOLISA and 1 DOH) 	<ul style="list-style-type: none"> - ISHC model and project activities - Interest in participating in the project - Meeting co-funding requirement for livelihood revolving fund - The need of having ISHCs in filling the gaps of health and social care - Role and support of DOLISA and MOH - Coordination matter
Hoa Binh	13 May 2019	<ul style="list-style-type: none"> - 49 older and near older people 	<ul style="list-style-type: none"> - Interest in and benefits of ISHCs - How to improve ISHCs - Needs of OPs and expectation of OP towards government service providers - Possible collaboration between ISHCs and health and local DOLISA
Thanh Hoa	7 April 2019	<ul style="list-style-type: none"> - Thanh Hoa AE: 4 	<ul style="list-style-type: none"> - ISHC model and project activities - Interest in participating in the project - Meeting co-funding requirement for livelihood revolving fund - The need of having ISHCs in filling the gaps of health and social care - Role and support of DOLISA, MOH and Culture, Sports and Tourism - Coordination matter
Thanh Hoa	6 April 2019	<ul style="list-style-type: none"> - 60 older and near older people 	<ul style="list-style-type: none"> - Interest in and benefits of ISHCs - How to improve ISHCs - Needs of OPs and expectation of OP towards government service providers - Possible collaboration between ISHCs and

			health and local DOLISA
Da Nang	March 2019 & 11 Sep 2019	- Da Nang AE: 2 leaders	<ul style="list-style-type: none"> - ISHC model and project activities - Interest in participating in the project - Meeting co-funding requirement for livelihood revolving fund - The need of having ISHCs in filling the gaps of health and social care - Importance of collaborating with DOLISA, MOH and Culture, Sports and Tourism
Quang Binh	March- Oct 2019 13 Jan 2020	<ul style="list-style-type: none"> - Email and phone communication with Quang Binh AE chair - Direct consultation with 2 Quang Binh AE leaders (Chair and Vice chair) 	<ul style="list-style-type: none"> - ISHC model and project activities - Interest in participating in the project - Meeting co-funding requirement for livelihood revolving fund - The need of having ISHCs in filling the gaps of health and social care - Importance of collaborating with DOLISA, MOH and Culture, Sports and Tourism

IV. STAKEHOLDER IDENTIFICATION AND ANALYSIS

The first step in the stakeholder engagement process is to identify the key stakeholders to be consulted and involved. Stakeholders are individuals or groups who are affected or likely to be affected by the project and who may have an interest in the project. The term “Project-affected parties” includes “those likely to be affected by the project because of actual impacts or potential risks to their physical environment, health, security, cultural practices, well-being, or livelihoods. These stakeholders may include individuals or groups, including local communities” (ESF, World Bank, 2018). The term “Other interested parties” (OIPs) refers to “individuals, groups, or organizations with an interest in the project, which may be because of the project location, its characteristics, its impacts, or matters related to public interest. For example, these parties may include regulators, government officials, the private sector, community leaders, CBOs, other civil society organizations, and cultural groups” (ESF, World Bank, 2018).

The initial list of stakeholders for the project was developed based on several meetings with the relevant VAE and HelpAge team. The consultation sessions for stakeholders will be free of manipulation, interference, and conducted on the basis of timely, relevant, understandable and accessible information, in a culturally appropriate manner. It involves interactions between identified groups of people and provides stakeholders with an

opportunity to raise their concerns and opinions and ensure that this information is taken into consideration when making project decisions.

Stakeholder analysis is an ongoing process, which may evolve as new stakeholders are introduced to the project. Discussion within the VAE with the stakeholders during the design phase of the project has identified several categories of affected groups within each targeted community that will be addressed at a later stage. The older people, women and EM, many of whom are poor, near poor and other disadvantaged groups, shall be key beneficiaries as well as implementors of all project interventions at the community level.

Once the selection of target communities is identified a more accurate identification of the affected communities and stakeholders can be made. Identification of the targeted locations will be overlaid by a need assessment and prioritization of stakeholders' needs targeting the most marginalized groups.

In this project, affected groups and communities are as described below.

4.1 Project Affected Parties

- **Women:** the project aims to improve the quality of life of women, especially older women in the targeted communities. The project's ISHC development model target at between 65 to 75% of the ISHC members will be women, especially older women. The project will not just provide social, economic, health, care and legal support to women, but they will also be key players in the decision making, management and implementation of all project intervention at community level.
- **Older people (aged 55 yrs.):** The project aims to improve the well-being of older people in the 180 target communities through ISHC activities. ISHCs will target at between 65 to 75% of the ISHC members will be older people, who will take lead and receive social, economic, health, care and legal support from the project. In addition, many older people, especially those with disability, will also be greatly benefited from ISHCs activities. Like women group, older people will also play an important role in the decision making, management and implementation of all project intervention at community level.
- **EM:** in EM areas, EM will benefit from the various social, economic, health, care, self-help and legal service provided by the ISHCs. Like women and older people groups, EM will also play an important role in decision making, management and implementation of all project interventions at community level.
- **Community Members:** The ISHC will have many activities that will benefit the entire target communities such as: social and cultural, physical exercise, community sport, livelihood, health, care, right and entitlement, self-help and social and development funds
- **AE at all levels:** They will benefit from project training and on-going capacity building relating to ISHCs. Project ISHCs would help AEs to realize their responsibility as assigned by the PM's Decision 1533 on ISHC replication, as well the organization priorities on providing care and promotion of role for older people in the locality.

4.2 Other Interested Parties (OIP)

- Commune Health Station (staff)/local Health care providers in the selected communes/wards: this group will benefit from improved collaboration (training, information and partnership). CHS will partner with ISHCs and local AEs to carry out health awareness, screening, checkup and homecare service for needy community members in the 180 target communities.
- Health Insurance department: will benefit from the community members purchasing health insurance, due to the ISHC health insurance promotion activities in the 180 target communities.
- Local DOLISA: As a stage agency in charge of older people issues and have the role in ISHC replication, they will benefit from realizing their priorities through ISHCs.
- Local authorities: As the one who issues the Establishment Decision for ISHCs, they will provide legal status, overall supervision to ISHCs, and other support when needed, especially in selection of Club Management Boards and local fundraising initiatives. They will have regular interaction with the project interventions through regular report by local AE, project meetings and field visit, through which they will have a better understanding and increased collaboration with the target communities.
- Other mass organizations such as Women's Union, Father Unions, Fatherland Front, Red Cross...: their members/target groups will benefit from ISHCs activities, so they can play some role in collaborating with local AE in ISHC member recruitment, or join with CMBs to conduct some club activities.

4.3 Disadvantaged / vulnerable Individuals or Groups

A significant factor in achieving inclusiveness of the engagement process is safeguarding the participation of vulnerable individuals in public consultations and other engagement forums established by the project. The vulnerability may stem from person's race, gender, age, health condition, economic deficiency and financial insecurity and disadvantaged status in the community.

The project will target disadvantaged and vulnerable individuals and households such as the poor and near poor, older people, women headed households, people with disabilities, single and skip generation households.

In order to ensure disadvantaged or vulnerable needs are taken into consideration, and that they are reached, the project will adopt several mechanisms; such as, ensuring the ISHC established in the target communities and are led by the community members themselves, ensure all training and IEC materials as disadvantaged people friendly, all ISHC activities are conducted in the target communities to ensure easy accessibility. In addition, when designing the grievance mechanism, the project will take into account the availability of needed resource for this group to give feedback, or send a complaint; for example, if internet option are not available to ISHC members at villages, the Project Team (PT) will

provide them with alternative options such as a telephone number for GRM, or there will be a part for GRM in the ISHC monthly report or the project staff at all levels will attend the ISHC monthly meeting to hear the feedback directly...

4.4 Stakeholder/Target Group Analysis

4.4.1 Target group Analysis

Target Group	Interests, Motives	Characteristics	Potentials
Disadvantaged Groups (DGs) especially older people (OP), including people with disability, women and EM people in target Communities	<p>Interests: Receptive to project ISHC model that promote their participation and inclusion in the local development.</p> <p>Motivations: to improve their wellbeing, both material and spiritual, contribute to their families and communities, and look after the most vulnerable people in their communities</p> <p>Attitudes: Interested, positive/motivated, and supportive</p>	<ul style="list-style-type: none"> • Active, sociable and responsible • Having local knowledge • Focused on their communities' well-being • Lack of financial/material resources • Are not organized in a proper way • Limited knowledge of livelihood and health care including self-care • Limited access to health & care services • Limited opportunities for participation, contribution and voice 	<ul style="list-style-type: none"> • Contribute to improvement wellbeing and other DGs th • Take part in managing, m leading and s ISHCs • Raise voice t
Association of the Elderly (AE) at all levels	<p>Interests: Want to have more ISHCs to improve the well-being of OPs and other DGs groups</p> <p>Motivations: Want to implement the project which enable them to establish more ISHCs to achieve the target set in the PM's Decision 1533 in which AE is assigned to be responsible for</p> <p>Attitudes: Interested, positive/motivated, and supportive</p>	<ul style="list-style-type: none"> • Has mandate to protect OP's rights • Has huge members and staff in each village, district and province • Is highly responsible for PM's assignment in ISHC replication • Has good collaboration with local authority concerned sectors (social welfare, health, ect...) • National AE has experience in supporting provincial AE in developing ISHC replication proposal • Lack of resources both financial and technical to support ISHC replication and development, and to implement their mandate of protecting the rights of OP • Limited cross learning and sharing among national AE and provincial AE and among local stakeholders 	<ul style="list-style-type: none"> • Take part in establishment support to IS • Contribute H project to su • Help link ISH authority and service provi • Introduce/sh approach in other local ex • Can replicate by themselves after the pro
Target Communities	<p>Interests: want to set up the strong and effective ISHCs in their communities</p> <p>Motivations: Want to improve the well-being of the people in their communities, especially for those that are poor and disadvantaged</p> <p>Attitudes: Very positive and supportive</p>	<ul style="list-style-type: none"> • Local knowledge • Are respected by others • Focus on the long-term development of their communities • Has the human resources • Lack capital investment • Lack management and facilitation skills 	<ul style="list-style-type: none"> • Take lead in the ISHC in t communities • Become ISHC volunteers or • Become mot trainers • Conflict nego • Help Others

4.4.2 Key stakeholder analysis and engagement strategy

Stakeholder		Position			Reason for Position	Strength & Weakness
		+	0	-		
1	Local Communities		+		<ul style="list-style-type: none"> Want ISHCs to improve well-being of community members, especially DGs 	<p>Strengths:</p> <ul style="list-style-type: none"> Have in-depth knowledge of the target communities Able to mobilize local communities and resources to help keep the ISHC be more effective and sustainable <p>Weaknesses:</p> <ul style="list-style-type: none"> Lack financial resource to set up ISHC in their communities Lack capacity to set and manage the ISHC Lack effective lobby and fundraising skills
2	Vietnam Association for the Elderly (VAE)		+		<ul style="list-style-type: none"> AE is mandated to care for and promote the role of OP Has also been one of the founding members in the development of the ISHC model in Vietnam Has developed a National Proposal for the replication of the ISHC model nationally, which is approved by the GoV in 2016. Has been assigned by the GoV to take lead in supporting and replicating the ISHC nationally 	<p>Strengths:</p> <ul style="list-style-type: none"> The second largest mass organization in Vietnam with the national wide network including provincial, district, commune AE and its chapter at village level. They have 8.5 million members and around 10,000 staff throughout the country Has experience in supporting provincial AE in developing ISHC replication proposal Has good access to senior policy makers Has good collaboration with concerned sectors (social welfare, health, etc.) Has access to funding opportunities to expand project actions <p>Weaknesses:</p> <ul style="list-style-type: none"> Staff has uneven capacity Effective lobby skills are still low Lack of resources to support ISHC replication therefore the No of ISHC established according to Decision 1533 is very small Lack of resources to provide technical support to established ISHCs therefore the established ISHCs have weak capacity Limited cross learning and sharing among national AE and provincial AE and among provinces themselves

3	Ministry of Health (MoH and DoH)	+	<ul style="list-style-type: none"> Is tasked to provide health care for OP by Law on Older people and to implement Circular 35 on health care for OP The PM's Decision 1533 on ISHC replication assigned MOH to support ISHCs in organizing mobile health clinics, providing volunteer health educators to the target communities to provide regular health awareness sessions and promotions 	<p>Strengths:</p> <ul style="list-style-type: none"> Largest health care providers in the locality Has large number of trained health providers located in both project districts and communes. <p>Weaknesses:</p> <ul style="list-style-type: none"> Lack regular outreach health programs Lack of knowledge and skills on older people health care Focus more on treatment then prevention and care Lack of age friendly working methods
4	Ministry of Labor, Invalid and Social Affair (MoLISA and DoLISA)	+	<ul style="list-style-type: none"> MoLISA/DoLISA is the main Government agency assigned to cover the area on Ageing in Vietnam as stipulated by Law on OP Has been assigned by Prime Minister in 1533 Decision on ISHC replication to work closely with VAE in ISHC replication project HelpAge has close collaboration with MOLISA in ageing area, including development of National Plan of Action on Ageing, which target ISHC replication and international and local events on ageing and OP 	<p>Strengths:</p> <ul style="list-style-type: none"> Main government agency overseeing ageing in the provinces Has large number of social workers throughout the province Are assigned to ensure the poor and other disadvantaged people have access to their rights and entitlements <p>Weaknesses:</p> <ul style="list-style-type: none"> Lack outreach staff to cover all communities in the province Ageing has low priority due to lack of awareness on Ageing Focus more on handout instead of promoting the role of communities to help themselves
5	People Committees (provincial, district & commune levels) PC	+	<ul style="list-style-type: none"> The PC is the highest and main government administrative body at provincial, district and commune levels. ISHC are much in line with the PC priorities (income, health and care, social protection, grassroots democracy ...) The PC is assigned by the PM in Decision 1533 to support the ISHC replication 	<p>Strengths:</p> <ul style="list-style-type: none"> Main government body (provincial, district & commune levels) Are aware of the ISHC model and is supportive in the replication of the ISHC model in the province Have access to government funding Are influential seeking funding from local private donors <p>Weaknesses:</p> <ul style="list-style-type: none"> Ageing is not one of the main focus of the PC Still limited awareness on Ageing and Gender, as well as the ISHCs benefits Local fundraising initiatives for older people is still limited Lack system to monitor the wellbeing of older people

V. STAKEHOLDER ENGAGEMENT PROGRAM

Stakeholder engagement is an inclusive process conducted throughout the project life cycle. Where properly designed and implemented, it supports the development of strong, constructive and responsive relationships that are important for successful management of a project's environmental and social risks. Stakeholder engagement is most effective when

initiated at an early stage of the project development process and is an integral part of early project decisions and the assessment, management and monitoring of the project's environmental and social risks and impacts.

5.1. Purpose and timing of stakeholder engagement plan (SEP)

The SEP aims to set a sound environmental and social approach to the preparation and implementation of the project. The goal of this SEP is to improve and facilitate decision making and establish a way to communicate with affected people involved and other stakeholders in a timely manner, especially in light of the structure of this project, with many parties involved, and that these groups are provided the opportunity to voice their opinions and concerns that may influence Project decisions. In other words, the goal of SEP is to minimize risk and optimize benefits for all parties involved in this project.

One of the steps to ensure stakeholder engagement is that the project (PT) will hold meetings and awareness workshops for beneficiaries and key stakeholders as necessary. Below is a suggested tentative timeline for SEP:

- **Preparation Stage** – hold meetings with provincial, district, commune and village levels AE, older people, women and EM representatives, health and social welfare sectors, and PCs to introduce the concept of the project, ISHC model and requirements, and get feedback on the needs of the stakeholders; i.e. what are the needs of the target population and communities and the prioritization of the identified needs. The meetings also aim to explore the project feasibility, such as the collaboration between ISHCs – AEs and health and social welfare sectors. This stage is important for both information disclosure and consultation at the same time, conducting FGDs with key players can help get feedback about the needs and at the same time spread the word about the project and its expected outcomes. These initial meetings were conducted from March 2019 to January 2020 and will be continued in the coming months as needed.
- **Implementation stage** – At this stage, the project will have a clearer picture, orientation and/or review meetings to raise awareness and explain expected risks for beneficiaries and other stakeholders, can be held. PT will coordinate with local partners (AE) to announce such meetings so as many people as possible can attend. Such meetings can be announced through AE wide and extensive network in all target communities in the six target provinces. These meetings are planned to start once the exact locations of the targeted communities are identified and continue through the project lifecycle. Most importantly, these meetings will target interested community members as well, like local community based organizations (CBOs), village and commune health providers, social workers if any, community leaders, authorities and private sector, not to mention vulnerable community members. *The current target is to hold ISHC meeting in each target communities on a monthly based, throughout the project implementation and beyond.*
- **Handover stage** – handover meetings will be held upon completion of the project to discuss and celebrate outcomes with beneficiaries, local partners, authorities and the

media. Such meetings will be attended by key project stakeholders from community/ISHCs, commune, district, provincial and national levels. *These meetings will take place one month before the end of the project or in the last month of the project, combined with the project final review meetings*

5.2. Description of engagement methods

The project intends to utilize various methods of engagement that will be used as part of its continuous interaction with the stakeholders. For the engagement process to be effective and meaningful, a range of various techniques need to be applied that are specifically tailored to the identified stakeholder groups.

The format of every consultation activity should meet general requirements on accessibility, i.e. should be held at venues that are easily reachable and do not require long commute, entrance fee or preliminary access authorization, cultural appropriateness (i.e. with due respect to the local customs and norms), and inclusiveness, i.e. engaging all segments of the local society, including disabled persons, the elderly, and other vulnerable individuals. If necessary, logistical assistance should be provided to enable participants from the remote areas, persons with limited physical abilities and those with insufficient financial or transportation means to attend public meetings scheduled by the project.

Ensuring the participation of vulnerable individuals and groups in project consultations may require the implementation of tailored techniques for some groups, mainly older people, persons with disabilities, women-headed household and EM people. Such techniques may include visiting such individuals or families at their homes, holding separate small group discussions with them at an easily accessible venue. Reaching out to women through Women's Unions to ensure inclusiveness. These approaches help the project to reach out to the groups who, under standard circumstances, are likely to be insufficiently represented at community gatherings.

Engagement method and tools

Method/Tool & frequency	Description and use	Contents	Target groups
Correspondences (Phone, e-mails, letters) (Annually and as needed)	<ul style="list-style-type: none"> To distribute information to local partners, communities, people and authorities To invite stakeholders to meetings and training 	Introduction of the project and information about the time, venue and agenda of meeting	Local community representatives, partners (AE), others local NGOs, commune health providers and local authorities.
Formal meetings (Annually and as needed)	To inform the local partners, ISHCs, authorities, and other interested parties on the project model (ISHC) progress, lesson learnt, challenges and solutions	<ul style="list-style-type: none"> ISHCs, rights and responsibility of ISHC members Project status Project highlight Coordination Plans for next period Issues and challenges Others 	Local authorities, DoH, DoLISA, media and community leaders.
ISHC and community meeting (Annually and as needed)	<ul style="list-style-type: none"> To present project information to the larger communities, especially affected parties 	Important highlight of project, announcements of planned activities, measures for risk	Affected people in the project communities of influence – people living in

needed	<ul style="list-style-type: none"> To allow participants to give their views and opinions. To build relationship with the communities To register feedback on discussion and questions 	mitigation (if any), overall progress and major achievements.	the 180 target communities (ISHC member, village leaders)
HelpAge and partners (AE) Websites and Facebooks and other social media (Quarterly and as needed)	To promote various information and updates on the overall project, impact assessment and impact management process, procurement, employment opportunities, as well as on project's engagement activities with the publics and target communities.	Information about project development updates, health and safety, employment and procurement, environmental and social aspects Project-related materials.	Directly affected communities and any other stakeholders and interested parties.
Printed materials and Site-specific signs (Annually and as needed)	<ul style="list-style-type: none"> To announce information to project stakeholders on a regular basis to maintain awareness of the project development To provide sites specific project information 	Important highlights of project achievements, announcements of planned activities, changes and overall progress.	Affected communities.
Site Visits (Quarterly and as needed)	<ul style="list-style-type: none"> To share the project development model (ISHC) and its impacts To get the feedback on possible risks and solutions To gather ISHC champion, that will help to advocate for the ISHC model To advocate for wider scale up 	<ul style="list-style-type: none"> The ISHC model It's unique development characteristic It wider and extensive impacts Costing and affordability Sustainability Scalability 	Donor, policy makers, Authorities, media and others.
Project handbook Regular meetings of staff and partners (AE); of project, ISHCs & other stakeholders Posts on information boards/feedback box in the offices and on sites Quarterly and as needed	To announce workers grievance mechanism and any information on project progress, gaps, challenges and discuss for solutions	Employee grievance procedure Updates on project development Discuss gaps, challenges and solutions	Project employees and workers.

5.3. Proposed strategy for information disclosure

Information on the project's purpose, components and sub-components and type of activities involved as well as key project documents such as ESMF, EMPF, EMDPs and SA will be disclosed to people. The types of methods that will be used to communicate this information to each of the stakeholder groups will vary according to the target audience. These methods will include meetings with the targeted audience, announcement in the target communities and on the WB and HelpAge websites.

Electronic copy of the project key documents as mentioned above including SEP will be placed on the WB and HAIV website in both English, at the early stage, and Vietnamese languages, once they are available. This will allow stakeholders with access to Internet to view information about the documents to initiate their involvement in the public consultation process.

5.4. Proposed strategy for consultation

Project stakeholders will be given the opportunity to comment and voice their concerns on the project interventions during the design and implementation stages. A wide range of meetings/field visits will be scheduled to inform project stakeholders including local communities about the project's objectives, ISHCs and their activities and get their feedback. The meetings will be held in suitable locations for the stakeholders for easier access to vulnerable groups. Additional consultation meetings will be held with stakeholders throughout the project cycle (at least annually), to ensure that the target communities are satisfied with outcomes, have chance to raise their concerns and/or suggestions for improvement and have no concerns about the project design and implementation process. It is crucial to plan each consultation process, consult inclusively, document the process, and communicate follow-up.

5.5. Proposed strategy to incorporate the views of vulnerable groups

The PT will take special measures to ensure that disadvantaged and vulnerable groups have equal opportunity to access information, provide feedback, or submit grievances. At least 70% of the target beneficiaries will be from disadvantaged and vulnerable groups, which will help to ensure proactive outreach to those most needy. To incorporate the views of vulnerable groups, who are the majority of the ISHC membership, the ISHCs will organize monthly meetings with their members at a fixed date, as possible, at the village level, and allocate some rooms in the monthly meeting agenda for them to raise their views, if any. In addition, the ISHCs, through their home care volunteers, can also get the view of the most vulnerable ones (house bound, bed bound, those with disability, living alone...) who they provide home care services for, and these views will also be shared in the ISHC monthly meetings, if any.

5.6. Review of comments

As detailed above, communication and feedback from stakeholders will be taken into consideration at each stage of this project. PT and local partners will make considerable effort to attend the monthly community/ISHC meeting throughout the project in order to receive reviews and comments from ISHC and community members. Further, roundtable/review meetings and one-on-one meetings with stakeholders will be held as well. In addition, the project plans to use the 'Complaints and Suggestions hotline (email,

phone and email) to hear feedback from the target communities. Prior to implementation, information about the email, website and/or phone numbers of the HelpAge and local partners (AE) will be disclosed to the target communities and local partners, at all levels.

VI. RESOURCE AND RESPONSIBILITIES FOR IMPLEMENTING STAKEHOLDER ENGAGEMENT ACTIVITIES

6.1. Resource and implementation arrangements

HelpAge, PT and local partners will mobilize human and material resources to implement the SEP and manage the Grievance Redress Mechanism (GRM). SEP implementation and GRM management will be incorporated in the Job description of each project staff. The project manager will be the focal point to make sure that SEP and GRM are implemented as required. In addition, HelpAge and local partners will consider an allocation of additional human resources for the implementation of the SEP activities. This includes allocating senior staffing time (Regional Program Adviser, Country Director and National Finance and Admin Manager) to support the PT in the implementation of SEP. All SE related activities will be conducted as mainstreamed into the project activities as stated in the project costing tables, such as in the project orientation meetings, training, technical support visits, annual review meetings, field visits, ISHC monthly meetings.... In addition, project local partners, especially commune AE, will also use their existing mechanism to engage more with stakeholders, such as regular meetings at the commune level. As mentioned above, the Project Manager, as the focal point for SEP and GRM implementation, shall be responsible to ensure that communication with all targeted groups will be conducted as appropriate and follow up on the implementation of the SEP and shall include this in the periodical reports submitted to WB.

6.2. Roles and responsibilities

The HAIV senior team will take responsibility for and lead all aspects of the stakeholder engagement, with the support from the PT. However, to implement the various activities envisaged in the SEP, HelpAge will need to closely coordinate with other key stakeholders – national and local partners (AE), local authorities and affected communities and other project affected parties. The implementation of SEP activities will be documented, tracked, and managed by HAIV with the support from PT, who will be responsible for documenting all stakeholder's database through registration log, meeting minutes, attendance sheets, and regular reports to the World Bank. The complaint information and the details of the complaint should be entered in the GRM Tracking Matrix.

The following focal point will be responsible for carrying out the stakeholder engagement activities and will be responsible for providing information if people have comments or questions about the project or the consultation process:

Ms. Chu Viet Nga

Phone: 0987818938

Email: ngacv@helpagevn.org

6.3. Management functions and responsibility

HelpAge shall have frequent and continuous communication and follow up with the WB and local partners in the six target provinces during the design and implementation phases. Site visits shall be taking place during the design and implementation phases. PT will be in charge of timely periodical reports to the WB.

VII. GRIEVANCE REDRESS MECHANISM

In compliance with the World Bank's ESS10, a project-specific mechanism is being set up to handle complaints and other queries. Project-affected-people and any other stakeholders may submit comments or complaints at any time by using the project's Grievance Redress Mechanism (GRM). The overall objectives of the GRM are to:

- Provide a transparent process for timely identification and resolution of issues affecting the project and people.
- Strengthen accountability to beneficiaries, including project affected people.

7.1. GRM chart

In order for the complaint to be effective, it is necessary to follow clear and smooth administrative procedures so as to optimize the process of handling complaints from the reception to the completion or closure. Hence the following procedures for submitting and handling complaints are provided.

If any one affected by the project has a serious concern and query relating the project management and implementation: **Submit complaints**

Choose who

- **HAIV:**
 - + PM: ngacv@helpagevn.org; 0987818938
 - + Other PT members (email, phone...)
- **Provincial AE in 6 provinces**
- + X...
- + X
- + X
- + X


Choose how

- Electronically (fill in forms in website)
- Writing (E-mail) using the form preferably
- Phone
- In person (filling the form preferably)
Provide personal information and contact details so that we can follow up with you.
Provide details of the complaint as much as possible, with any evidence/all copies of documents which may support the complaint



Receive Complaints by GRM staff – give acknowledgement

- **For writing complaint (email or electronic):** Give the complainant a receipt or a confirmation email of acknowledgment with a reference number to track the complaint.
- **For verbal complaint:** register the complainant information and details of the complaint into the system, and give the complainant a reference number to track his/her complaint.



File Complaints and Register Complaints

GRM Staff: enter the complaint into the GRM Tracking Matrix. The complaints register records the following information:

- Complaint Reference Number
- Date of receipt of complaint
- Name of complainant
- Confirmation that a complaint is acknowledged
- Brief description of Complaint
- Details of internal and external communication
- Action taken: (Including remedies / determinations / result)
- Date of finalization of complaint (Original documentation must be kept on file).
- Referral and Examination of complaints



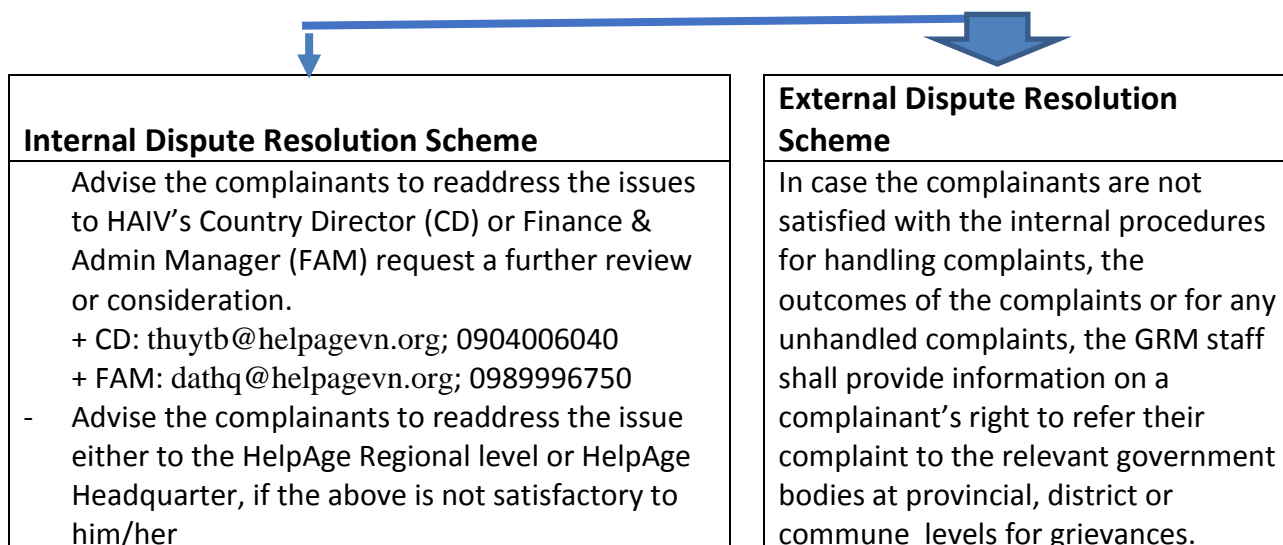
Project response

- Validate the complaint
- Investigate with appropriate urgency
- Come up with any the actions to be taken and any recommendations for corrective measures to avoid possible reoccurrence.
- Register the decision and actions taken in the GRM Tracking Matrix.



Notifying Complainant and Closing the complaint

<ul style="list-style-type: none"> ○ Notifying complainant of the decision/solution/ action immediately (in writing, or by calling or sending the a text message) about a summary of issues raised and reason for the decision. ○ Closing Complainant: A complaint is closed in the following cases: <ul style="list-style-type: none"> ● Where the decision/solution of complaint is accepted by the complainant, the GRM staff shall close the complaint and sign outcome and date in the Complaint Register. ● A complaint that is not related to the project or any of its components. ● A complaint that is being heard by the judiciary. ● A malicious complaint. 	Additional Dispute Resolution Scheme Where the complainant is not satisfied with the outcome of his/her complaint, the following procedures shall be considered:
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7.2. Feedback/grievance monitoring and reporting

A detailed GRM manual, as part of project operation manual, that includes guidelines on filing and handling complaints at the project's level has been prepared with the support of the World Bank experts. PT will keep log for grievances and how complaints are resolved within a stipulated time frame and then produce periodical reports, as part of the project reports, for senior management, except for special cases that need immediate measures. Grievances/feedback reports include data on numbers of grievances/feedback received, compliance with business standards, issues raised in grievances/feedback, trends in grievances/feedback over time, the causes of grievances/feedback, whether remedial action is warranted, and what redress is provided.

PT will also make sure that the existence of the GRM will be communicated to all stakeholder groups. Information on how and where to file complaints will be disclosed to people as part of the Information Disclosure Strategy. PT will ensure that the GRM and the

complaint system is applied properly according to the related regulations and grievances/feedback made public periodically.

7.3. World bank Grievance Redress System

Communities and individuals who believe that they are adversely affected by a project supported by the World Bank may also complaints directly to the Bank through the Bank's Grievance Redress Service (GRS) (<http://projects-beta.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>).

A complaint can be submitted to the Bank GRS through the following channels:

- By email: grievances@worldbank.org
- By fax: +1.202.614.7313
- By mail: The World Bank, Grievance Redress Service, MSN MC10-1018, 1818 H Street Northwest, Washington, DC 20433, USA

VIII. MONITORING AND REPORTING

The Stakeholder Engagement Plan will be periodically revised and updated as necessary in the course of project implementations in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP.

Reporting to stakeholders involves providing important details on the undertakings, routines, status, and the project progress. Reporting to stakeholders may also include new or corrected information since the last report. Keeping track of the many commitments made to various stakeholder groups at various times, and communicating progress made against these commitments on a regular basis, requires planning and organization.

Periodical summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation will be collated by the PT and referred to HelpAge. The monthly summaries will also provide an information about the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner.

Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Sharing (online) annual reports that includes information on project's engagement with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:
 - Number of public hearings, consultation meetings and other public discussions/forums conducted within a reporting period.
 - Frequency of public engagement activities.
 - Geographical coverage of public engagement activities
 - Number of public grievances received within a reporting period and number of those resolved within the prescribed timeline.
 - Type of public grievances received.

IX. REFERENCES

- 1 World Bank. 2017. Environmental and Social Framework.
- 2 World Bank. 2018a. Template for ESS10: Stakeholder Engagement and Information Disclosure Stakeholder Engagement Plan and Stakeholder Engagement Framework.
- 3 World Bank. 2018b. Guidance Note for Borrowers. ESS10: Stakeholder Engagement and Information Disclosure.

X. APPENDIX

Appendix 1: Summary of consultation with beneficiaries

1. Date: 13 May, 2019
2. Venue: Bung village, Thu Phong commune, Cao Phong district, Hoa Binh province
3. Participants: 49 older and near older people in the village; most of them Muong Ethnic Minority group
4. Objective: (1) to know the interest in and benefits of ISHCs; (2) How to improve ISHCs; (3) Needs of OPs and expectation of OP towards government service providers and (4) Possible collaboration between ISHCs and health and local DOLISA
5. Main consultations findings
 - (1) Interest in and benefits of ISHCs: The beneficiaries expressed that there are many benefits of joining ISHCs, such as health improvement through physical exercises, playing sports, access to regular screening and health check up, relaxing mental health, being helped when being sick by the members. ISHCs is also found as a good platform for older people, especially older women, to take part in many interesting activities like doing exercise, singing, dancing, creating poems which promote their abilities. Another benefit that people like is accessing to small loan, so that ISHC members, most of them older people and near older, and the poor, can invest in their income generating activities (IGAs), such as raising bees,

chickens...which would help to increase their income. “The more we participate in at old age, the healthier we are; as older people, we just stay home to help our children and grandchildren, but with the ISHCs we can go out and meet others and do something useful together and help one another” (said one older woman). People find ISHCs good for older people, can help them live happily, healthily and worthily and contribute to build solidarity in the community.

- (2) How to improve the ISHCs: should make sure that there is ISHCs should be as its name reflect. Meaning really intergenerational (have both younger and older people) and both better off and more vulnerable to support each other. Those with better off should support the poorer. ISHC members should be those who are enthusiastic and willing to spend their time and resources including labor, to help one other, not just wait for other to help. ISHCs should have a bigger revolving loan fund as the need is large especially among older people. Responding why they have not borrowed from other local micro credit programs, they said the procedure is very complicated and they have to go far to get it while they just want to get the loan in the village, which the ISHCs can do. Having good attendance rate is also needed, so that the ISHCs can carry out well all the activities. Having good Club Management Board (CMB) members is important and they should be trained properly to do well their work.
- (3) Needs of OPs and expectation of OP towards government service providers: Participants expressed many needs, including: chances of being/gathering together, together to sing, dance, helping each other; health check up and health monitoring and consultation, doing physical exercise and sport, that is appropriate for older age; access to small loan for IGAs, IGA related information, appropriate techniques (in Cao Phong they are well-known for orange, how to have the best orange without using chemical, ect....). Learning from one another. For those home bound and bed bound, they need someone to come to care/support them at home, not only medical health check, but also medication, and more important, help with daily needs like talking, housework, cleaning. If there is budget, rehabilitation or assistive devices like wheelchair or walking sticks are also good for those in need.

What they expect government service providers to do: 1) for health service providers: they want the higher level doctors (they said from Hanoi- capital city is the best) to come to provide health check up and consultation and given medication for older people in their place; If it is not possible, they agree that local health stations doctor is also good. They also want local health doctor to come to talk about health care for older people. However they are afraid that the doctors, even the local, will not come, as they are very busy; If there are health messages available, the ISHCs, with support from local AE, can collaborate with the commune Information and Communication agency to disseminate health information to the whole village and even commune, so that more and more people will benefit; If there is budget, they also want to buy USB to record health message and amplifier set to do the dissemination on own their own. They said it is also good to have tired doctors or health workers to participate in the CMBs to help with the health care activities; 2) Rights& entitlements related agencies: There are many entitlements for older people, but not all older people not aware

off. Participants want local government and local AE and other mass organizations to provide this information at the village level. In addition, they want local AE and other mass organizations and local government to make sure that they are implemented timely and fully.

(4) Possible collaboration between ISHCs and health and local DOLISA

ISHCs and CHS: If there is equipment (blood pressure gauge and weight scale), the ISHCs can do health monitoring regularly or it is the best that the local health staff will do it for older people regularly; if any abnormal results found they can refer to commune health centers for follow up. CHS can send doctor to talk about health topics at the monthly ISHC meetings, which takes place in their village. ISHCs can also invite and organize older people together for the local health station to provide health check up and consultation.

ISHCs and local DOLISA: ISHC can support local AE to make the list of legitimate beneficiaries for government policies, such as social assistance scheme, to submit to local DOLISA so that they can benefit timely. ISHC can also find out who are excluded to raise this up, together with local AE, to local DOLISA.

Appendix 2: Grievance Redress Guidelines

Abstract

The project will support the establishment of Community Driven Development (CDD) model named Intergenerational Self-help Club (ISHC) in around 180 communities in six provinces, clustered within three regions and with variation in socio-economic and aging profiles. They are Hoa Binh and Thanh Hoa in the North, Quang Binh and Da Nang in the central coast, Khanh Hoa and Ninh Thuan in the South-Central coast. The implementation period is expected to be between 2020 and 2023 with 2,750 million USD budget. It is expected that as a sustainable and multifunctional CDD model, the ISHC will be an effective social mechanism to respond to rapid ageing in low middle-income Vietnam, by reducing the income and health related vulnerability of older people in the country.

During the project's implementation period, it is expected to receive complaints from affected people. To this end, a system for filing and handling project's complaints will be established. In order for the complaint to be effective, it is necessary to follow clear and smooth administrative procedures so as to optimize the process of handling complaints from the reception to the completion or closure. Hence the following procedures for submitting and handling complaints are provided, with a suggested list of forms.

Receiving Complaints

Within the PT, a lead person (project manager) will be assigned to follow up complaints related to the project. The complaint, in order to be filed, should be related to the project components and/or to its implementation and management.

Methods for filing complaints

Complaints shall be filed using one of the following methods:

- **Electronically:** the complainant files a complaint electronically using the electronic GRM forms on the HAIV website
- **By telephone:** the complainant can call the following numbers:
 - **National level:**
 - HAIV: 024-3247-4145
 - **Provincial level:**
 - **Hoa Binh province:** XXX-XXXX-XXX
 - **Thanh Hoa Province:** XXX-XXXX-XXXX
 - **Quang Binh Province:** XXX-XXX-XXXX
 - **Da Nang City:** XXX-XXX-XXXX
 - **Khanh Hoa Province:** XXX XXX XXXX
 - **Ninh Thuan Province:** XXX-XXXX-XXX
- **By email:** lienhe@helpagevn.org or ngacv@helpagevn.org to file a complaint.
- **In person:** the complainant files a complaint at any PT or Provincial PT (PPT) offices or staff.

Where possible it is desirable that complaints are submitted in writing by the complainant. Should the complainant not wish to comply with this request and submit the complaint verbally, then the complainant information and the details of the complaint should be entered in the GRM Tracking Matrix.

Procedures for filing complaints

The complainant fills in the designated form in writing and signs it, or fills it electronically including all personal information and details of the complaint. The complainant encloses all copies of documents which may support the complaint. The GRM staff at PT or PPT will ensure that the form is filled in accurately. The complainant receives a receipt or a confirmation email of acknowledgment with a reference number to track the complaint. If the complainant chooses to file his/her complaint verbally, the GRM employee must register the complainant information and details of the complaint into the system. The complainant will receive a reference number to track his/her complaint.

Registering complaints

The GRM staff will enter the complaint into the GRM Tracking Matrix. The Complaints Register tracks the status of all complaints. The complaints register records the following information:

- Complaint Reference Number
- Date of receipt of complaint

- Name of complainant
- Confirmation that a complaint is acknowledged
- Brief description of Complaint
- Details of internal and external communication
- Action taken: (Including remedies / determinations / result)
- Date of finalization of complaint Original documentation must be kept on file.
- Referral and Examination of complaints

The GRM staff at PT and PPT will inform the complainant that an investigation is underway. The complainant shall be informed of the estimated duration for resolving the complaint which is no later than ten business days from the date of receipt of the complaint. Where the complaint is unlikely to be resolved within the estimated duration, the GRM staff must promptly contact the complainant to request additional time and explain the delay. If the complaint is not resolved after the xxx days period, the GRM staff will refer the complaint to the PT, PPT or HAIV senior team to take the appropriate measures.

The GRM staff will then follow the steps below:

- Verify the validity of the information and documents enclosed.
- Ask the complainant to provide further information if necessary. Refer the complaint to the PT and PPT. After examining the complaint, the PT and PPT shall refer the complaint to the relevant person(s). Person/s in charge shall conduct field visits for verification, if necessary, and prepare recommendation to the PT and PPT of actions to be taken and of any corrective measures to avoid possible reoccurrence.
- The PT and PPT shall inform the GRM staff within ten business days, about the action taken and of any recommendations for corrective measures to avoid possible reoccurrence.
- The GRM staff shall register the decision and actions taken in the GRM Tracking Matrix.

Notifying the complainant and Closing the complaint

Notifying the Complainant: The GRM staff shall notify the complainant of the decision/solution/ action immediately either in writing, or by calling or sending the complainant a text message.

When providing a response to the complainant, the GRM staff must include the following information:

- A summary of issues raised in the initial complaint.
- Reason for the decision.

Closing the Complaint: A complaint is closed in the following cases:

- Where the decision/solution of complaint is accepted by the complainant, the GRM staff shall close the complaint and sign outcome and date in the Complaint Register.
- A Complaint that is not related to the project or any of its components.
- A Complaint that is being heard by the judiciary.
- A malicious complaint.

Additional Dispute Resolution Scheme Where the complainant is not satisfied with the outcome of his/her complaint, the following procedures shall be considered:

Internal Dispute Resolution Scheme

The GRM staff shall advise the complainants that if they are not satisfied with the outcome of their complaint, they may readdress the issues directly to HAIV's Country Director (CD) or Finance and Admin Manager (FAM) and request a further review or consideration. Where the complainants are not satisfied with the resolution provided by the HAIV's CD and/or FAM the GRM staff shall advise the complainants to readdress the issue either to the HelpAge Regional level or HelpAge Headquarter.

External Dispute Resolution Scheme

In case the complainants are not satisfied with the internal procedures for handling complaints, the outcomes of the complaints or for any unhandled complaints, the GRM staff shall provide information on a complainant's right to refer their complaint to the relevant government bodies at provincial, district or commune levels for grievances.

Reporting

PT shall review the Complaints Register regularly for the purpose of providing analysis and reports on complaints to the World Bank periodically. The report shall include number of complaints received, handled and closed. It shall also include analysis on systemic and recurring problems. This will assist the project management in determining the cause of complaints and whether remedial action is warranted. Periodic Reporting shall be as following: A monthly report of ISHC to local partner (AE), quarterly report of local partner AE to the project management, and annual report of the project management to World Bank. A separate on GRM is not required, but it is a part of the project narrative report to World Bank.

Relevant Complaints Forms

A set of forms relevant to the Complaints Procedure Manual shall be developed: (1) Complaints Submission Form (2) Acknowledgement of Complaint Reception Form (3) Request for Additional Information Form and (4) Response Form; 5) Report Template; All these forms will be provided in the project operation manual.