



Long Son Petrochemicals Co., Ltd

LSP Doc. No: LSP-1S03-0009

Long Son Petrochemicals Co., Ltd.

CSR Department

Rev. 1

COMMUNITY HEALTH ACTION PLAN


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ACRONYMS

CHAP	Community Health Action Plan
CSR	Corporate Social Responsibility
EPC	Engineering, Procurement and Construction
ESIA	Environmental and Social Impact Assessment
HSSE	Health, Safety, Security and Environment
IFC	International Finance Corporation
LSP	Long Son Petrochemicals Company Limited
NGO	Non-Government Organisation
PAPs	Project Affected Persons
PC	The People's Committee
PS	Performance Standard
STDs	Sexually Transmitted Diseases

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1 INTRODUCTION

1.1 OVERVIEW

Long Son Petrochemicals Company Limited (LSP) has committed to maximising the economic and social benefits associated with the development of its Petrochemicals Complex in South of Vietnam Project (the “Project”) on Long Son Island, Long Son Commune, Ba Ria Vung Tau (BRVT) Province, Vietnam. Community health improvement is considered as one of the needs of local communities not only due to the current lack or poor quality of certain infrastructures (e.g., commune clinic, medical services) but also due to potential negative impacts of influx of migrant workers (both formal and informal) during construction phase as identified within the Environmental and Social Impact Assessment (ESIA). As such, in order to ensure that this impact is addressed and positive benefits from good infrastructure and services are widely disbursed in the commune, this Community Health Action Plan (CHAP) has been prepared.

This CHAP has been developed based upon the outcomes of the ESIA, ongoing base-line data analysis, and continual engagement with local authorities and local community representatives.


1.2 APPLICABILITY

This CHAP will apply only to residents of Long Son Commune and all public infrastructure and services related to healthcare in Long Son commune. This document will apply to the construction phase of the works only. In addition to LSP, its EPC contractors should be also involved in implementation of this CHAP.

1.3 OBJECTIVES

The core objectives of this plan are:

- To avoid or limit risks to, and impacts on, the health and safety of the community from the Project activities during the construction phase. This is achieved through implementing targeted prevention programmes to reduce risks, along with the implementation of an effective monitoring and evaluation program.
- To improve the existing health of the local community; and
- To maximise the positive community health and wellbeing benefits to the community living in the vicinity of the Project.

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2 PROJECT STANDARDS AND GUIDELINES

2.1 OVERVIEW

The Project shall comply with the National regulations and International requirements for community health and safety management. Additionally, the Project is required to fulfill their commitment with the measures recommended in the ESIA and the Project's Health, Safety, Security, Environment and Social (HSSE&S) policy itself. These requirements are briefly described in the following sections.

2.2 VIETNAMESE


The Vietnamese regulations on community health and safety include:

- *Law No. 21-LCT/HDNN8* on people's health protection;
- *Law No. 03/2007/QH12* on prevention and control of infectious diseases;
- *Law No. 64/2006/QH11* on HIV/AIDS prevention and control;
- *Law No. 55/2014/QH13* on Environmental Protection;
- *Decision No. 3733/2002/QĐ-BYT* Standards of labour hygiene sanitation;
- *Circular No. 23/2012/TT-BKHCN* Guiding on radiation transportation safety;
- *Decree No. 13/2011/ND-CP* on safety of onshore oil and gas works
- *Decree No.108/2008/ND-CP* Detailing and guiding the implementation of a number of articles of the Chemical Law;
- *TCVN 5507: 2002* dated in 2002 Hazardous Chemicals – Code of practice for safety in production, commerce, use, handling and transportation;
- *QCVN 07:2010/BXD* Vietnam Building Code Urban Engineering Infrastructures;
- *QCVN 1:2009/BYT* National technical regulation on drinking water quality;
- *QCVN 2:2009/BYT* National technical regulation on domestic water quality.

Law on People's Health Protection was issued in 1989. It provides the general requirements on disease prevention, health protection, health checking, and inspection. After that, the general requirements on disease prevention and control are specified in *Law on Prevention and Control of Infectious Diseases* and *Law on HIV/AIDS Prevention and Control*. At the local level, the decision to approve the disease prevention and control plan (in general and for specific diseases) is implemented annually. In addition, regulations on drinking water and domestic water quality standards are in place to ensure the water sources provided to community meet the national regulation.

In terms of safety distance, there are number of regulations provides requirements on this topic. These include:

- *Law on Environmental Protection 2014*, a minimum distance must be established between a project and its nearest community where the following situations exist at the project site:
 - Flammable and explosive substances are stored and used;

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- Strong radioactive/radiation substances are stored and used;
- Substances that are harmful to human health are stored and used;
- Dust, odour, and noise with negative impacts to human health are generated; and/or
- Water pollution is caused.

However, there is no specific figure for safety distance required by the Law.

- *Decision No. 3733/2002/QĐ-BYT* issued by the Ministry of Health on Standards of occupational sanitation standards dated 10 October 2002 regulates a minimum distance from emission sources of a project to the nearest residential area for community health protection. The actual recommended separation distance depends upon a range of factors, including sulphur content and location of emission sources. In practice, this regulation has been observed to be subject to limited enforcement. Air quality modelling and quantitative assessments of impacts from unplanned and accidental events associated with the Project indicate that the current distances and layout of the Project are acceptable in terms of international best practice.
- The detailed safety distance for onshore oil and gas projects are specified in *Decree No. 13/2011/NĐ-CP*. Depending on the facilities located around oil and gas projects, specific safety distances are indicated in the appendix of the Decree.


In addition, in several decrees/circulars related to chemical production and infrastructures, a minimum safety distance is required between the project boundary and the nearest community. The applicable regulations on safety distance on chemicals and infrastructures include:

- *Decree No.108/2008/NĐ-CP* detailing and guiding the implementation of a number of articles of the Chemical Law;
- *TCVN 5507: 2002* dated in 2002 Hazardous Chemicals – Code of practice for safety in production, commerce, use, handling and transportation; and
- *QCVN 07:2010/BXD* Vietnam Building Code Urban Engineering Infrastructures.

According to Circular No. 23/2012/TT-BKHCN Radiation transportation safety, it is required to isolate community 50m to 200m from the accident area and ensure no entrance of non-duty people in the event of incident/accident during transportation of radioactive materials. This requirement is to ensure the community safety. Depending on the severity of accidents, specific safety distance will be decided by the person who is trained in radioactive materials management of the Project.

2.3 INTERNATIONAL STANDARDS AND BEST PRACTICE

The Project is required to comply with the IFC Performance Standards on Social and Environmental Sustainability (2012). In particular, in terms of community health and safety, the IFC Performance Standard 4: Community Health, Safety and Security is

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applicable to i) anticipate and avoid adverse impacts on the health and safety of the Affected Community during the project life from both routine and non-routine circumstances; ii) ensure that the safeguarding of personnel and property is carried out in accordance with relevant human rights principles and in a manner that avoids or minimizes risks to the Affected Communities. The Project is required to avoid or minimise the potential for community exposure to water-borne, water-based, water-related, and vector-borne diseases, and communicable diseases that could result from project activities, taking into consideration differentiated exposure to and higher sensitivity of vulnerable groups. Where specific diseases are endemic in communities in the project area of influence, the client is encouraged to explore opportunities during the project life cycle to improve environmental conditions that could help minimize their incidence. LSP is also required to avoid or minimize transmission of communicable diseases that may be associated with the influx of temporary or permanent project labour.


The project is also required to comply with the IFC's Environmental, Health, and Safety Guidelines: Community Health and Safety which complements the guidance provided in the preceding environmental and occupational health and safety sections. It specifically addresses some aspects of project activities taking place outside of the traditional project boundaries, but nonetheless related to the project operations, as may be applicable on a project basis. These issues may arise at any stage of a project life cycle and can have an impact beyond the life of the project.

Additionally, according to the IFC's guidance on Introduction to Health Impact Assessment, the project sponsor can use the outcomes of the health impact assessment to establish actions that will potentially mitigate the identified impacts. These mitigation actions should be written into the health action plan which is generally organized around two fundamental public health concepts i) Disease prevention; and ii) Health promotion and education.

2.4 LSP POLICIES AND ESIA COMMITMENTS

A HSSE&S policy has been established by the Project to control its health, safety, security, environment and social performance. It commits the Project to provide and maintain a healthy and safe environment for local communities and their entire workforce, including contractors, subcontractors, and suppliers. In particular to achieve its commitment for community health and safety management LSP aims to:


- As a minimum, comply with all HSSE&S Applicable Standards, including HSSE&S local laws and regulations, and international HSSE&S standards;
- Construct and maintain proactive relations with stakeholders including local communities;

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- Minimise exposure and risk of Project workers and the local community to environmental, health and safety impacts; and
- Promote the local community's socio-economic benefit from the development and operation of the facility.

In addition, LSP commits to provide measures to control impacts associated with its construction activities on community health and safety as required by the ESIA. Such mitigation and management measures are proposed in the following detailed environment and social management plans. Therefore, this Plan should be read in conjunction with the following plans.

- Air Quality Management Plan (Diffuse Sources);
- Air Quality Management Plan (Point Sources) ;
- Traffic Management Plan (Terrestrial);
- Traffic Management Plan (Marine);
- Noise and Vibration Management Plan;
- Dredging Management Plan;
- Surface Water Management Plan (Terrestrial);
- Surface Water Management Plan (Marine);
- Soil and Groundwater Management Plan;
- Waste Management Plan (Hazardous Waste);
- Waste Management Plan (Non Hazardous Waste);
- Oil and Chemical Spill Contingency Management Plan;
- Emergency Response Plan (including Community Emergency Response Plan);
- Stakeholder Engagement Plan (including Grievance Management Plan);
- Community Development Action Plan (CDAP);
- Workers' Accommodation Management Plan;
- Project Induced In-migration Management Plan; and
- Security Plan.

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3 **COMMUNITY HEALTH OVERVIEW**

3.1 **BASELINE**

This section draws primarily upon the updated socio-economic baseline assessment, which draws upon information from a range of surveys, the most recent in December 2014. The following sections provide an overview of the key points as they relate to community health. A full version of the document can be found in *Annex A*.

3.2 **COMMUNITY HEALTH STATUS**

Nearly 34% of the local people surveyed in 2014 were reported currently suffering from health problem, which are commonly chronic diseases such as hypertension, diabetes, arthritis or sinusitis. It is noted that five cases were reported with incurable diseases (i.e., cancers, HIV/AIDS). However, as communicated by the Commune Clinic, there are at least 76 HIV/AIDS infected cases in the commune accounting for 0.52% of the total population of the commune which is slightly higher than this rate of BRVT Province (0.49%) but still lower than that of Vung Tau City (0.79%)¹. As part of Vung Tau City, which is recognized by the government having the highest rate of HIV/AIDS in the province, mitigation of this health issue is considered crucial, particularly when the Project construction is predicted to impose increasing risk of this rate as in the ESIA.


Although the main causes of 47.4% of illness cases could not be specified by the interviewees during the surveys in 2014, it should be emphasised that up to 12% of diseases reported were blamed for degradation of the environmental quality (i.e., air pollution, water pollution). This number reflects an increasing local concern of community health due to environmental pollution, particularly when the island is being occupied and surrounded by industrial projects, including LSP.

Local Medical Service

Commune Clinic

As reported by the Commune Clinic, 70% of Long Son population has medical insurance provided by the government so they can enjoy free medical check or treatment at the Commune Clinic. However, as indicated in the revised baseline report, majority of households still prefer to get medical check /treatment or birth delivery directly at

(1) ¹ http://dangcongsan.vn/cpv/Modules/News/NewsDetail.aspx?co_id=30188&cn_id=656322. According to the article, the number of HIV-AIDS infected cases in BRVT province was 5,129 of which 47% was of Vung Tau City. The total population of BRVT province and Vung Tau City in 2014 as in the updated baseline (see Annex A) was 1,041,565 and 309,577 people, respectively.

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other health establishments (i.e., Ba Ria City or Ho Chi Minh City) rather than the Commune Clinic whenever there is a health problem. The main reasons for the respondents who did not choose the Commune Clinic for health treatment or birth delivery include (1) the inadequacy of equipment and (2) poor capability of the medical staff.

The insufficient capability of the Commune Clinic was also confirmed by the PC of Long Son Commune during the consultation meeting on 19 January 2015. Reportedly, the Commune Clinic is only capable for first aid, vaccination and simple health care. Patients are normally transferred to the hospital of Ba Ria City which is over 20 km away in case of serious illnesses or difficult births. However, the Commune Clinic reportedly lacks budget to equip an ambulance, which is considered essential to serve for such cases in a timely and effective manner.

As noted by the PC, the Commune Clinic in long term is planned to be upgraded to a polyclinic, which will need to meet a higher standard of capacity (i.e., equipment, doctors) as required by the government. Nevertheless, a detailed plan of this upgrading has not yet been developed by the authorities.

Traditional Medical Clinic


A non-profit Traditional Medical Clinic run by Hung Long Buddhist Temple in Long Son Commune is recognised by the government as a component of the Commune Clinic. Any expense for operating the Traditional Medical Clinic is paid by the budget from charity donation for the Temple. Around 7,000 m² of nearly 10,000 m² of herbal medicine garden serving for the clinic was acquired by the Project. Reportedly, the land compensation (calculated based on the land price decided by the local government) for the temple was only enough to buy 1,500 m² of land (at market price) in Long Son for restoring a part of the garden area loss. Consequently, the current herbal medicine input for the clinic only meets 40% of the total demand due to the loss of 6,000 m² of the herbal garden.

During the meeting with the PC of Long Son Commune on 19 January 2015, it was confirmed that due to the limited land budget and regulation restriction allocation of additional land in Long Son Commune for restoring the herbal garden for the Traditional Medical Clinic is impossible.

3.3 IDENTIFIED COMMUNITY HEALTH RISKS

The ESIA identified the following key outputs, which may be required to be addressed through the development and implementation of the CHAP:

Impact of Construction Activities on Community Health and Safety

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The local community may potentially be exposed to the pollutants resulting from construction activities of the Main Site and associated facilities (i.e., Resettlement Site). Potential major impacts of construction activities on community health include:

- Dust generation from soil disturbing activities, storage of materials such as concrete, and transportation of materials, especially in the dry season (December – April in BRVT Province) will affect the respiration system of residents;
- Noise generated from movements of Project's vehicles could lead to annoyance or/and disturbance of residents living along the access road and adjacent to the Project site;
- The Project vehicles during the construction phase will increase the traffic density and would result in increased risk of accidents; and
- The construction of port structure and dredging may obstruct the navigation of ships and these activities may increase the risk of vessel collisions.


Impact of Worker Influx on Community Health and Safety

- During the construction phase, the local community and the workers may be exposed to water-borne diseases due to poor sanitation and vector borne diseases such as dengue fever. In addition, the presence of a significant number of non-local workers in Long Son Island will potentially lead to increased risk of number of infectious diseases. These include sexually transmitted infections (STIs), respiratory diseases, influenza and food borne diseases (e.g., Hepatitis A).
- Approximately 20,000 non-local workers will travel to the Main Site and return to the workers camps outside Long Son Island by buses and their personal vehicles. In the worst case that no shuttle bus is provided, approximately 18,000 motorcycles of construction workers at least will travel in and out the island for work. With that considerable increase in traffic volume to and from Long Son Island, congestion and traffic accidents are likely to increase.
- Although the migrant workers may not bring their families along to the area based on experience of other projects within BRVT Province, about 19,700 migrant workers could place additional pressure on the health services of Long Son Commune and Ba Ria City at the peak time.

General Disturbance and Tension between Migrant Workers and Local Communities

Interaction between construction workers and the local residents is expected to be high. As a result there are some potential impacts including:

- Increased demand for prostitution, which may lead to an increase in unsafe sex practices, STDs and unwanted pregnancies.

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- Increased tensions between local people and migrants including workers leading to social problems such as fighting.
- Increased alcohol consumption and drug abuse. This can lead to chronic diseases.

Community Health Risk From Waste Management

When the resettlement is completed, there will be about 200 households resettled at the Project Resettlement Site (RS). Currently the resettled households are disposing their domestic waste in vacant land lots or burning their waste in open areas. Although common practice for local people in rural areas of Vietnam it presents a health risk to the community.

3.4 OUTCOMES OF THE CONSULTATION

Broad support was provided for the general concept of the CHAP during consultation with the commune PC and heads of hamlets of Long Son Commune on 19 January 2015. Additionally, consultations with heads of the Commune Clinic and the traditional Medical Clinic were carried out in December 2014 to obtain their opinion about the community health improvement programs. Further consultations and assessment will be undertaken after Financial Close, including engagement with EPC Contractors to best identify community health investment needs.

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4

COMMUNITY HEALTH RISK ASSESSMENT

4.1 ASSESSMENT CRITERIA

The community health impacts will be assessed based on the known information including project background, community health baseline data, and identified health risks. Significance of the impacts will be identified by comparing between the effect/consequence of the impacts against the likelihood of the impacts occurring.

Health Effect Criteria

Four criteria were considered when determining the potential health effect/consequence: outcome, duration, extent and adaptability. These criteria are described in the subsequence table.

Typically the health effects do not fall neatly into a single category; for example, an impact could:

- Lead to a loss of life (a severe outcome);
- Cause a medium term change (major duration);
- Occur at community level (minor extent); and
- Require moderate intervention in order for the receptors to recover or adapt (major adaptability).

When a scenario such as this occurs, the outcome, duration, extent and adaptability are looked at collectively and professional experience is applied. The end result is often an average across the criteria.



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Table 4.1 **Health Effect Criteria**

	Outcome	Duration	Extent	Adaptability
A Severe⁺	Catastrophic event that results in irreversible health outcomes and overwhelm the capacity of health resources	Impact leading to a permanent negative change.	Impact is experienced internationally beyond Vietnam.	Receptors are unable to recover or adapt to the change even with major intervention.
B Severe	Event results in loss of life, severe injury or chronic illness that requires lengthy hospitalisation and significant draw on health resources.	Impact leading to a long term change or occur at a constant frequency.	Impact is experienced in Vietnam.	Receptors are able to recover or adapt to the change overtime but only with extensive on-going intervention.
C Major	Major injury or illness requiring hospitalisation and a major draw on health resources. Chronic illnesses requiring prolonged medical treatment.	Impact leading to a medium term change. The impact occurs at a regular interval.	Impact is experienced in the South East region of Vietnam.	Receptors are able to recover or adapt but only with moderate intervention.
D Moderate	Moderate injury or illness requiring medical attention and some moderate draw on resources.	Impact leading to a short term that will last beyond the completion of the activity. The impact occurs at the intermittent frequency.	Impact is experienced in BRVT Province.	Receptors are able to recover or adapt but this requires minor intervention.
E Minor	Event resulting in annoyance or minor injury or illness that requires medical attention and minor draw on health resources.	Impact that lasts for a short period of time or at a low frequency but will cease in the completion of the activity.	Impact occurs at community level (e.g., Long Son Commune).	Receptors are able to recover or adapt with some difficulty. No intervention required to maintain pre-impact level of health.
F Negligible	Event resulting in negligible injury or illness that does not require medical attention and negligible draw on health resources.	Impact that occurs for a negligible period of time and/or a negligible frequency.	Impact occurs at the construction site and/or worker camps of the Project.	Receptors are able to recover or adapt with ease to the change. No intervention is required to maintain pre-impact level of health.

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Likelihood and Frequency Criteria

Unplanned event: The predicted likelihood of the impact occurring is based on the precedent set by previous projects within the oil and gas industry. The likelihood criteria range from highly likely to remote.

Table 4.2 *Likelihood Criteria*

Assessment	Description
5 Highly likely	Has previously occurred in Project Sponsors' projects under normal operating conditions.
4 Likely	Has previously occurred in oil and gas projects or other similar projects in the South East region of Vietnam under normal operating conditions.
3 Possible	Has previously occurred in oil and gas projects or other similar projects in Vietnam under normal operating conditions.
2 Unlikely	Has previously occurred in oil and gas projects or other similar projects internationally under normal operating conditions.
1 Highly unlikely	Has previously occurred in oil and gas projects or other similar projects but under unforeseen abnormal conditions such as hurricane or a process upset.
0 Remote	Has never occurred in oil and gas projects or other similar projects.

Planned-event: the frequency of planned events recorded from the health baseline survey of and consultation with local community. The frequency criteria vary from often to rarely.

Table 4.3 *Frequency Criteria*

Assessment	Description
2 Often	Has recorded in almost questionnaires and consultation with local community.
1 Sometimes	Has occurred at least one case per 1,000 population in local community.
0 Rarely	Has never occurred in local community.

Impact Significance

The overall significance of the impacts is determined by using the following table.


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Table 4.4 **Impact Significance for Unplanned Events**


		LIKELIHOOD					
		Remote	Highly unlikely	Unlikely	Possible	Likely	Highly likely
CONSEQUENCE	Severe+	H	H	S	S	S	S
	Severe	M	H	H	S	S	S
	Major	M	M	H	H	S	S
	Moderate	L	M	M	H	H	S
	Minor	L	L	M	M	H	H
	Negligible	L	L	L	M	M	H

Table 4.5 **Impact Significance for Planned Event**

		FREQUENCY		
		Rarely	Sometimes	Often
CONSEQUENCE	Severe+	H	H	S
	Severe	M	H	H
	Major	M	M	H
	Moderate	L	M	M
	Minor	L	L	M
	Negligible	L	L	L

Table 4.4 and Table 4.5 identify four risk rating:

- Severe (S): the risk is unacceptable and required urgent and immediate attention.
- High (H): the risk requires proactive management.
- Moderate (M): the risk requires active monitoring.
- Low (L): the risk is acceptable and should be subject to routine management procedure.

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4.2 IMPACT ASSESSMENT

As identified in *Section 3.3*, receptors to the construction activities of the Project include:

- Local communities of Long Son Commune and areas where the worker camps will be located;
- Development workforce;
- Service providers to Long Son Commune; and
- Visitors and tourists to Long Son Commune.

Significance of the existing health problems of local community, health risks associated with the Project activities to these receptors is evaluated in the following table.




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Table 4.6 Health Risk Assessment

Health risks/People's concerns	Source of the health risks	Consequence	Frequency/ Likelihood	Risk Rating	
Health risks from existing health problems			Frequency		
STIs: HIV/AIDS	Infected from others (drug abuse, sexually transmitted infections, etc.)	Moderate	Sometimes	Moderate	The risk requires active monitoring
Respiratory diseases: influenza	Virus infection Weather effects	Minor	Sometimes	Low	The risk is acceptable and should be subject to routine management procedure
Chronic diseases: cancer, hypertension, diabetes, arthritis or sinusitis	Existing environmental pollution People's lifestyle (physical activities, drinking, smoking, nutrition) People's health care behaviour (health check and treatment at health care service)	Moderate	Sometimes	Moderate	The risk requires active monitoring
Sanitation and waste related diseases: diarrhoea, cholera	Waste management service is not in place	Minor	Sometimes	Low	The risk is acceptable and should be subject to routine management procedure
Health risks from Project's activities			Likelihood		
Alcohol/drug related diseases	Migrant workers may introduce/increase alcohol and drug abuse in local community	Moderate	Possible	High	The risk requires proactive management
Respiratory diseases: influenza, pneumonia	Transportation of Project vehicles and vessels Construction activities	Minor	Possible	Moderate	The risk requires active monitoring
Noise related health issues	Transportation of Project vehicles and vessels Construction activities	Negligible	Unlikely	Low	The risk is acceptable and should be subject to routine management procedure
STDs: HIV/AIDS	Project induced in-migration	Moderate	Possible	High	The risk requires proactive management

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Health risks/People’s concerns	Source of the health risks	Consequence	Frequency/ Likelihood	Risk Rating	
Vector-borne diseases: malaria, dengue	Non-local workforce	Moderate	Unlikely		The risk requires active monitoring
	Worker camp arrangements			Moderate	
	Waste management service is not in place				
Physical injury: road and marine traffic accidents, fighting	Transportation of Project vehicles and vessels	Major	Highly likely	Severe	The risk is unacceptable and required urgent and immediate attention
	Tension between local people and migrant people				
People’s concerns			Frequency		
Poor health service and infrastructure	Only meet the National standards for a commune level clinic	Major	Often	High	The risk requires proactive management
Poor capacity of physicians and lack of human resources	Only meet the National standards for a commune level clinic	Major	Often	High	The risk requires proactive management

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5 MITIGATION AND MANAGEMENT MEASURES AND COMMUNITY HEALTH IMPROVEMENT ACTIONS

5.1 MITIGATION AND MANAGEMENT MEASURES

The Project is recommended to provide mitigation and management measures to control the identified health risk. The mitigation and management measures are outlined to include pollution control, health education and diseases prevention, local health service improvement. Details are described in *Table 5.1*. It is noted that where the health risks are similar they are integrated into one.




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Table 5.1 Mitigation and Management Measures


Health risks/People's concerns	Risk Rating	Mitigation and Management Measures	Reference
Health risks			
Sanitation and waste related diseases: diarrhoea, cholera	Low	Local authority is responsible for ensuring waste management service is in place. Local people have a habit of disposing their domestic waste in their garden or burn it. The Project will consider providing a campaign to raise awareness of local people on waste collection and disposal, and waste related diseases.	Section 5.2 of this Community Health Action Plan
Chronic diseases: cancer, hypertension, diabetes, arthritis or sinusitis	Moderate	<ul style="list-style-type: none"> This health outcome can be managed through the local health and social care service; and this is responsibility of the local authority to ensure that such service is in place and usable for local people. People's health care behaviour is also a cause of their chronic disease. Therefore, raising awareness of local people on their health care behaviour is necessary. The Project will control their environmental impacts through environmental management plans as listed in Section 2.4. Additionally, the Project will support to improve local health care service. See below. 	Section 5.2 of this Community Health Action Plan
Alcohol/drug related diseases	High	<ul style="list-style-type: none"> Provisions for management of non-local workers related issues are provided in the Project Induced In-Migration Management Plan and Worker Accommodation Management Plan. All workers will also be trained on Code of Conduct in the induction training to ensure they are aware of and comply with this. Engage local service providers to identify opportunities to support positive health outcomes in local community such as alcohol and drug education campaign. 	<ul style="list-style-type: none"> Project Induced In-Migration Management Plan; Worker Accommodation Management Plan Section 5.2 of this Community Health Action Plan
Respiratory diseases: influenza, pneumonia	Moderate	<ul style="list-style-type: none"> Number of air pollution control measures will be developed and implemented through the Air Quality Management Plan. 	<ul style="list-style-type: none"> Air Quality Management Plan

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Health risks/People's concerns	Risk Rating	Mitigation and Management Measures	Reference
Noise related health issues	Low	<ul style="list-style-type: none"> Local people can submit their complaints on dust/air pollution through the Community Grievance Mechanism of the Project. Number of noise control measures will be developed and implemented through the Noise and Vibration Management Plan. Local people can submit their complaints on noise and vibration through the Community Grievance Mechanism of the Project. 	<ul style="list-style-type: none"> Community Grievance Management Plan Noise and Vibration Management Plan Community Grievance Management Plan
STDs: HIV/AIDS	High	<ul style="list-style-type: none"> Health education and infectious disease prevention programme should be carried out by the Project in collaboration with local authority (i.e., Commune Clinic) and NGOs. Local people and workers will be targets of the programme. Counselling and free condoms delivery to workers and local people should be considered by the Project and its contractors. Provide training on Code of Conduct to workers. Set rules for the worker camps. Maintain zero tolerance for commercial sex workers at the accommodation facilities. Local people can submit their complaints on worker behaviours through the Community Grievance Mechanism of the Project. 	<ul style="list-style-type: none"> Section 5.2 of this Community Health Action Plan Worker Training Plan Worker Accommodation Management Plan Worker Accommodation Management Plan Community Grievance Management Plan
Vector-borne diseases: malaria, dengue	Moderate	<ul style="list-style-type: none"> Health education campaign on infectious diseases prevention will be provided to workers and local people. Minimize the creation of vector habitat such as minimizing standing water, clearing bush. A vector control programme is being conducted by the Community Medical Centre of Vung Tau City on a semi-annually basic. Monitor rates of vector borne diseases in local community. 	Section 5.2 of this Community Health Action Plan
Physical injury: road and marine traffic accidents, fighting	Severe	<ul style="list-style-type: none"> Vehicles and vessels of the Project will be controlled via the Traffic Management Plan for terrestrial and marine, respectively. The Project will conduct basic traffic safety awareness programmes within all the primary and secondary schools within Long Son Commune. 	<ul style="list-style-type: none"> Traffic Management Plans (terrestrial and marine) Section 5.2 of this Community Health Action Plan

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Health risks/People's concerns	Risk Rating	Mitigation and Management Measures	Reference
		<ul style="list-style-type: none"> Non-local people related issues are mitigated via the Project Induced In-migration Management Plan 	<ul style="list-style-type: none"> Project Induced In-migration Management Plan
People's concerns			
Poor health service and infrastructure	Moderate	Although this is under the responsibility of the local authority, the Project can contribute to improve the infrastructure of the local health service by equipment for the Commune Clinic based on their needs. This will be discussed in details in <i>Section 5.2</i> of this Plan.	<i>Section 5.2</i> of this Community Health Action Plan
Poor capacity of physicians and lack of human resources	Moderate	This is also responsibility of the local authority; however, the Project can provide a capacity building programme for staff of the Commune Clinic. This will be discussed in details in <i>Section 5.2</i> of this Plan.	<i>Section 5.2</i> of this Community Health Action Plan

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5.2 COMMUNITY HEALTH IMPROVEMENT ACTIONS

It is noted that, as described in *Table 5.1*, those health risks which are controlled through other management plans will not be considered as targets for actions of this plan. Therefore, the focus of community health improvement actions is:

- Health Education and Infectious Diseases Prevention;
- Alcohol and Drug Abuse Prevention Training;
- Local Service Capacity Enhancement; and
- Traffic Safety Training.

The scope of the CHAP can be changed, narrowed or extended with times when there is significant change in local needs identified during continual engagement with local authorities and communities via mechanism of Stakeholder Engagement Plan and Community Grievance Management Plan. The adjustment of focus areas of the CHAP should be reviewed and approved by top management of LSP when there is a need. In general, targets of LSP's community health investment will be any facilities that could be overly taxed by the impact of the Project, for instance due to the influx of temporary workers, or otherwise deemed needed to manage the Project's social risks.


Specific activities within the focus programmes are generally proposed, approved and implemented on a yearly basis during the construction phase. Consultations will be held with local health authorities as well as EPC Contractors to identify programs and activities that can help mitigate Project social impacts, such as influx, traffic, etc.

5.2.1 Health Education and Infectious Diseases Prevention

A Health Education and Infectious Diseases Prevention programme should be undertaken to improve health care behaviour of local people and control and prevent disease transmission in the community. Public health campaigns of the programme are illustrated in *Table 5.2*.

Table 5.2 Campaigns of Health Education and Infectious Diseases Prevention

Campaigns	Frequency
Improve health care behaviour of local people	Semi-annually during the construction phase
Raising awareness and widening knowledge of local people and workers about infectious diseases, sanitation, and alcohol and drug consumption	
HIV / AIDS and other Sexually Transmitted Infections	Semi-annually during the construction phase
HIV counselling and free condoms delivery	On-going during the construction phase
Malaria and Dengue Fever prevention	Semi-annually during the construction phase
Seasonal and Pandemic Flu prevention	Semi-annually during the construction phase (two seasons a year)

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Campaigns	Frequency
Waste management and waste related diseases	Semi-annually during the construction phase
Safer and healthier food	Semi-annually during the construction phase

These campaigns will involve not only Long Son people but also workers engaged in the Project during the construction phase. LSP will be responsible for the campaigns targeting local people and those for workers will be under the responsibility of EPC Contractors. LSP will contract a third party (e.g., health NGOs) who is capable of providing such support.

5.2.2 Alcohol and Drug Abuse Prevention

The Project shall contract with a service provider to provide training on Alcohol and Drug Abuse Prevention to local people. EPC Contractor will do the same for their workers. The training should be designed for the attendees to understand, but not limited to:

- Addiction is a disease;
- Medical consequence of substances;
- The functional addict or alcoholic;
- Lifestyle, stress and coping; and
- Addiction and treatment.

This training should be conducted prior to construction for local community and at induction training for workers. Refresher training should be repeated on a semi-annually basis.

5.2.3 Local Service Capacity Enhancement


For the Commune Clinic

Infrastructure Support

LSP's support for health infrastructure will be focused on investing in facilities that may be overly taxed due to Project-related influx. This will be determined through regular consultation with local health authorities.

Personnel Capacity Building

Given the Clinic is a commune level health service, the number of physicians and their capacity is only required to satisfy the national standards for such a commune clinic. During the construction there will be an increase in health outcomes such as infectious diseases and physical injury. As a result, the Project should consider to contract with health service providers (health NGOs) or the National Red Cross to enhance personnel

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capacity of the local clinic through training on infectious prevention and injury treatment. Also health monitoring data from the local authority (i.e., local clinic and Long Son PC) is essential not only for identifying health problems and priorities for local community but also for evaluation of the health actions of the Project. Such data should be sufficient and reliable. Therefore, it is required that the local clinic's staff is capable to do this job. This skill can also be provided by health service providers (health NGOs) or the National Red Cross.

In addition, the Project will provide equipment to the Commune Clinic through the Infrastructure Support programme as discussed above. It is required that the staff of the Clinic should be capable to operate such equipment. Accordingly, providing training on equipment maintenance and operation to these staff is a must. The Project can collaborate with health service providers (health NGOs) or medical equipment providers to provide such training.


The following training courses (*Table 5.3*) are suggested for this programme.

Table 5.3 **Health Training Courses**

Training Courses	Target group	Frequency
First aid refresher training	Staff of Long Son Clinic Health management staff of Long Son PC	Annually during the construction phase
Infectious diseases control and prevention	Staff of Long Son Clinic Health management staff of Long Son PC	Annually during the construction phase
Public health monitoring and evaluation	Staff of Long Son Clinic Health management staff of Long Son PC	One-off
Equipment maintenance and operation	Staff of Long Son Clinic	One-off and will be developed depending what kind of equipment funded by the Project

For the Traditional Medical Clinic

During consultation with the PC of Long Son Commune in January 2015, it is confirmed by the PC that allocation of additional land in Long Son Commune from the authorities for restoring the herbal garden for the Traditional Medical Clinic is impossible due to limited public land budget and regulation restrictions. Therefore LSP will consider supporting the Traditional Medical Clinic by providing seeds and/or seedling. Consultation with representatives of the Clinic will be conducted bi-annually to understand the real demand of the Clinic about seeds and seedling. Based on this consultation result, LSP will look for and contract with supplier(s) to provide seeds and seedling to the Clinic on a bi-annually basic during the construction time. Depending


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on the effectiveness of this programme in construction period, LSP will consider should this programme be maintained in operation phase.

5.2.4 Traffic Safety Training

With Long Son Commune expected to become increasingly industrialised, it is likely that the roads will become much busier (both light and heavy vehicles) and therefore the chances for accidents involving vehicles and pedestrians increases. This is also evident already particularly in the area of the resettlement site, where there are large volumes of construction traffic entering and exiting the site opposite a primary school. It is proposed to conduct basic traffic awareness programmes within all the primary and secondary schools within Long Son Commune. These will be done a yearly basis throughout the construction phase and focus on delivering children the skills required to be safe when in close proximity to roads, when crossing roads or when travelling in vehicles.

Similar to other health improvement programmes of this Plan, the Project is suggested to partner with a social NGO to provide such training.


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6 MONITORING AND REPORTING


Given that the CHAP will vary from year to year, monitoring measures will need to be developed specific to the programme for the upcoming year. These will be developed on an annual basis. Monitoring and reporting for the programmes suggested in *Section 5.2* are indicated in *Table 6.1*.

Table 6.1 *Monitoring and Reporting*

Programmes	Key Performance Indicators	Monitoring frequency	Reporting frequency	Responsibility
<i>Health Education and Infectious Diseases Prevention</i>				
- Improvement of the community health care behaviour	<ul style="list-style-type: none"> - Number of local people attending in community health improvement programmes of the Project; - Number of local people visit the Commune Clinic; - Feedback from local community about the programmes; - Health monitoring data of local community. 	Quarterly	Semi-annually	Project Sponsor
- Raising awareness and widening knowledge of local people about infectious diseases and waste management	<ul style="list-style-type: none"> - Infectious diseases monitoring of workers from contractors/subcontractors - Number and nature of community complaints; - Number of local people/workers attending the counselling service; - Infectious diseases monitoring of local community from the commune clinic; - Waste collection and disposal practice of local people. 	<ul style="list-style-type: none"> - Semi-annually - Quarterly - Quarterly - Semi-annually - Monthly 	<ul style="list-style-type: none"> - Semi-annually - Semi-annually - Semi-annually - Semi-annually - Semi-annually 	<ul style="list-style-type: none"> EPC Contractors/subcontractors Project Sponsor Project Sponsor Project Sponsor Project Sponsor

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Programmes	Key Performance Indicators	Monitoring frequency	Reporting frequency	Responsibility
<i>Alcohol and Drug Abuse Prevention</i>	<ul style="list-style-type: none"> - Number of attendees; - Issues arising in local community from alcohol and drug use; - Number and nature of community complaints; - Records of consultation of service providers 	<ul style="list-style-type: none"> - Every training occurs; - Quarterly - Quarterly - Quarterly 	<ul style="list-style-type: none"> - Semi-annually - Semi-annually - Semi-annually - Semi-annually 	Project Sponsor
<i>Local Service Capacity Enhancement</i>				
For the Commune Clinic	<ul style="list-style-type: none"> - List of funded equipment; - Equipment maintenance and operation; - Equipment use purpose. 	<ul style="list-style-type: none"> - Annually - Semi-annually - Semi-annually 	<ul style="list-style-type: none"> - Annually - Semi-annually - Semi-annually 	Project Sponsor
- Infrastructure support				
- Personnel Capacity Building	<ul style="list-style-type: none"> - Number of attendees; - Number of participants completing the training; - Public health monitoring data/report. 	<ul style="list-style-type: none"> - Every training occurs - One-off at training completion 	<ul style="list-style-type: none"> - At training completion 	Project Sponsor
For the Traditional Medical Clinic	<ul style="list-style-type: none"> - Demand on seeds and seedling of the Clinic; - Feedback from the Clinic on the quality of the seeds and seedling; - Usage purpose of the seeds and seedling. 	<ul style="list-style-type: none"> - Semi-annually - Semi-annually - Quarterly 	<ul style="list-style-type: none"> - Semi-annually - Semi-annually - Semi-annually 	Project Sponsor
<i>Traffic Safety Training</i>	<ul style="list-style-type: none"> - Number of attendees; - Number of participants completing the training - Number traffic accidents associated with the Project activities; - Number and nature of community complaints. 	<ul style="list-style-type: none"> - During the training - One-off at training completion - Quarterly 	<ul style="list-style-type: none"> - At training completion - Semi-annually 	Project Sponsor


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7 ROLES AND RESPONSIBILITIES

The responsibilities for implementation of this program will be dispersed throughout the Corporate Social responsibility (CSR) Department in the manner detailed within the below table. The final designation of precise tasks will be integrated within the project execution plan for the implementation of all CSR Department Activities.

Table 7.1 Roles and Responsibilities

Position	Roles and Responsibilities
General Director	The General Director will be responsible for the approval of this program and the annual budgets required for implementation
CSR Manager	The CSR Manager has overall responsibility for the implementation of all Community Development Action Plan (CDAP) and Livelihood Restoration Action Plan (LRAP) activities, including this plan.
Community Relation Officer (SEP Related Activities)	This position will be responsible for all stakeholder engagement activities related to the communication of this plan. This includes the stakeholder engagement requirements outlined within <i>Section 5.2</i> .
Community Relation Officer (CDAP Activities)	The Community Relations Officer (CDAP Related Activities) will be responsible for overseeing the day-to-day implementation of all elements of this plan. This includes identification of participants, development of participant support packages, stakeholder engagement activities (in collaboration with the Community Relation Officer – SEP Related Activities), monitoring, evaluation and reporting as required.
CSR Planning Section Officer	The CSR Planning Section Officer has no direct role in the implementation of the CHAP.

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BUDGET

As the full number of participants in the proposed programmes has not yet been refined, a specific figure for the budget of this plan is not available at the time of developing this plan. LSP will estimate a tentative budget for each programme under the CDAP and LRAP based on the consultation with target groups after these programmes are disclosed.

The budget will be required to be continually refined and updated based upon the outcomes of ongoing stakeholder engagement, annual funding budget and the relative success of the implementation of the programmes.