CALL FOR EXPRESSION OF INTERESTS

TERMS OF REFERENCE

STUDY ON COFFEE FARM WORKERS' ACCESS TO SOCIAL PROTECTION AND OCCUPATIONAL HEALTH SERVICES

I. INTRODUCTION

This research work is being commissioned by the ILO Vision Zero Fund (VZF) Vietnam and the ILO "Support to the extension of Social Health Protection in South-East Asia" project. The projects are being funded by Germany and Luxembourg respectively.

- The global **Vision Zero Fund (VZF) initiative** by the International Labour Organization (ILO) was launched by the Group of Seven (G7) in 2015. It aims to prevent work-related deaths, injuries and diseases in sectors operating in or aspiring to join global supply chains. It is an integral part of the ILO Safety + Health for All Flagship Programme which seeks to improve the health and safety of workers worldwide. The global VZF initiative strives to improve OSH in global supply chains through promoting shared commitment and collective actions by mobilizing governments, employers, workers and other stakeholders to make real, measurable improvements for the most vulnerable workers.

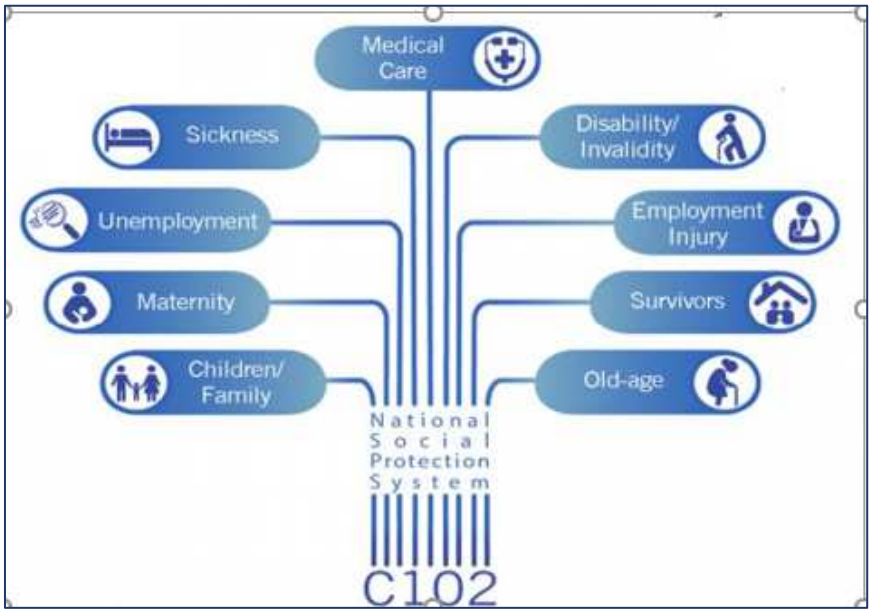
- VZF activities in Vietnam focus on improving OSH in the coffee supply chain through work at three outcomes: 1) Strengthened enabling environments for OSH, 2) Improved legal and policy frameworks to promote and enforce OSH protection, prevention and compensation, and 3) Workplace level improvements. The findings of the study shall contribute to improving coffee farm workers' access to social protection in general, and OSH risk compensation and occupational health services (outcome 2) in particular.

  To achieve its results, the VZF Vietnam project works in collaboration with government agencies, employer and worker organisations, the private sector and multi-stakeholder initiatives. The regional focus of project activities lies on Lam Dong and Dak Lak provinces in the Central Highlands where most of Vietnam's coffee is grown.

- The project **"Support to the extension of Social Health Protection in South-East Asia"** aims to improve access to adequate social health protection for women and men in Vietnam, Lao PDR and Myanmar. Social health protection is embedded in the broader framework of social protection to guarantee access to health care and income security for all at each stage of the life cycle (see graph 1). Social health protection focuses on financial protection to enable people to access health care services they need without financial hardship. Social health protection systems aim to provide universal access to needed health care that is affordable, available, of adequate quality and offers financial protection in times of illness, injury and maternity. In Viet Nam, among other objectives, the development and implementation of strategies and laws for the inclusion of both

women and men "near poor" and informal economy workers in the national social health protection[1] system is a priority.

Graph 1: Nine contingencies of Social Protection in Convention No. 102 (Social Security Minimum Standards)



Source: https://www.social-protection.org/gimi/Standards.action

II. PROBLEM ANALYSIS

Vietnam is the second-largest coffee producer in the world behind Brazil and dominates the coffee industry in Southeast Asia. Statistics by the Ministry of Agriculture and Rural Development (MARD) suggest that Vietnam has an 16.1% share of the global coffee market. This is less than half of Brazil's share (36.8%) but more than twice the share of Colombia (8.1%), the world's third largest coffee producer[2]. Coffee is second to rice in value of agricultural products exported from Vietnam. In 2020-2021, the country produced 29 million 60 kg bags, worth about USD 3 billion[3], and coffee production represents about 2 to 4 percent of GDP[4]. Similar to the situation in many other coffee producing countries, coffee in Vietnam is primarily produced by smallholder farms (95%). It is estimated that coffee cultivation contributes to the livelihoods of about 640,000 farm households[5]. These figures

[1] In Viet Nam, social health insurance is the main social health protection mechanism, social health protection will be referred to as 'social health insurance'.

[2] https://www.gcrmag.com/a-better-future-for-vietnam/

[3] Data source: MARD, Jan. 2022 (https://www.mard.gov.vn/en/Pages/vietnam-ranked-2nd-coffee-exporter-in-the-world.aspx)

[4] https://www.unep.org/resources/case-study/business-case-sustainable-espresso-what-future-coffee-production-viet-nam

[5] Data source: MARD

imply a high degree of informal employment. The extent of informality is not well known but it is believed to increase significantly over certain periods of the year[6].

Informal employment in turn has implications for workers' rights, working conditions and access to social security benefits (disability, sickness, medical care, maternity, work injury and occupational disease, old age and unemployment). Of the estimated 1,4 million workers engaged in coffee production, 44% are women, most of them doing unpaid work as household members. A high percentage of workers belong to vulnerable groups, including seasonal workers (mostly employed during the coffee harvest), ethnic minorities, internal migrants and young workers.

Increase in risks that can affect farmers' livelihoods: Coffee farm workers[7] are exposed to multiple risks that can endanger their livelihoods and slow down efforts to build a sustainable and resilient coffee supply chain. Their livelihoods are increasingly affected by a rise in labour and input costs and by the impact of environmental degradation and climate change (prolonged periods of dry weather conditions, water shortage, increase in coffee diseases). In best cases, these factors lead farmers to build resilience, for example, by adopting new sustainable and regenerative farming practices and diversifying their sources of income. However, often time, these factors lead to households' loss of income, or to the adoption of negative coping strategies, such as heavy use of chemicals to maintain productivity levels[8], with potentially harmful consequences on farmers' health.

Limited scope of multi-stakeholder sustainability initiatives: Existing multi-stakeholder initiatives in the coffee supply chain have focused so far on improving production techniques and promoting a sustainable management of natural resources (soil, water, protection of the environment), including efforts to reduce the use of hazardous agro-chemicals and develop alternative cost-effective plant protection practices. By contrast, measures to improve farmers' health and well-being and their capacity to cope with risks that can affect their livelihoods have been incorporated into coffee sustainability initiatives in Vietnam only to some extent.

Lack of social protection: Coffee farm workers' increased level of exposure to risks is not accompanied by improved access to social protection to stabilize their incomes, well-being and quality of life. It is estimated that 90 percent of coffee farm workers are in informal employment, and as such do not benefit from social insurance. They are likely to be covered by Social Health Insurance only (which provides coverage to 90 percent of the total population) but the extent of the coverage gap as well as effective access to health care are unknown.

Internal migration of seasonal workers may also be an obstacle to effective access to social protection. Overall, gaps in social protection may contribute to a situation in which farmers decide to abandon coffee cultivation altogether in favour of alternative ways of income generation that offer more financial security. It also prohibits full social inclusion, particularly of vulnerable informal workers.

No OSH risk compensation: Although Vietnam's Social Security Law is currently undergoing review, its scope has not yet been broadened to include the informal sector, which leaves the vast majority of workers in the coffee supply chain (and workers in agriculture in general) without access to social security benefits. This makes them highly vulnerable to the economic impact of risks, such as

[6] The need for seasonal workers during the harvest season from October to December is estimated to exceed 100,000 (https://www.qdnd.vn/kinh-te/tin-tuc/cac-tinh-tay-nguyen-khan-hiem-lao-dong-thu-hai-ca-phe-673320).

[7] The term 'coffee farm worker' includes: smallholder farmers, seasonal workers (contracted on temporary basis by smallholder farmers and plantations), and plantation workers under formal employment.

8 https://www.unep.org/resources/newsletter/coffee-environmental-degradation-and-smallholder-livelihoods

workplace accidents and diseases. The Vietnam OSH Law of 2015 lists in detail the benefits that workers are entitled to receive in case of a workplace accident, injury or disease[9], depending on the degree of loss of working capacity[10]. But as these benefits are an integral component of the Social Insurance Fund they are only accessible to the formal labour force.

The Health Insurance Law applies to all citizens and residents, and as such, informal workers in agriculture are legally covered by Social Health Insurance, which provides for a comprehensive set of benefits, including medical examination, treatment (sickness, injury), rehabilitation for non-work-related injuries, periodic antenatal care and delivery. However, effective coverage is not universal yet, with an estimated 10 million of the Vietnamese population remaining uncovered. This gap is largely attributed to the informal economy. Moreover, it does not provide any income support to workers who have lost (partially or permanently) their capacity to work due to a work-related accident, or who suffer from prolonged sickness and occupational diseases.

Informal workers in agriculture are entitled to receive social assistance transfers in case of loss of working capacity caused by work-related or non-work-related accidents and diseases. However, social assistance payments are only granted in circumstances where the degree of disability is severe[11]. Also, the amount may not be adequate.

Exposure to OSH risks: While work in coffee cultivation and processing, in general, is not considered as high-risk, coffee farm workers and workers doing coffee processing are exposed to multiple OSH risks which can cause accidents and chronic health problems. In the absence of easily accessible OSH training services or OSH knowledge campaigns, farmers remain largely unaware of the OSH risks they are exposed to and the possible effects on their health. The long-term use of hazardous agro-chemicals (such as glyphosate), often applied with minimal or no protection, represents a particularly serious risk, and its full impact on farmers' health has not been studied yet. Studies conducted so far focused on the impact of agro-chemicals on food safety, production costs and environmental pollution.

Lack of basic occupational health services: Additionally, there is lack of basic occupational health services at community and district level, including the availability of trained personnel who can provide preventive care to farmers on how to prevent and control workplace health risks, establish and document the link between jobs performed on the coffee farm and their effect on farmers' health, and diagnose an occupational disease. (These activities would help gather data on the type and frequency of OSH accidents and diseases at farm household level to inform the adoption of OSH risk prevention strategies and programmes by stakeholder agencies.)

---

9 The List of Occupational Diseases, for which Social Insurance is paying, includes the following diseases with relevance for the coffee supply chain: Intoxication due to the use of pesticides, skin diseases (which could be caused by the exposure to agro-chemicals, chronic bronchitis, deafness due to noise (see: Inter-ministerial Circular No.08/TTLB_BLDTBXH-BYT-LDLD dated 19 May 1976, Joint Circular No.29/TTLB_BLDTBXH-BYT-TLDLD dated 25 Dec 1991, Decision 167/BYT-QD dated 02 April 1997 of the Ministry of Health).

10 See OSH Law (2015), chapter III, section 3 on Occupational Accident and Disease Insurance Regimes.

11 1) People suffering from particularly serious impairments are those whose impairments lead to total loss of their functions, self-control or make them unable to move, to dress, to keep personal hygiene and to complete other everyday tasks without other people to watch over them, to help and to take care of. 2) People suffering from serious impairments are those whose impairments lead to partial loss or deficiency of their functions, self-control or make them unable to move, to dress, to keep personal hygiene and to complete other everyday tasks without other people to watch, to help and to take care of. (See Art. 3, Decree No. 28/2012/ND-CP which provides guidance on the articles under Vietnam's Law on Persons with Disabilities).

Lack of knowledge on gender impact: There is little knowledge so far on how social protection and occupational health services access gaps may affect women and men coffee farm workers differently and what their needs are in this respect from a gender perspective. For example, due to the different tasks they perform, women and men are exposed to different OSH risks. Knowing about these differences can inform the design of gender-responsive OSH risk protection measures and occupational health services.

III. OBJECTIVE

It is the objective of this study to conduct a comprehensive stocktaking of social protection and occupational health services gaps and needs by women and men coffee farm workers in the informal economy and under formal employment (research target audience). This assignment aims to answer the following key research questions:

1. What are the social protection and occupational health services access gaps and needs by the research target audience, in relation to their vulnerability profiles and their capacity to cope with risks?
2. Can a link be established between exposure to occupational safety and health risks and the occurrence of occupational diseases (with focus on long-term exposure to agro-chemicals) within coffee farmer communities?
3. How do social protection, decent work and occupational health services deficits affect the sustainability of smallholder coffee farming?

The findings of the study shall be used (by the ILO Vietnam and through its partners) to help influence the development of policies and strategies and design pilot measures to:

- Provide evidence on social protection gaps (including social health protection) among workers in coffee farming and processing to inform policy revision;
- Improve coverage by social protection measures for workers in coffee farming and processing, including access to social security benefits (the latter also entails compensation in case of occupational accidents and diseases);
- Provide access to basic occupational health services to increase coffee farm workers' awareness on occupational health issues and how they can prevent workplace injuries and diseases;
- Strengthen coffee farm workers' resilience by incorporating in future coffee sustainability initiatives their needs in terms of social protection, decent work and occupational health services.

The assignment shall be conducted by using a gender responsive approach mainstreamed in its methodology.

IV. TASKS

The assignment will be structured into an inception and an implementation phase. The service provider's tasks will include the following:

Inception phase:

1. Develop detailed work plan, covering the inception and implementation phases;
2. Collect and analyse relevant laws, statistics and literature;
3. Fine-tune the design of the field survey methodology, including specification of key informants and development of survey sample structure (differentiated by formal/informal sector, gender, internal migrant status, ethnic group, age, tasked performed at work etc.);
4. Develop questions for interviews and focus group discussions with key informants;
5. Write inception report (1 draft report, 1 final report).

Implementation phase:

1. Prepare field survey logistics;
2. Conduct interviews and focus group discussions with key informants (off- and online, depending on the COVID-19 situation);
3. Analyse findings (as part of the analysis process: make recommendations to address social protection and occupational health services gaps; design pilot measures to increase social protection coverage for coffee farm workers);
4. Present key findings of the 1st draft report in a stakeholder validation workshop, in form of a PPT;
5. Complete 2nd draft report by incorporating stakeholders' comments and filling information gaps;
6. Complete final report.

V. METHODOLOGY

The assignment will consist of desk and field work. The service provider will screen and use as reference material applicable laws and decrees[12], key publications and tools by the ILO as well as other relevant literature to refine the research methodology. The service provider is requested to emphasize the integration of gender considerations into all steps of the assignment, by using the *'Gender Guidance Brief for Vision Zero Fund projects' (ILO, 2021)* and the gender guidance as included in the *"Occupational Safety and Health in Global Value Chains Starter kit: Assessment of drivers and constraints for OSH improvement in global value chains and intervention design" (ILO, 2022).*

Field survey work shall be carried out in the provinces of Dak Lak, Lam Dong, Gia Lai and Dak Nong, which are regional centers of coffee production in the Central Highlands[13].

During the inception phase, the service provider will conduct a mapping of key informants and develop the Focus Group Discussion (FGD) and interview questions in close consultation with the ILO Vietnam technical specialists.

- Based on current knowledge, key informants from selected districts in the research provinces will include: women and men coffee farmers that own smallholder farms (informal economy),

[12] They include: Labour Code (2019), Law on Social Insurance (2014, 2019), Law on Health Insurance (2015), and OSH Law (2015), Circular 11/2020/TT-BLDTBXH (Nov. 2020) (list of arduous hazardous and dangerous occupations and works), Circular 06/2020/TT-BLDTBXH (Aug. 2020) (list of jobs with strict requirements on OSH), decision No.659/QD-TTg (May 2020) (Programme on Care and Improvement of Workers' Health and Prevention of Occupational Diseases in the period 2020-2030).

[13] Field research activities shall cover the districts of Krong Nang (Dak Lak province) and Di Linh (Lam Dong province).

seasonal workers (informal economy), coffee farm workers and workers in coffee processing (formal economy), coffee farm workers who did suffer/are suffering from an employment injury or an occupational disease, relevant government agencies (MOLISA and DOLISAs, MARD and DARDs, Social Security Office, provincial Department of Health, district hospitals, community clinics, National Agricultural Extension Service), national and international private companies, cooperatives, NGOs, multi-stakeholder initiatives, mass organisations at community level (e.g. Women's Union, Youth Union, Farmers' Union).

- Possible questions with respect to social protection are: What are the major risks that coffee farm workers face? How do they cope with these risks? What is their knowledge about social protection measures and benefits that could help them cope with these risks (e.g., knowledge about benefits, eligibility, conditions to access benefits)? What is the scale of coverage among interviewed coffee farm workers by Social Insurance and/or Health Insurance? To what extent are social protection benefits actually used by them? What are reasons for not participating/not using the services by Social Insurance and Health Insurance? What are the social protection measures and benefits that coffee farm workers would need and value most? Are social protection services available in target districts and, if yes, what is their delivery capacity? What are coffee farm workers' suggested measures to improve access to social protection mechanism and benefits (e.g., simplified registration process, mobile one-stop shops, information services and products)?

- Possible questions with respect to occupational health services are: What are the health and safety risks that coffee farm workers are exposed to while performing their jobs (e.g., land clearance, soil maintenance, harvesting) and commuting to work? What are the most frequent accidents and injuries at work (type and frequency), as reported by them? What health issues do coffee farm workers suffer from of which they think that they are caused by the work they do? What health issues do health service providers observe that they can relate to the tasks that coffee farm workers perform? What services do districts and community clinics provide that address coffee farm workers' occupational health needs? What services would coffee farm workers value to help them mitigate occupational health risks and improve their occupational health and well-being? What is the level of awareness and knowledge on the available social protection and occupational health services?

The service provider is asked to include in the Inception Report a chapter on how to conduct the field phase interviews should the COVID-19 pandemic not allow in-person interviews and meetings.

The service provider is expected to organise FGDs and interviews with key informants at local level (province, district, community) as much as possible through its own staff and network. The ILO Vietnam will assist with the scheduling of meetings with key informants, if needed.

Based on survey findings, the service provider shall develop a 1) risk profile (analyzing the risks coffee farm workers are exposed to), and a 2) vulnerability profile (their capacity to cope with these risks). These profiles shall be included in the analysis part of the report.

Regarding the formulation of recommendations and pilot interventions to improve access to social protection and occupational health services, the service provider is encouraged to explore options at policy, institutional and workplace levels. Possible interventions could include, for example: awareness raising campaigns on social protection schemes, measures that simplify access to services, measures that protect vulnerable groups in particular. Recommendations should also take into

consideration gender issues and suggest possible cooperation partners for the implementation of pilot measures.

Throughout the assignment, the service provider shall have frequent calls and also in-person meetings (if the pandemic situation allows) with the ILO Vietnam technical specialists to exchange views and ideas, particularly regarding the design and feasibility of recommendations and pilot interventions.

VI. DELIVERABLES

1. Inception report, incl. work plan, detailed methodology, brief description of the social protection and social health insurance system in Vietnam, key informant mapping, development of interview questions for coffee farmers and other key informants;

2. Permission from local authorities to conduct the study, including meetings with key informants;

3. Analysis report (in English and Vietnamese), and FGD and interview transcripts;

4. PPT to present key findings and recommendations in a stakeholder validation workshop.

VII. TIME FRAME

This assignment shall be implemented between April and July 2022.

VIII. REQUIREMENTS / TECHNICAL COMPETENCIES FOR SERVICE PROVIDER

- Experienced in conducting research on social protection and social health insurance topics;
- Experienced in mainstreaming gender into research work;
- Knowledge of occupational health services, delivered through the primary health care system;
- OSH hazards and risks in agriculture;
- Experience in conducting FGDs with farmers;
- Ability to form a multi-disciplinary research team (to include expertise on social protection, social health insurance, OSH, gender and non-discrimination);
- Knowledge of the coffee supply chain in Vietnam and sustainability challenges.

IX. Application process

Interested service providers should send their expression of interest with a proposal in PDF with signature and stamp, including the following:

- Prior experience of the firm in similar or related projects (max 2 pages)
- Team composition and CVs of team members
- Approach to the sampling, data collection process and analysis of results based (max 2 pages)
- Budget (all-inclusive fee and a detailed breakdown)

Interested service providers should submit their EOI in English and Vietnamese no later than **31 March 2022**. Applications should be sent through emails to thao@ilo.org with cc to dungd@ilo.org