

**PROGRAM-FOR-RESULTS INFORMATION DOCUMENT (PID)
CONCEPT STAGE**

Report No.: 93124

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Program Name	<i>Scaling-up Sanitation</i>
Region	<i>EAP</i>
Country	<i>Vietnam</i>
Sector	<i>Sanitation (50%); Water supply (20%); Health (15%); General education sector (15%)</i>
Lending Instrument	<i>PforR</i>
Program ID	<i>P152693</i>
<i>{If Add. Fin.}</i> Parent Program ID	<i>N/A</i>
Borrower(s)	<i>Government of Vietnam</i>
Implementing Agency	<i>MARD and MOH</i>
Date PID Prepared	<i>December 5, 2014</i>
Estimated Date of Appraisal Completion	<i>March 13, 2015</i>
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Concept Review Decision	Following the review of the concept, the decision was taken to proceed with the preparation of the operation.

I. Introduction and Context

A. Country Context

Vietnam has had an impressive record on economic growth and poverty reduction in the last twenty five years. Reforms have transformed Vietnam from one of the poorest countries in the world, with per capita income below US\$100, to a lower middle-income country. However, while the overall rate of poverty for the country in 2012 was 9.6 %, the poverty rate¹ for the remote Northern Mountains and Central Highlands (NM-CH) regions is significantly higher at 23.8% and 17.8% respectively². In addition to the regional variation, there is a considerable difference in the poverty level between the Kinh/Hoa majority and ethnic minority groups (EMs). Average income among EM households is only equal to one sixth of the national average³.

Vietnam has made significant progress with respect to increasing coverage on water supply and sanitation. According to the Joint Monitoring Program, in rural areas, access to an improved toilet facility is 67%, with open defecation (OD) now at 2% nationwide, and access to an improved water supply at 94%. However, in the NM-CH regions, approximately 21% of the rural population practice OD, increasing to 31% for EMs, and 39% (47% in EMs) have

¹ Assessed against a threshold of 570 thousand Dong for rural areas

² General Statistics Office data for 2012

³ Committee on Ethnic Minority's report to MOLISA, 2013.

unhygienic⁴ toilets. In addition, 27% of people in rural areas of the NM-CH do not have access to safe water supply; many of the schemes installed are no longer functioning - largely due to poor maintenance. What little data exists on hand washing in Vietnam suggests that it is not widely practiced with only 13% of people washing their hands with soap at key moments⁵. Even lower rates were found for poor households and among ethnic minority groups⁶. Institutional needs are also high; nationally, approximately only 12% of schools and 37% of health centres have access to hygienic sanitation, approximately 21% of schools in Vietnam do not have water for hand washing, and only 11% of students washed their hands after defecating⁷. The lack of access to basic services and poor hygiene practices contributes to the high morbidity rates for diarrhea⁸ and parasitic infections⁹ - the number two leading cause of morbidity in the northern mountainous regions¹⁰. Recent evidence has shown that diarrhea and chronic environmental enteropathy in children is linked to a lack of sanitation and has a significant impact on childhood development; 41% of EM children below the age of 5 are stunted¹¹. Collective health gains through high levels of coverage are critical to addressing these problems¹².

B. Sectoral (or multisectoral) and Institutional Context of the Program

The government recognizes that improving access to sanitation is a priority and has committed to eliminating OD in Vietnam by 2025. In the short term, the focus is to target poor communities where water and sanitation coverage is low and malnutrition is high. Improving hygiene practices has been a long term goal of the government. In 1961, President Ho Chi Minh highlighted the need for all children to ‘maintain very good hygiene’ (Giu gin ve sinh that tot), a phrase that continues to be taught in schools all over Vietnam¹³. However previous interventions to improve sanitation and hygiene practices have had a limited impact due to insufficient investment in supporting behaviour change interventions and prioritization of water supply in budget allocations¹⁴.

There are four main Ministries engaged in the sector: MoH, Ministry of Agriculture and Rural Development (MARD), Committee for Ethnic Minority Affairs (CEMA) and Ministry of Education and Training (MoET). MoH have the overall mandate for sanitation and hygiene promotion and manage a nationwide network of healthcare staff and village health workers responsible for local hygiene promotion. The Vietnam Health and Environment Agency (VIHEMA), within the MoH, have strong technical and policy experience in sanitation and behaviour change communication (BCC), they also coordinate the sanitation interventions of around 20 NGOs working in the sector. However, despite the high level of ownership for the sector, MoH overall do not have high political leverage and have relatively low implementation

⁴ According to the Ministry of Health’s definition of hygienic sanitation

⁵ Before eating and after defecating

⁶ Ministry of Health (MoH), UNICEF. 2007. Summary: National Baseline Survey on the Environmental Sanitation and Hygiene Situation in Viet Nam. Hanoi: Ministry of Health and UNICEF.

⁷ Ibid

⁸ Department of Preventive Medicine – 2009

⁹ WHO 2007

¹⁰ Perspectives on child diarrhea management and health service use among ethnic minority caregivers in Vietnam, Rheinlander 2011

¹¹ 2014 Vietnam Taking Stock report

¹² Quattri. M et.al, 2014. Investing in the Next Generation: Children grow taller, and smarter, in rural, mountainous villages of Vietnam where community members use improved sanitation. WSP Research Brief.

¹³ Ho Chi Minh, 1961

¹⁴ Water Supply and Sanitation in Vietnam Turning Finance into Services for the Future, World Bank, 2014

capacity. MARD have the mandate for rural water supply and have implemented (and coordinated) a number of large scale programs in water, sanitation and hygiene, but place little priority on household sanitation or community mobilization and have very limited experience in BCC. CEMA are engaged in programs to provide targeted support to EMs. MoET are responsible for school sanitation and also teach about health and hygiene through the national curriculum. Nutrition in Vietnam is the responsibility of Department of Reproductive Health with technical management by the National Institute of Nutrition (NIN) under MoH. The NIN manages the National Nutrition Program and is active in research, training and implementation activities in the field of nutrition, food sciences and clinical nutrition across Vietnam.

The GoV has made significant efforts to improve access to and ensure the sustainability of rural sanitation services. The National Rural Clean Water Supply and Sanitation Strategy to 2020 (developed in 2000 and updated in 2011), set the overall vision and goals for the sector. The key principles of the strategy include community participation, sustainability and cost recovery. The sector strategy also emphasizes the focus on poverty, ethnic minority groups and remote areas. However, despite this strategy, sanitation, hygiene promotion and water supply investments are scattered across a number of different programs. The programs and key related issues are described below;

- **Activities directly implemented by the MoH and DoH:** These include national level campaigns such as the National Patriotic Sanitation campaign, targeting specific public health issues and providing technical support. For example recent support included a hand washing campaign in response to foot and mouth disease and providing technical advice on low cost latrines. MoH/DoH also work closely with UNICEF on community led total sanitation interventions in the Northern Mountains.
- **National Target Program for Rural Water Supply and Sanitation (RWSS NTP), 1998 to 2015:** The third phase of the NTP program (NTP3, 2011-2016) delivers funding to all 63 Provinces of the country on an annual cycle, for investments in water supply, sanitation, and hygiene behavior activities. Budgeting and disbursements occur on an annual cycle based on implementation plans prepared by the provinces. NTP3 is led by MARD, with MoH responsible for sanitation. NTP3 has four sub-projects: rural water supply; rural sanitation (including household hygienic latrines, hygienic facilities in health clinics, schools and markets); improvements in the rural environment (including livestock pens, domestic waste and treatment of wastes from trade villages); and awareness raising, capacity building and institutional strengthening. The RWSS NTP has resulted in considerable progress over the past ten years and is currently being supported through the US\$ 200 million World Bank funded RWSS Program for Results (PforR) operation. Sanitation under this program still lags behind water supply, partly due to low prioritization of Information, Education, Communication (IEC) activities. Even under the sections of the RWSS NTP supported by the World Bank PforR operation the investment into IEC has been well below what is required. The approach for BCC is also relatively restrictive and there is little incentivization of front line staff. This NTP is scheduled to close in December 2015.
- **National Target Program on New Rural Development (NTP-NRD), 2010-2020:** This NTP, also implemented by MARD, covers a wide range of sectors and basic services and aims to make significant focused investments in rural areas based on 19 new criteria/targets. Water supply and sanitation are included in the 19 criteria, however such

interventions have been very limited. This NTP has also been criticized for being ineffective.

- **National Target Program for Sustainable Poverty Reduction (NTP-SPR, 2012-2015) and Program 135 series:** The NTP-SR is managed by the Ministry of Labor, War Invalids and Social Affairs (MOLISA). This NTP contains several projects which focus on infrastructure development in poor, remote/coastal, and ethnic minority dominated areas as well as on projects developing/piloting poverty reduction models. One specific project within the NTP-SPR deals with infrastructure development in remote/border and ethnic minority dominated areas and is better known as Program 135. This Program series started in 1998, has gone through two phases and is now continuing with its third phase under the overall framework of the NTP-SPR. CEMA is in charge of P135-3. Investments for sanitation and hygiene are not specifically prioritized under P-135 but upgrading of schools and health clinics under the program include toilets.

The NM-CH regions have benefitted from the 16 National Target Programs (NTPs) however the difficulties of coordinating such a large number of programs have become apparent. The GoV is currently considering how to combine these existing NTPs, including the RWSS NTP, under two larger umbrella programs which are expected to become effective in 2016. Sanitation and hygiene are expected to be included, but there are concerns that they will continue to be a low political priority and receive little investment.

In order to bring these disparate strands of sanitation and hygiene investment together and address capacity and implementation issues, MoH are currently seeking to step up their sanitation and hygiene promotion activities. Their plans include advocacy to raise the profile of sanitation at the political level, mass media and development of a comprehensive behavior change program. This program is proposed to be incorporated under the RWSS NTP with MARD as the lead agency until December 2015, and subsequently under its successor program¹⁵. The PforR investment will support this arrangement which will ‘kick-start’ the sanitation sector in lagging regions, give MoH a prominent role in sanitation and hygiene delivery and avoid the problems of low political prioritization which sees funding diverted away from sanitation and hygiene promotion towards more visible sectors.

C. Relationship to CAS/CPS

The proposed operation is closely aligned with the Bank’s twin goals of ending extreme poverty and boosting shared prosperity, as well as the overarching theme of sustainability. Nationally, the SEDP stresses the importance of developing the NM-CH regions and, in particular, focusing on EMs. Improving hygiene behavior, increasing and sustaining access to sanitation and significantly reducing open defecation, in parallel with increased access to water, responds to all three pillars as well as the two cross-cutting themes of improved governance and gender within the CPS. From an environmental and social perspective, improving hygiene and sanitary conditions in rural populations will reduce disease incidence and improve the quality of life of the rural population, including improved nutritional status and cognitive performance as highlighted earlier. By targeting sanitation and water supply in marginalized EM communities,

¹⁵ The Bank has been assured by GoV that there will be a successor program. The existing RWSS PforR already follows this strategy.

the operation will ensure social inclusion. On governance, the proposed Project is designed to reinforce and strengthen the Government's own systems for delivery of sanitation and hygiene behavior change services by building sound fiduciary, environmental and social management practices. The burden of poor access to sanitation often falls most heavily on women. On gender, the proposed PforR will strengthen gender-based monitoring and reporting. In addition, the CPS places critical importance on the issue of resilience to climate change in Vietnam, the impact of which is particularly pronounced in the water sector. In the NM-CH regions one problem impacting the sustainable management of water supply systems is the increased level of variability in water sources. The Program would aim to support provincial governments to develop robust water systems which consider future variations in climate.

At the international level, the operation will contribute directly to the achievement of Vietnam's decade-long commitment to meeting the Millennium Development Goals (MDG) for which progress on sanitation is lagging. The Ten Year Socio-Economic Development Strategy and the Five Year Socio-Economic Development Plan, give high priority to rural development. The UN is also supporting the government to develop an EM Millennium Development Goals (MDG) action plan using the MDG Acceleration Framework methodology to set local goals, identify bottlenecks and prioritize actions and resources to deliver the goals. If the more ambitious targets being developed to replace the MDGs after 2015 are to be met then it will be necessary to develop and implement effective approaches to improve access to sanitation on a large scale.

D. Rationale for Bank Engagement and Choice of Financing Instrument

To date there has not been a sufficiently large and transformational operation focusing on hygiene promotion and sanitation in the NM-CH regions and aimed at tackling open defecation among EMs. The GoV's RWSS NTP provides a well-established framework for delivery of rural water supply and sanitation services at scale, however it has had limited effectiveness in the NM-CH regions. The proposed operation would target these lagging regions and build on lessons learned from the support provided to the RWSS NTP in the Red River Delta, under the ongoing PforR, including the need to extend and strengthen the sanitation, hygiene and communication activities. The key lessons learnt include; (i) integrating technical assistance and capacity building for implementation into the Disbursement Linked Indicators (DLIs) in order to incentivize their timely delivery – specifically related to the sanitation, hygiene and communication activities; (ii) strengthening Program Action Plan compliance by integrating it into the DLIs to make it a condition for disbursement; (iii) incorporating the Bank's right to investigate, as described in the PforR Anticorruption Guidelines (ACGs) into the Government approval processes; (iv) improving the Program's flexibility during implementation through careful structuring of the POM; (v) engaging more closely at the policy level during preparation in order to support the 'change of thinking' required by Government to apply results based approaches; (vi) incentivizing water scheme sustainability as a DLI in addition to parallel technical assistance, and the importance of allowing both for rehabilitation and new schemes in program design; and (viii) the benefits of using smart phone data collection and a shared IT platform to improve monitoring and evaluation.

The operation would build on and leverage the interventions under a number of other Bank supported operations in different sectors in the NM-CH regions, including the Central Highlands Poverty Reduction Project, the Second Northern Mountains Poverty Reduction Project, the

School Education Quality Assurance Program and the extensive experience of the Water and Sanitation Program (WSP) in the sector, including their ongoing work with VIHEMA as well as the work of other development partners in the sector such as UNICEF's involvement in Community Led Total Sanitation and DFAT's support for NTP3. The links to the projects and the work of other donors will support the Program to link sanitation improvements into a broader strategy addressing community needs. The Bank will bring leading international experts in sanitation and hygiene, from within and outside the Bank to inform the design and support the implementation of the proposed operation.

Use of the PforR lending instrument to support the RWSS-NTP will add significant value by:

- allowing MARD and MoH to continue to incorporate the ongoing Technical Assistance (supported by WSP and the ongoing Red River Delta RWSS PforR) to improve the design and implementation of the operation in remote areas
- encouraging province-wide planning and management; the operation will support the scaling up of sustainable access to water and sanitation services in 19 provinces and planning and reporting (meeting the standards as laid out in the Operational Manual) would be included in the DLIs as conditions for disbursement
- encouraging the use of a results-based approach: disbursements will be made against results, based on the indicators previously agreed with the GoV, which will create incentives for improved cost-efficiencies and better planning of implementation.
- enabling MARD and MoH to become proficient in up-to-date methods of BCC, with knock on effects across sectors
- given the reluctance to invest in 'soft' investments such as BCC and the status of sanitation as a low priority sector, use of the PforR instrument would incentivize the achievement of results related to behavior change, by including the implementation of the BCC program and increased sanitation coverage as DLIs under the Program.
- strengthening Monitoring and Evaluation, and management and government systems, - building on the technical assistance being provided under the Red River Delta RWSS PforR - resulting in better targeting and capacity building.
- facilitating the sharing of lessons learned from successful rural water and sanitation projects globally

The sanitation and water supply sector in the target regions is ideal for such support through a PforR given existing experience under the ongoing PforR, a strong presence of the Bank in the sector, and government interest in closing the gap in these lagging regions. Under implementation of the NTP3 in these regions, contracts will be small, well within the limits set by Bank procedures. There are no excluded activities due to high value contracts or Environmental and Social concerns.

II. Program Development Objective(s)

To improve hygiene behavior, increase and sustain access to sanitation and rural water supply and significantly reduce open defecation in rural areas in the provinces of the Northern Mountains and Central Highlands regions.

Specifically, the Program will:

- Significantly reduce open defecation and significantly increase the proportion of the population who regularly practice good hygiene behaviors¹⁶;
- Increase coverage of safe water in target areas;
- Ensure that 100% of schools and health clinics have hygienic latrines, adequate water supply systems and hand washing facilities; and
- Build capacity at the provincial, commune and village levels in order to develop strong institutions, and provide them with the necessary resources to design, implement, manage and most importantly, to sustain hygiene, sanitation and water supply.

The proposed key results areas and corresponding DLIs (provisional) are presented below in table 1. Results areas 1 to 4 are Province level indicators. Results area 5 is for the implementation of national level activities.

¹⁶ Good hygiene behaviors include use of hygienic toilets; and hand washing with soap and water at key times

Table 1 – DLIs under each Results Area

Result Area	DLIs
<p><u>Result Area 1</u> Key hygienic behaviours changed amongst the target population</p>	<ul style="list-style-type: none"> • Development and delivery of effective behaviour change communication and sanitation marketing activities at the provincial, commune and village level • Number of Open Defecation Free villages where 50% of people consistently wash their hands with soap or substitutes at key times
<p><u>Result Area 2</u> Increased access to water supply and sanitation infrastructure for households and at schools and health centres</p>	<ul style="list-style-type: none"> • Number of people with new access to Commune-wide sanitation¹⁷ • Number of households with new access to safe water supply • Number of households with rehabilitated access to safe water supply • Number of institutions with improved sanitary conditions
<p><u>Result Area 3</u> Sustainable water and sanitation services in the targeted Provinces</p>	<ul style="list-style-type: none"> • Number of households with access to sustainable water supply services • Number of households with access to sustainable sanitation services
<p><u>Result Area 4</u> Improved national, provincial and local capacity for Program implementation</p>	<ul style="list-style-type: none"> • Approved Annual Capacity Development Plan implemented at national, provincial, commune and village level • Local hygiene promoters (health workers / mass union members) in place and resourced at commune and village level
<p><u>Result Area 5</u> Strengthened institutions and delivery of national level advocacy campaign</p>	<ul style="list-style-type: none"> • Number of Annual Program Plans and Reports disclosed to the public • Development and delivery of effective behaviour change communication and advocacy campaign at the national level

III. Program Description

The approach taken under the Program is to strengthen the Government of Vietnam’s NTP3 in the 19 provinces of the NM-CH Regions with the lowest sanitation coverage to support the existing efforts of the government to scale up access to sanitation and improved hygiene practices. The operation will include interventions to support demand generation through innovative approaches in behavior change communication (BCC) at the local level, coupled with

¹⁷ *Commune-wide sanitation* – 100 percent of public kindergarten, primary, secondary schools have: hygienic water for drinking and hand washing; have hygienic sanitation facilities according to MoH standards. 100 percent of Commune Health Centers have: Clean (hygienic) water for drinking, and hand washing; and hygienic sanitation facilities according to MoH standards. 100% of households have access to improved latrines [to be discussed]

national level interventions to build awareness of the importance of sanitation to the national economy and obtain public commitment at the highest level. Support will also be provided to strengthen the supply chain to improve the design, availability and affordability of sanitation products and services. Participative approaches will be used at all levels in order to ensure that interventions are appropriate and effective. Construction of new sanitation and water supply facilities will facilitate improved hygiene practices, and will not be implemented as a standalone intervention. Behavior change communication activities would both work through nutrition programs and also reinforce them. Technology used will be appropriate, cost effective and accessible for poor households.

The institutional and financing arrangements will be aligned with the structures of GoV. Funds will pass from the center to the Provincial People's Committees (PPC) in the 19 recipient provinces. Fund allocations will be made on the basis of provincial plans and within the framework of NTP3. These funds will be used to finance NTP3, including water supply, sanitation and hygiene promotion. It will be the responsibility of the Provincial People's Committees (PPC) in each of the 19 recipient provinces to plan investments and allocate funding to the appropriate technical departments at that level. For National level activities funding for the Program will be allocated by the MOF to the related ministries. The amount of funds allocated to different ministries under the Program will be based on the anticipated funds required to achieve the DLI targets as well as the amounts corresponding to the DLI results that are verified as completed.

The Program will be designed in coordination with existing socio-economic, rural development programs and activities managed by other line Ministries. In order to effectively implement the Program and target remote regions, effective and multi-sectoral approaches to commune-wide sanitation will need to be developed. Linkages with the health and education programs and with nutrition will be key given the links between poor sanitation and stunting and the need to develop a sustained system. Schools, in particular, will be a critical focal point for developing an integrated strategy. For integration strategies with nutrition, synergies can specifically be found in the outreach programs to mothers and care-givers.

Institutional Arrangements

Launching a national program for sanitation requires high level coordination and cooperation between Ministries and different levels of Government. Steering committees will be required at the National and Provincial level to support this process. The arrangements are described below:

- MARD will coordinate the implementation of the Program, through a national steering committee comprising MARD, MOH, MOET, CEMA, MPI and MOF.
- At the central level VIHEMA will be the technical lead for the sanitation and hygiene promotion activities. NCERWASS will lead activities relating to community water supply. A strong coordination mechanism will be needed in order to promote integrated water and sanitation projects to support hygiene practices.
- MARD and MOH will establish preparation teams which will be fully empowered to work intensively with the Bank to prepare the Program. Fully empowered and

autonomous PMUs will be established nationally and at VIHEMA in order to monitor and support implementation in all Provinces under the Program.

- PPCs will lead Provincial level steering committees for coordination and supervision comprising DOH, PCERWASS, DOET, DPI, DOF and CEMA.
- Multi-sectoral links will be established including with CEMA to support with knowledge on EMs and with MOET to provide support for activities in schools.

The exact implementation arrangements will be finalized during Program preparation.

Learning from global and Vietnam-specific experience, the proposed Program would have the following three closely interrelated elements corresponding with the projects under the RWSS NTP3 which support delivery of behavior change communication, provide basic services and infrastructure to support behavior change, support sustainable services and build capacity.

1. Rural domestic water supply and rural environment:

- a. Provision of hygienic sanitation, hand washing facilities and adequate water supply in schools – including consideration of the needs of all children.
- b. Increase water supply coverage for villages, using small community based systems; focusing on rehabilitation, but also including new construction where needed. Supporting technical assistance would be provided for improved operation and maintenance procedures.

2. Rural sanitation

- a. Provision of hygienic sanitation, hand washing facilities and adequate water supply in health clinics.
- b. Supply side interventions; support to the private sector to build the capacity of local builders, manufacturers and suppliers of sanitation products and services, in order to supply a menu of affordable and appropriate household sanitation and hand washing hardware options and services.
- c. Additional targeted support to households for latrine construction; potentially using innovative financing approaches.

3. Capacity building, communication and supervision, monitoring and evaluation of NTP3

- a. Hygiene Behavior Change Communication: The proposed program would coordinate with different agencies in the public and private sectors to develop and deliver behavior change communications strategies to improve hand washing practice and reduce open defecation at scale at the Provincial, Commune and village levels through targeting communities, schools and health clinics. The campaign would make use of interpersonal communication and community mobilization through appropriate communication channels including mass media,

digital media and social media as well as mobilizing grass roots support. Work in clinics would also support scaling up existing successful programs combating malnutrition. Focused capacity building of national, provincial and local agencies involved in the Program to develop their implementation and management capacity and improve collaboration between the education and health sectors while ensuring that adequate resources are in place at the local level.

- b. Ensuring the sustainability of access to sanitation and improved water supply from a technical, financial, environmental and quality perspective.
- c. Institutional strengthening of government systems at the national level including for planning and reporting. Launching of a national high level advocacy campaign to raise the importance of sanitation and hygiene on the political agenda.

IV. Initial Environmental and Social Screening

Environmental

The early findings suggest that the overall environmental impact of this Program is expected to be positive and the negative impacts would be limited. The main environmental considerations relate to water availability and its quality, and protection of water sources. Construction impacts would be limited.

In the Provinces of the Central Highlands, communities typically rely on groundwater, however dropping groundwater levels (often to 50-100m depth) over recent years mean that many community schemes are now dry for a large part of the year. The falling ground water levels are reported by the Provinces to be largely due to the high volumes of water that are abstracted for irrigated agriculture in the region. Hydropower has limited the availability of surface water in the region which is used as a supplementary domestic water source.

Deep wells face problems of high levels of calcium and iron in some of the provinces; hard water is not normally associated with adverse health effects however the actual water quality needs to be confirmed and informed to the community as there is also a risk that people would chose unsafe surface water sources over groundwater due to taste preferences.

At program preparation stage, the testing of raw water quality before making decisions on investments is the responsibilities of NCERWASS. Environmental Protection Commitments (EPC) are required for piped rural water supply schemes and through this mechanism actions related to water quality management, protection of water sources, management of construction impacts etc. can be recommended. However, there are some gaps in the preparation of EPCs related to rural piped water schemes.

For operating water supply schemes, the DOH, with support and advice from the Provincial Center for Preventive Medicine, is responsible for State management of drinking water quality in their respective provinces. Though the DOH has technical and equipment capacity from the provincial to district level for exercising this mandate, rural drinking water quality is in practice

rarely monitored due to the lack of financial resources for sampling and testing water samples from rural water supply sources in remote communes.

The proposed Program would strengthen management and control of drinking water quality as well as enforcing compliance to national environmental management requirements related to rural water supply development by enhancing the capacity of DOH, PCERWASSes through technical advice.

For sanitation facilities, there are limited options for sludge management in rural areas where public sanitation services are not available. The program would contribute to raising awareness on health impacts and with respect to the need to wear personal protective gear when handling of sludge from sanitation facilities.

Social

The initial findings of the social assessment indicate that the World Bank's requirements and the policies of Government of Vietnam are generally consistent with one another; however during the initial assessment, the team has identified the following social risks that require particular attention in designing and implementing the Program.

Land Acquisition Risks

Land acquisition is expected to be very minor and mainly for water supply schemes. Under the NTP, there is no budget allocated for land acquisition activities, the local Commune People's Committee is expected to arrange site clearance for projects in order to obtain investment approval. In the case of small rural infrastructure, affected households may be asked to donate their affected land in exchange for the potential benefits of the proposed infrastructure. The application of different mechanisms for land contributions adopted by various NTPs (such as 134, 135, RWSS) may create confusion and result in complaints from local people. Under the Program, implementing agencies would ensure that people affected by loss of assets or land are be compensated so that they are no worse off than before that loss. Guidance on voluntary land donation will also be developed, to ensure that the donation is truly voluntary.

Ethnic Minorities

The low level of education attainment and low level of national language proficiency of Ethnic Minority people, especially among women and the elderly, in the Northern Mountain and Central Highland regions may prevent them from fully understanding the communication messages related to sanitation and hygiene behavior under the Program. In isolated communes, it is usually very difficult to communicate with Ethnic Minority people, especially the elderly. Although there are high concentrations of Ethnic Minorities living in the Northern Mountain and Central Highland regions, there is no specific guidance for relevant stakeholders on working with Ethnic Minorities. The proposed operation would develop a tailored communication program that takes into account the local context (culture (including EM culture), language, and level of education). Implementing agencies would also develop and implement guidelines for working with Ethnic Minority people. The objective of these guidelines are to ensure that particular attention is paid to all investments affecting or benefiting Ethnic Minority people according to which free, prior,

and informed consultation will be conducted and documented in order to obtain broad community support. PPCs would also ensure that staff are assigned and available (notably at the local level) to oversee implementation of activities related to ethnic minorities.

Transparency and accountability

The current planning process provides very limited opportunity for participation of the commune people's committees and local people who are the direct beneficiaries of the program. Investment decisions are usually made using a top down approach. A mechanism that promotes a process of planning from the bottom-up would be put in place under the Program. This would improve the transparency and accountability of implementing organizations, and ensure that the proposed investments are fully demand responsive.

V. Tentative financing

Source:	(\$m.)
Borrower/Recipient	50
IBRD	
IDA	300
Others (specify)	
	Total
	350

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