

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

Report No.:

<b>Program Name</b>	Scaling up Rural Sanitation and Water Supply Program (SupRSWS)
<b>Region</b>	EAP
<b>Country</b>	Vietnam
<b>Sector</b>	Sanitation (35%); Water supply (35%); Health (15%); General education sector (15%)
<b>Lending Instrument</b>	Program for Results
<b>Program ID</b>	P152693
<b>Parent Program ID</b>	Rural Water Supply and Sanitation National Target Program Phase 3 (NTP3)
<b>Borrower(s)</b>	Socialist Republic of Vietnam
<b>Implementing Agency</b>	Ministry of Agriculture and Rural Development
<b>Date PID Prepared</b>	April 03, 2015
<b>Estimated Date of Appraisal Completion</b>	April 07, 2015
<b>Estimated Date of Board Approval</b>	July 16, 2015

## I. Country Context

Vietnam has 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. Annual average growth between 2008 and 2014 was 5.8%. However, while the overall rate of poverty for the country in 2012 was 9.6 %, the poverty rate for the remote Northern Mountains and Central Highlands (NM-CH) regions is significantly higher at 23.8% and 17.8% respectively. 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 average.

Vietnam has made significant progress with respect to increasing coverage on water supply and sanitation, but important regional differences remain. 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 improved water supply at 94%. However, in the NM-CH regions, approximately 20% of the rural population practice OD, increasing to at least 30% for EMs, and around 30% (almost 50% in EMs) have unhygienic toilets. In some provinces, such as Dien Bien, more than 50% of the rural population have no access to sanitation. In addition, 27% of people in rural areas of the NM-CH do not have access to safe water supply and 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 moments. Even lower rates were found for poor households and among EM groups. Institutional needs are also high; in some provinces in the NM-CH regions, less than 50% of schools have access to hygienic sanitation and water.

The lack of access to basic services and poor hygiene practices in lagging regions contributes to the high morbidity rates for diarrhoea and parasitic infections - the number two leading cause of morbidity in the Northern Mountains. Recent evidence has indicated that diarrhoea and chronic environmental enteropathy (intestinal inflammation) 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 stunted. Stunted children are not only short for their age, but also more likely to have poorer cognitive and educational outcomes in later childhood and adolescence. They are more likely to become less productive adults, and be less able to contribute to their nation's growth. Studies have found relatively linear relationships between reducing open defecation and malnutrition; significant reductions in open defecation are required to have a detectable effect on child height and large scale public investment in sanitation and health promotion may be needed to tackle stunting. High levels of sanitation coverage and improved hygiene practices are critical to reach collective health gains needed to address these problems.

## **II. Sectoral (or multi-sectoral) and Institutional Context**

The Government of Vietnam (GoV) recognizes that improving access to sanitation and clean water is a priority and has formally committed to eliminating OD in Vietnam by 2025. 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 and sanitation' (Giu gin ve sinh that tot), a phrase that continues to be taught in schools all over Vietnam. However, previous interventions to improve sanitation and hygiene practices have had a limited impact due to insufficient emphasis on supporting behaviour change interventions and prioritization of water supply in budget allocations.

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. In the short term, the focus is to target poor communities where water and sanitation coverage is low and malnutrition is high. To implement the strategy, GoV established a National Target Program for Rural Water Supply and Sanitation (NTP) which has resulted in considerable progress over the past 15 years.

The third phase of this dedicated National Target Program (NTP3) aims to reach the following in rural areas by 2015: 85% coverage of hygienic water; 65% coverage of hygienic latrines and 100% of commune clinics and schools<sup>1</sup> that have hygienic water supply and sanitation facilities. To date NTP3 has achieved 82% coverage of hygienic water and 60% coverage of hygienic latrines. However, the level of achievement across the provinces is highly variable, with almost all low performing provinces in the mountainous and poor areas. Although NTP3 officially ends at the end of 2015 the current established institutional structure for rural water supply and sanitation is expected to continue. A proposal to transfer the components of the current NTP3 to the New Rural Area NTP has been developed within MARD. The proposal is expected to be approved by the National Assembly in October 2015. The NTP3 and its successor program is

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<sup>1</sup> Excluding satellite schools

being supported in eight Provinces of the Red River Delta through the US\$ 200 million World Bank funded RWSS Program for Results (PforR) operation. The implementation of this first PforR operation, which will continue until end 2017, has been generally satisfactory and achieved more than 80% of the target results in the first year.

There are four main Ministries engaged in the sector:

- **Ministry of Agriculture and Rural Development (MARD)** has the mandate for rural water supply and has implemented (and coordinated) a number of large scale programs in water, sanitation and hygiene. Within MARD, the National Target Program Standing Office (NTP-SO) is responsible for leading and coordinating the Rural Water Supply and Sanitation NTP. The National Center for Rural Water Supply and Sanitation (NCERWASS) within MARD is the national technical agency;
- **The Ministry of Health (MoH)** has the overall mandate for sanitation and hygiene promotion and manages 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, has strong technical experience in sanitation and behaviour change communication (BCC), and also coordinates the sanitation interventions of NGOs working in the sector. MoH and the Department of Health (DoH) in some provinces are also directly implementing related activities; 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 approaches to total sanitation (CATS)<sup>2</sup> interventions in the Northern Mountains;
- **Committee for Ethnic Minority Affairs (CEMA)** is engaged in programs to provide targeted support to EMs; and
- **Ministry of Education and Training (MoET)** is responsible for school sanitation and teaching about health and hygiene through the national curriculum.
- Provincial level implementation is overseen by the Provincial People's Committee (PPC) and managed by the Provincial Centre of Water and Sanitation (PCERWASS), within the Department of Agriculture and rural Development (DARD).

Nutrition is a critical issue for the NTP3 and is the responsibility of the 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 fields of nutrition, food sciences and clinical nutrition across Vietnam.

Nationally, sanitation still lags behind water supply. This is partly due to the focus of sanitation investments on capital investment for institutional facilities and subsidized demonstration latrines for households. There has been insufficient focus on creating demand for sanitation and facilities in schools and clinics are often poorly maintained. The lack of progress on sanitation is also as a result of the low prioritization of Information, Education and Communication (IEC)

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<sup>2</sup> CATS builds on using CLTS approach for collective action

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 to have a significant impact. A national hand washing campaign was implemented between 2006 and 2010, however this was found to have limited impact on actual behaviours, in large part because it relied on traditional health messaging approaches<sup>3</sup>. Ensuring the sustainability of water supply schemes has been challenging, with a large proportion of schemes failing. This can be attributed to poor investment preparation and design, incomplete or low quality construction and insufficient operation and maintenance linked to poor cost recovery and capacity.

The implementation of the National Rural Clean Water Supply and Sanitation Strategy faces its main challenges in the two lagging and remote regions of NM-CH. In these two regions it has been difficult, despite increased investment, to scale up sanitation coverage, improve hygiene practices and sustain water supply services. Open defecation persists across these regions. The proportion of water supply schemes either operating poorly or not functional at all is amongst the highest in the country (48% in Central Highlands and 33% in Northern Mountains). Further details are provided in the Technical Assessment.

### III. Program Scope

The Government's RWSS NTP operates across all 63 provinces of Vietnam. The proposed Program to be supported by this IDA operation includes NTP3 and the successor program in 19 geographically-clustered provinces in the Northern Mountains and Central Highlands<sup>4</sup> (NM-CH). This geographical slice includes the Program finances of \$US 220 Million.

**The National Target Program (The program).** The third National Target Program for Rural Water Supply and Sanitation (hereafter referred to as NTP3) is a US\$1.3 billion nation-wide program that runs from 2012 to 2015. NTP3 delivers funding to all 63 Provinces of the country on an annual cycle, for investments in water supply, sanitation, and hygiene Information, Education, Communication (IEC) 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. Following lessons learnt from the first two phases, NTP3 incorporated sanitation under the mandate of MOH. The NTP3 includes the following three components or "projects" and associated activities:

- a) Rural domestic water supply and rural environment:
  - Provision of hygienic sanitation, hand washing facilities and water supply in schools;
  - Construction and rehabilitation of water supply schemes; promotion of clean water use, improved control of water quality and support to sustainable systems;
  - Environmental sanitation; construction of hygienic livestock pens
- b) Rural sanitation and hygiene
  - Construction and effective use of latrines at households and public places;

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<sup>3</sup> WSP 2012. Hand washing Behaviour Change at Scale: Evidence from a Randomized Evaluation in Vietnam

<sup>4</sup> The provinces covered are: Dak Lak, Dak Nong, Gia Lai, Kon Tum, Lam Dong, Bac Can, Bac Giang, Cao Bang, Dien Bien, Ha Giang, Hoa Binh, Lai Chau, Lang Son, Lao Cai, Phu Tho, Son La, Thai Nguyen, Tuyen Quang and Yen Bai

- Provision of hygienic sanitation, hand washing facilities and adequate water supply in in health clinics.
- c) Capacity building, communication and supervision, monitoring and evaluation of NTP3:
- Information, Education and Communication activities to raise awareness on the importance of clean water and latrines and hygiene practices;
  - Development of the legal framework and capacity building for the implementation of the RWSS strategy; and
  - Promotion of international cooperation.

Following the end of the NTP3 program period it is expected that the Government support to the activities under NTP3 would be continued for the period 2016-2020 with MARD as the lead agency. A proposal to transfer the components of the current NTP3 to the successor program, expected to be the New Rural Area NTP, has been developed within MARD.

### **The PforR (The Program)**

The approach taken under the Program is to strengthen the Government of Vietnam's NTP3, and successor program, in the 19 provinces of the NM-CH. Learning from global and Vietnam-specific experience, the Program will focus specifically on (a) improving the effectiveness of the existing efforts of the government to scale up access to sanitation and improved hygiene practices; and (b) improving the sustainability of the infrastructure put into place, for both water supply and institutional sanitation facilities. The Program will target public health interventions with maximum impact and will therefore focus on water supply, hand washing and domestic sanitation as well as water, sanitation and hygiene facilities in institutions (schools, health centers)<sup>5</sup>.

The Program will aim to achieve Commune Wide Sanitation (CWS) across a significant proportion of the rural communes in the target provinces. Commune Wide Sanitation<sup>6</sup> requires 70% of households have an Improved Latrine which hygienically separate human faeces from human contact; (ii) 80% of households to have dedicated (fixed) hand washing points, with soap (or soap substitute) and water available (iii) All schools and health clinics have functional water supply, hygienic sanitation and hand washing facilities. CWS is therefore a proxy for a significant reduction in open defecation. The commune is the smallest unit of Government and supporting changes at this level builds a sustainable base for improved sanitation and hygiene in the long term. Reaching CWS requires a significant increase in improved latrines which provide public health benefits and therefore balances the needs for DLIs which have high impact, but are also achievable. CWS is an incremental step towards reaching open defecation free status of villages and communes, for which guidelines are currently under development by VIHEMA.

An evidence based approach will be taken to scaling up successful innovative behaviour change interventions. Increased coverage of improved latrines and hand washing points will largely be realized though the introduction of more effective and innovative demand generation through innovative approaches in behaviour change communication (BCC) and community approaches

<sup>5</sup> Hygiene, Sanitation and Water: Forgotten foundations of health, Bartram J. and Cairncross S., 2010

<sup>6</sup> CWS is defined as (i) 70% of households have an *Improved Latrine*; (ii) 80% of households have dedicated (fixed) hand washing points, with soap (or soap substitute) and water available (iii) All schools and health clinics have functional water supply, hygienic sanitation and hand washing facilities.

for total sanitation at the local level and strengthen the supply chain to improve the design, availability and affordability of sanitation products and services. Design and implementation of these approaches is being supported by technical assistance from UNICEF and WSP. At the Mid Term Review the impact of these approaches will be assessed compared to the traditional IEC approaches. A baseline will be carried out for the purposes of the Mid Term Review. This will allow an evidence based approach in scaling up these innovative approaches during the second part of the program, based on their demonstrated impact and cost effectiveness.

Technical assistance, rolled into implementation, will strengthen Program management, verification and audit capability and, in particular, will focus on improving the sustainability of infrastructure, including all stages of implementation; design, construction, operation and maintenance. The Program will support extensive investments into rehabilitation of water supply schemes and extending shared community systems into household connections to improve revenue generation and maintenance. Appropriate management models will be identified and support will be given to community management systems to increase capacity, both in terms of hardware and capacity building. The technology used will be appropriate, cost effective and accessible for poor households. For institutional facilities, support will be provided to identify management and maintenance models and assess alternative designs to make structures more child-friendly and appropriate to local conditions.

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, education, nutrition and poverty reduction programmes will be key, given the links between poor access to 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 water supply, sanitation and hygiene. The WSP Global Hand washing initiative studied working through schools and research in Vietnam revealed that children had very little free time and that teachers were already overburdened with a heavy curriculum. Therefore, the entertainment education approach was used to develop games and activities as extracurricular activities that would complement rather than compete with the existing curriculum<sup>7</sup>. These tools were developed by WSP and will be adapted for use under the Program. For integration strategies with nutrition, synergies can specifically be found in the outreach programs to mothers and care-givers.

The institutional and financing arrangements will be aligned with the structures of GoV and current implementation arrangements of the NTP3. Overall the aim is to support incremental improvements which can be sustained by the GoV under the future national program.

In summary the scope of activities to be supported will be as follows:

- a. Rural domestic water supply and rural environment:

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<sup>7</sup> The Power of Primary Schools to Change and Sustain Hand washing with Soap among Children: The Cases of Vietnam and Peru, WSP, 2013

- Provision of hygienic sanitation, hand washing facilities and adequate water supply in schools – including consideration of the needs of all children. Support in putting in place the system for operation and maintenance of the facilities;
  - Increase water supply coverage for villages, using small to medium sized community based systems; focusing on rehabilitation and extensions from existing systems. New water supply schemes would be constructed as required using appropriate technology. Investments would be demand responsive and would balance willingness to pay with prioritizing areas with higher levels of poverty;
  - Technical assistance would be provided for improved operation and maintenance procedures, management and tariff collection and accounting procedures at village/commune levels. The role of PCERWASS in supporting this process, specifically in their technical backstopping role for community based systems will be strengthened.
- b. Rural sanitation and hygiene:
- Provision of hygienic sanitation, hand washing facilities and adequate water supply in health clinics. Support in putting in place the system for operation and maintenance of the facilities;
  - Support for scaling up domestic hygiene and sanitation to achieve Commune Wide Sanitation;
    - Demand side interventions would be implemented through existing channels; including clinics, schools, government health system staff, and traditional leadership structures. In addition at the village level local leaders, the women’s union and commune and village health workers would be supported with new tools and to adapt existing approaches, such as CATS which have demonstrated effectiveness. Counselling of mothers and caregivers in clinics would also support scaling up existing successful programs combating malnutrition;
    - 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. The intervention will build on the work already being done by VIHEMA and other Development Partners.
    - Additional targeted support to households for latrine construction with affordable technology options; potentially strengthening micro-financing through Vietnam Bank of Social Policy (VBSP). This intervention would also identify how to improve the delivery of the existing subsidy systems for poor households, for example as rebates directly to households or voucher systems to be redeemed at local sanitation suppliers.
- c. Capacity building, communication and supervision, monitoring and evaluation of NTP3:
- Focused capacity building of national, provincial and local agencies involved in the Program to develop their implementation and management capacity and improve inter-sectoral collaboration including; (i) capacity to promote hygienic behavior change and provide sustainable sanitation services; (ii) planning, monitoring, evaluation and reporting and; (iii) supporting improved environmental, social and fiduciary systems;

- Policy support where needed, for example to enhance the role of PCERWASS in supporting institutional capacity development at the commune levels, for school WASH, water pricing framework and development of sanitation markets;
- Improving sustainability of access to sanitation and improved water supply through technical assistance for community management and support to PCERWASS and DoH/DoET
- Verification of Program Results and External Audit of the Program by the Independent Verification Agent
- Launch of a national and provincial high-level advocacy campaign to raise the political profile of sanitation and hygiene.

### **Financing and Program Costs**

The budget for the NTP3 Program at the national level is VND 27,600 billion (US\$1.3 billion) for 2012-2015. The main sources of funding are the central government (49 percent - directly or through the provision of concessional credit to users), provincial governments (11 percent), donors (30 percent) and users (10 percent).

In the 19 provinces supported by the Program, the total scale of the financing required to implement the Program is estimated to be US\$ 220 million. Within this context, the GoV seeks an IDA Credit at an indicative funding level of US\$ 200 million. This financing will form a part of the overall national program budget. This is an aggregate figure; each Province does not have a set allocation under the Program. The PforR Program will disburse to the Ministry of Finance (MoF) on the basis of verified results. Annual budgets for each participating province and central agencies (MARD, MoET, CEMA and VIHEMA) will be allocated by MoF on the basis of annual plans.

### **IV. Program Development Objective(s)**

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

### **V. Environmental and Social Effects**

Given the scope of the Program, the types and modest scale of individual investments, the geographic focus, and previous central government experience with Bank projects, no significant adverse impacts on the environment or on affected people are anticipated.

**Environmental Systems.** The investments under the Program are expected to have many positive environmental and public health impacts in target areas as a result of improved hygiene behavior, increased and sustained access to sanitation and rural water supply. The potential adverse environmental effects of Program activities are relatively minor, generally well known and understood by implementing authorities and include: construction related impacts; impacts on aquatic life related to the development of natural springs for water supply ; and operational-related impacts such as potential human and environmental exposure to waste streams from facilities resulting from poor waste management practices. It is expected that these effects will be

manageable with known and demonstrated mitigation measures. There are a number of protected areas in the Central Highlands and the Northern Mountains regions, however the Program will not work in protected areas and as a result, no significant impacts to these critical natural habitats or cultural resource assets are expected. Ground water related activities will need to be carefully planned, particularly in the Central Highlands, to ensure the sustainability of water supply.

Institutional arrangements for environmental management, including environmental impact assessment, are mandated and established at all levels of government. However, a common problem is the ineffective implementation of these requirements and responsibilities due to lack of institutional capacity and financial resources. To address this concern, an environmental capacity building program will be rolled out for the implementing agencies to better implement environmental management. The capacity building program will focus on improving the Government's environmental management, including in the areas of: implementation and oversight of the environmental assessment system within the Program; planning, site selection and technical design of water supply systems; improving the quality of Environmental Protection Commitments or Environmental Protection Plans (EPCs/EPPs); screening of environmental effects and public consultation; and sampling and monitoring of water quality.

The impacts from the Program in terms of water quality and quantity is expected to be marginal; increased abstractions are minimal and sanitation investments are low density and decentralized. However, the Program is working across a number of international river basins and it is anticipated that OP7.50 on international waterways will be triggered under the Program and Lao PDR and Cambodia are expected to be notified.

**Social Systems.** The Program is also expected to have significant positive impacts on social conditions in the target areas, especially for Ethnic Minorities, by improving hygiene behaviour and by increasing access to hygienic water and sanitation. Potential adverse social effects and risks under this Program are related to: (a) the need for land acquisition and compensation required for some small civil works construction and inadequate voluntary land donation procedures; (b) the need to ensure an appropriate and inclusive approach to working with ethnic minority communities and other marginalized groups; (c) the lack of transparency and accountability including for grievances and grievance feedback under the Program; and (d) ensuring the sustainability of Program investments through changes to individual and community behaviors.

Communities and individuals who believe that they are adversely affected as a result of a Bank supported PforR operation, as defined by the applicable policy and procedures, may submit complaints to the existing program grievance redress mechanism or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address pertinent concerns. Affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. Information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), is given under <http://www.worldbank.org/GRS>. Information on how to submit complaints to the World Bank

Inspection Panel is given under [www.inspectionpanel.org](http://www.inspectionpanel.org). This information will be included as part of the publicized channels for complaints as required in the PAP.

In addition, the authorities will implement measures to ensure that social sustainability issues are considered an essential element of Program design and implementation. Measures would include: conducting social screening to maximize project benefits and minimize adverse impact to local communities especially on land acquisition; developing a voluntary donation guideline applicable to the Program’s activities; incorporating the Women’s Union and similar groups into the institutional structure of implementation in order to assist in promoting gender sensitive activities; social development measures including local sourcing of labour and disabled access to facilities. Social accountability will also be improved through the provision of improved public information via an extension of the web-based M&E system being developed under the RWSS PforR.

To ensure an inclusive approach with adequate participation and consultation, MARD and the participating Provinces will jointly develop guidelines to ensure the effective participation of and consultation with local people, including EMs and vulnerable groups. The guidelines will fully operationalize existing Vietnamese Legislation with respect to EMs through a process of free, prior, and informed consultations. This will be included as an action in the Program Action Plan.

**Consultation on the Environmental and Social Systems Assessment (ESSA).** Consultation has been completed through the RWSS Partnership during the preparation of the ESSA. This consultation highlighted; (a) land law regulations are new and support will be needed in implementation; (b) the need to adapt communication materials to local languages and beliefs and support implementation over a longer time period; and (c) the challenges for sustainability of water supply schemes. These issues are being addressed through the design of the Program.

## VI. Financing

**Table VI.1 Program Financing (US\$ Million)**

<i>Source</i>	<i>Amount</i>	<i>% of Total</i>
Government		
National	10	4.5
Provinces	10	4.5
IDA	200	91
Other Development Partners	0	0
<b>Total Program Financing</b>	<b>220</b>	<b>100</b>

## VII. Program Institutional and Implementation Arrangements

The program will be implemented through the systems established for NTP3 which are expected to be continued with minimal changes under the successor program. Institutional

arrangements are described below. The key change recommended for the implementation of the SupRSWS Program is a significantly greater involvement of CEMA and MoET. This involvement would be both as part of the steering committees and advising and supporting Program implementation:

**MARD** will be the national “program owner” and will coordinate the implementation of the Program, through a national steering committee comprising MARD, MOH, MOET, CEMA, MPI and MOF. Fully empowered teams will be established nationally in MARD and VIHEMA in order to monitor and support implementation in all Provinces under the Program

**VIHEMA** will be the technical lead for the sanitation and hygiene promotion activities. NCERWASS will lead activities relating to community water supply and household water treatment and storage. A strong coordination mechanism will be needed in order to promote integrated water and sanitation projects to support hygiene practices.

**PPCs** will lead Provincial level steering committees for coordination and supervision comprising DOH, PCERWASS, DOET, DPI, DOF and CEMA. PCERWASS will be the “program owner” at the Provincial level.

**Independent Verification Agent (IVA);** The IVA role is to provide independent confirmation of the results reported by the provinces through MARD. State Audit of Vietnam was selected to verify Program results using protocols agreed with the Bank. This choice is based on SAV’s role as a constitutional body with both the independence and the mandate to conduct NTP audits. SAV has good management capacity and can sub contract verification works for which it does not have the technical expertise in-house. SAV is the IVA under the RWSS PforR and has performed satisfactorily; it has subcontracted the physical verification of sanitation and water supply connections to a specialist firm. SAV provided adequate oversight of the surveys teams and reporting process.

The Women’s Union, potentially other mass organizations, village health workers and similar groups will be critical for implementation of the hygiene promotion components. These groups will be incorporated into the institutional structure of implementation to assist in community mobilisation. The Women’s Union will also be engaged to support grievance redress channels. These routes are also potential channels for the effective engagement of EM groups in implementation.

**Progress Reviews.** The Government and the Bank have a shared interest in seeing the Program succeed and the successful experience be put to broader use within NTP3 and the successor national program for rural water supply and sanitation. To that end, both parties agree to have an annual meeting at the management level to review progress, identify and propose remedies for any weaknesses, and identify and propose modalities for scaling up successes beyond NM-CH. In addition to regular implementation support missions, annual reviews will be critical for early identification of problems and opportunities within the PforR. The midterm review will be an opportunity to review the Government framework and potentially integrate new DLIs from the agreed results framework.

**The midterm review** will take stock of the BCC interventions. The investments in BCC for hygiene and sanitation promotion will be rolled out progressively in the Program area. The midterm review will be a chance to quantify the impacts of the new hygiene and sanitation approaches being introduced and confirm whether to scale them up.

The midterm review will also be an opportunity to review the DLIs and ensure they are in line with developments in the national sector. The midterm review is expected to be held in mid-2018. Reallocation of disbursement amounts between the DLIs and/or cancellation of amounts can also be considered at the time of the midterm review. In addition, the midterm review will allow measurement of the practice of key hygiene behaviours changed under the Program that are not included in the DLIs due to the operational difficulties in measuring them.

## **VIII. Contact point**

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