

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
VIET NAM
RAPID RESPONSE
DROUGHT 2016**

RESIDENT/HUMANITARIAN COORDINATOR

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REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

An After Action Review was conducted on 10 January 2017 and comprised of two sessions: a morning session with Government and non-Government partners, and an afternoon internal UN session with agencies involved in the CERF projects. The morning was attended by: the Central Committee for Natural Disaster Prevention and Control; Ministry of Agriculture and Rural Development (Department for Natural Disaster Prevention and Control, National Centre for Rural Water Supply and Sanitation, Crop Production Department); the Ministry of Health (National Institute of Nutrition, Viet Nam Health Environment Management Agency); the Viet Nam Red Cross; Swiss Red Cross; Non-governmental organizations (NGO) Resource Centre and NGOs (World Vision, Plan International, CARE International, Save the Children International and Adventist Development and Relief Agency, ADRA). UN agencies participating in both sessions were: Food and Agriculture Organization (FAO), United Nations Children's Fund (UNICEF), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), United Nations Development Programme (UNDP), World Health Organization (WHO) and the Resident Coordinator's Office (RCO).

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

The report was shared with the following Government and non-Government implementing partners: the Central Committee for Natural Disaster Prevention and Control, Ministry of Agriculture and Rural Development (Department for Natural Disaster Prevention and Control, National Centre for Rural Water Supply and Sanitation, Crop Production Department); the Ministry of Health (National Institute of Nutrition, Viet Nam Health Environment Management Agency); the Viet Nam Red Cross; Viet Nam Women's Union, and World Vision.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 48,500,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	3,897,864
	COUNTRY-BASED POOL FUND (if applicable)	
	OTHER (bilateral/multilateral)	22,505,978
	TOTAL	26,403,842

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 26/05/2016			
Agency	Project code	Cluster/Sector	Amount
FAO	16-RR-FAO-016	Agriculture	665,005
UN Women	16-RR-WOM-006	Water, Sanitation and Hygiene	405,151
UNDP	16-RR-UDP-005	Water, Sanitation and Hygiene	784,300
UNICEF	16-RR-CEF-061	Water, Sanitation and Hygiene	945,008
UNICEF	16-RR-CEF-062	Nutrition	542,321
WHO	16-RR-WHO-026	Health	556,079
TOTAL			3,897,864

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	2,367,123
Funds forwarded to NGOs or Red Cross for implementation	683,731
Funds forwarded to government partners	847,010
TOTAL	3,897,864

HUMANITARIAN NEEDS

Since late 2015, Viet Nam experienced the strongest El Niño-induced drought and saltwater intrusion on record, affecting over 2 million people, including 1 million women and girls and 520,000 children, and damaging more than 660,000ha of crops in areas producing key agricultural outputs such as rice, coffee, peppercorn, fruit, sugarcane and seafood. The total direct economic loss is estimated at US\$ 674 million. 18 provinces in the Mekong Delta, South-Central Region and the Central Highlands were most severely affected and all declared a state of emergency by early 2016. On 15 March 2016, the Government of Viet Nam officially requested international relief assistance.

According to Government data, over January-March 2016 the South-Central Region had 80-90 per cent less rainfall than the 10-year annual average, and for the period November 2015 – March 2016 the Mekong Delta and Central Highlands had 20-50 per cent less than the 10-year annual average. Seasonal rains, but irregular and scattered, only recommenced in June 2016 for the Mekong Delta and Central Highlands, and in September for the South Central Region. In coastal areas, saltwater intrusion has extended up to 20-30 km further inland than average – up to 90 km inland in some areas. While an annual event, the high levels of saltwater intrusion, because of poor rainfall, reduced flow in the Mekong River, and groundwater depletion is the most extensive ever recorded.

During the peak of the drought (February-May 2016), an estimated 2 million people did not have access to water for consumption and domestic use, 1.1 million were food insecure, and more than 1.75 million people lost incomes due to damaged or lost livelihoods. Particularly affected were vulnerable groups such as the poor, women-headed households, landless, people with disabilities, children and the elderly, who disproportionately suffered more from severe water stress, increased food insecurity, heightened risk of diseases and malnutrition, and loss of crops and income. In affected areas, poor access to clean water and poor nutrition was the main threat, especially for the youngest girls and boys, and pregnant and lactating women. Assessments and Government figures estimated 27,500 under-five children were suffering from moderate to severe acute malnutrition, and 39,000 pregnant and lactating women suffered from micro-nutrient deficiencies in 18 drought-affected provinces.

On 26 April 2016, the Government and the UN jointly launched the Drought and Salt Water Intrusion Emergency Response Plan (ERP) 2016/17, with an appeal for \$48.5 million to address urgent needs for water, water purification, hygiene promotion, food, micro-nutrient tablets, medicines, medical supplies, seeds, fertilizer and cash support. This is the first time the Government has called for international support since the historic 1999 floods, and the first time Viet Nam has ever requested support from CERF.

II. FOCUS AREAS AND PRIORITIZATION

In response to the call for international assistance, a joint Government, UN and NGO multi-sectoral needs assessment was conducted between 21-24 March 2016 in six provinces representing the three affected regions: Ben Tre, Binh Thuan, Gia Lai, Kon Tum, Ninh Thuan, and Kien Giang. The assessment confirmed a compounded impact for more than 2 million people of acute water shortage, loss of crops, reduced food availability and consumption and unhygienic practices. The most affected households were projected to lose an average of 75 per cent of their annual rice paddy yields and in some provinces, as high as 90 per cent, reducing incomes and increasing debts for a long period. Costs for buying water in many affected areas had risen more than fivefold, and in some locations, even tenfold, with safe drinking water beyond the reach of poor households leading to increased consumption of untreated water. Water shortages led to observed increases in incidences of diarrhoea, dysentery, hand, foot and mouth disease, dengue and skin diseases. Poor access to water also had an impact on children's health, exacerbating the prevalence of severe acute malnutrition. An estimated 150 schools and 150 health centres had poor water, sanitation and hygiene (WASH) as a result of the crisis, adversely affecting the hygiene of children and treatment of patients. In addition, 72 commune health stations (CHS) in 18 districts of the 6 assessed provinces were reported to be in urgent need of additional support to be able to provide essential health services, leaving 400,000 people at increased risk of outbreaks of water-related diseases at the peak of the drought emergency.

Women and girls were particularly impacted due to their role in the household and community. Women and girls are responsible for domestic work, including ensuring the family has water for drinking and domestic use. This also means ensuring the water is clean and living conditions remain sanitary. Women as the main caregiver in the family also had to deal with the increased risk of diseases and

malnutrition induced by the drought, with higher risk among children. More men than women migrated temporarily during the drought to look for additional income, with women and children remaining behind to take care of the household, as well as the farming land.

Based on the assessment results and further monitoring and reporting by the Government and partners, the ERP 2016/17 outlined response and funding requirements to support the 2 million people suffering acute water shortages - including 1 million women and girls and 520,000 children, 1.1 million people requiring food assistance, 400,000 people at risk of water-related diseases, and 66,500 acutely malnourished under-five children and pregnant and lactating women. As highlighted in the ERP, the Government continued to prioritize providing food assistance and supplying water to affected areas, while the UN, Red Cross and partners focused on specific interventions that add value to the national response in terms of targeting and enabling access to assistance for the most vulnerable, and are based on the respective agency's technical expertise and capacity.

Although all 18 severely affected provinces are targeted under the ERP, priority provinces for support with CERF funds were identified by the UN in consultation with the Government, based on official damage and loss data and the field assessment results. These include Ca Mau, Kien Giang and Ben Tre provinces in the Mekong Delta Region; Ninh Thuan and Binh Thuan provinces in the South Central Region; and Kon Tum, Gia Lai and Dak Lak provinces in the Central Highlands. Within those provinces, remote areas that are located away from Government operated relief assistance distribution points, were prioritized to specifically reach the most vulnerable. The specific sectoral coverage within these priority provinces was based on the acuteness of needs identified through the joint assessment and confirmed in subsequent consultations with the Government.

As a sub-set of the UN response under the ERP, at the proposal stage, CERF funds therefore prioritized WASH support to 256,000 people (51 per cent women, and 26 per cent children, with a specific targeting of 20,000 women and girls in women-headed households with hygiene kits), Health support to 180,000 people (51 per cent female and 29 per cent children, 72 CHS and 24 district hospitals), Nutrition support to 5,000 under-five children and 7,400 pregnant and lactating women, and Food Security support to 9,000 people (51 per cent female, and 26 per cent children), with prioritized access to relief assistance for poor women and children, the elderly, people with disabilities and ethnic minorities, targeting those living under the national poverty line.

III. CERF PROCESS

The CERF application was developed by the UN Disaster Risk Management Team (DRMT) – which is an inter-agency technical-level working group integrated under the One UN Viet Nam coordination architecture – based on the sectoral and geographic priorities highlighted by the results of the joint multi-sector rapid assessment, the ERP, and in consultation with the Government. It was guided and endorsed by the UN Resident Coordinator and the UN Country Team. As part of the CERF project development process, each UN agency consulted in-depth with its proposed Government and non-Government implementing partners, including the Central Committee for Natural Disaster Prevention and Control, Ministry of Agriculture and Rural Development (MARD), Ministry of Health (MOH), provincial authorities, as well as other experienced local actors such as the Viet Nam Red Cross (VNRC) and the Viet Nam Women's Union (VWU). The Red Cross and NGOs were also consulted regularly through the established Disaster Management Working Group and other meetings. In addition, the DRMT has received support from the OCHA Regional Office for Asia and the Pacific, as well as the regional and headquarters offices of the respective agencies.

The CERF process strongly aligned with the in-country development of the Drought and Salt Water Intrusion ERP as the key emergency response strategy agreed between Government, UN, Red Cross and humanitarian partners. As it was the first time in 16 years that the Government issued an international appeal for humanitarian assistance, there was no existing humanitarian needs overview or prioritization framework for the country. Through a process of formal and informal consultations convened by the Government with the UN, international NGOs and development partners over March-April 2016, a joint multi-sector rapid assessment and the development of the ERP was facilitated. The ERP outlines the agreed sectoral responses and funding requirements, and explains the coordination architecture, with the roles and responsibilities of various actors. The CERF proposal reflects these arrangements, and further prioritizes the specific activities and locations for delivery of humanitarian assistance based on the most acute needs, as agreed by the UN in consultation with the Government and other partners.

Clusters have not been officially activated in Viet Nam. Nevertheless, the UN agencies as sector lead focal points – for example UNICEF on WASH and nutrition, WHO on health, FAO on food security and livelihoods and UNDP on early recovery - consulted widely with partners to develop their sector response strategies. Through sector coordination, priority intervention areas and partnerships were identified, maximizing the comparative advantage of each agency.

For example, in coordination with MOH, MARD and VNRC, UNICEF led the WASH sector in coordinating the development of the CERF proposal and ensuring response interventions from UN and others were streamlined, optimizing the impact on the affected population. UNICEF also led the WASH needs assessment, response planning, implementation, learning and reporting with other UN agencies, MARD, MOH and humanitarian partners working on WASH throughout the response process. UNICEF also maximized its comparative advantage in regular programming to bring convergence among WASH and Nutrition interventions to achieve reduction of communicable diseases and undernutrition.

After the review of findings from the joint assessments and consultations, it was decided that the UN joint support on emergency **WASH** through CERF funding focus on 5 provinces of Ben Tre, Ninh Thuan, Dak Lak, Gia Lai, and Kon Tum and target extreme-poor, especially women-headed families, families with pregnant and lactating women and other vulnerable families. UN Women was identified best positioned to lead the partnership with the VWU to provide hygiene kits to female headed households, UNDP identified World Vision and the VNRC as key partners for the effective delivery of water and other WASH support; and UNICEF took the lead in promoting water quality management at household level in coordination with the National and Provincial Centres for Rural Water Supply and Sanitation (N/PCERWASS). On **nutrition**, the overall emergency response for 18 provinces was managed as part of the national nutrition programme led by the National Institute of Nutrition (NIN) under the MOH. The CERF project was designed to serve as a model for the overall response plan of the Government, to allow replication by the Government, with support from UNICEF through other funding, in other provinces not targeted by CERF. Per recommendation of the MOH, the **health** response was centred around the Commune Health Stations (CHS) as the cornerstone of the health care system in Viet Nam and first providers of health care services, but also complementary to the support provided through UNICEF at the household level. The response also utilized the Government's Early Warning Alert and Response Network system to raise local awareness on health risks related to the drought and saltwater intrusion and support the early detection and response to potential outbreaks. **Food security** support through the UN complemented the Government's priority on food distribution and linked to early recovery by providing seeds, agricultural input, trainings on best agricultural practices and extension support. In May 2016, MARD, FAO, WFP and UN Women also carried out an in-depth Agriculture, Food security and Livelihoods' needs assessment of the damages and losses, risks and vulnerabilities as well as gaps and required interventions in the short, medium and long term in the drought affected provinces to further detail and plan the sectoral response. In terms of **early recovery**, UNDP provided an analysis of all CERF proposed projects to identify gaps and opportunities to integrate early recovery measures into the projects. Lastly, UNICEF contributed to leading the coordination of in-house expertise among UN agencies on communication for development (C4D) - such as interpersonal communication and mass media - to guide UN joint efforts on awareness raising and behavioural change across all sectors, and coordinate with other actors such as the Red Cross and NGOs (International Federation of Red Cross and Red Crescent Societies (IFRC) Oxfam) to build on their good practice. The joint UN effort on communication for behaviour change sought to target pregnant and lactating women, care-givers of under-5 children, female headed households, girls in schools and other most vulnerable through the support of field functionaries, commune leaders and members of mass organizations.

Through UN-Women as member of the DRMT, **gender** aspects were integrated into the CERF prioritization process. UN-Women provided in-depth gender mainstreaming support to the UNICEF WASH project proposed for CERF funding before finalization and submission. In the CERF planning stage, the VWU was consulted on the development of a context-appropriate women's hygiene package and the means of distributing such. The final CERF proposal reflects a focused effort to target the poor, vulnerable women and children, the elderly and disabled as well as ethnic minorities in recognition of the specific vulnerabilities they faced to the drought's impact.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Total number of individuals affected by the crisis: 2,000,000									
Cluster/Sector	Female			Male			Total		
	Girls (below 18)	Women (above 18)	Total	Boys (below 18)	Men (above 18)	Total	Children (below 18)	Adults (above 18)	Total
Food Security	2,043	5,815	7,859	1,963	5,587	7,550	4,006	11,403	15,409
Health	22,219	63,239	85,458	21,348	60,759	82,107	43,567	123,998	167,565
Nutrition	15,674	35,493	55,167	14,469		14,469	30,143	35,493	65,636
Water, Sanitation and Hygiene	42,421	103,428	145,849	28,725	59,887	88,612	71,146	163,316	234,462

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

BENEFICIARY ESTIMATION

UNICEF led the calculation of beneficiaries for the WASH and nutrition sectors, while WHO and FAO for health and food security respectively. For WASH and nutrition, beneficiary counts were derived from actual lists of beneficiaries compiled by the implementing partners. A large portion of these lists did not disaggregate children by gender; so, an estimated breakdown of boys and girls has been applied. Food security beneficiary estimates were based on the distribution reports. For health, the beneficiary number of 167,565 has been estimated as 35% of the total people living in the areas where CERF support has been provided through health facilities (water supplies and communication materials), meaning 35% of 478,758 people from 72 communes, with all 72 commune health centres having received CERF support.

Double counting was avoided by creating a consolidated matrix of beneficiaries reached in each sector and by each UN agency disaggregated by the lowest administrative unit possible (province, district, and commune). For administrative units hosting interventions from more than one sector, the sector with the highest number of beneficiaries was used in calculating the total. The totals for the other sectors were excluded under the assumption that some of all those beneficiaries were included in the larger number. For example, WASH, Nutrition, and Health interventions were active in Sa Thày district in Kon Tum province: WASH reached 6,704 women; Nutrition reached 884 women; and Health reached 1,224 women. The total of women reached in this district is considered the maximum of those three numbers; in this case 6,704. The 884 and 1,224 were not included in the overall total, but are still included in the sector totals. This method was used to calculate the WASH sector totals in Table 4 (where UNICEF, UNDP, and UN WOMEN were active) and the total direct beneficiaries in Table 5 and should have avoided most cases of double counting. Through this exercise, it became clear that across sectors there was an actual estimated 50% overlap in terms of beneficiaries compared to the 100% anticipated in the CERF proposal, in which the total WASH beneficiaries was assumed as the overall CERF total.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (< 18)	Adults (≥ 18)	Total
Female	59,496	185,164	244,660
Male	53,742	113,941	167,683
Total individuals (Female and male)	113,238	299,105	412,343

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

CERF RESULTS

Through CERF funding, UN agencies with partners could effectively provide life-saving WASH, food security, nutrition, health and food security relief assistance to more than 412,343 beneficiaries, 167,683 men and 244,660 women and 113,238 children, in 10 out of 18 most severely affected provinces. Due to lower than anticipated operational expenses (including tax exemptions) and costs for relief supplies, more relief items than planned could be procured and delivered, resulting in a significant increase of beneficiaries for all sectors.

The CERF assistance enabled increased access to safe drinking water, increased food availability and consumption, and a restoration of agricultural production, improved hygiene and sanitation conditions and behaviours, an expedited recovery of first-line commune health services, adequate disease prevention, monitoring and follow-up, swift detection and treatment of malnutrition.

WASH

By the end of November 2016, UNICEF, UNDP and UN Women together had reached 234,462 beneficiaries (including women, men, and children) in the WASH sector with over 5,000 water tanks, 16 million water purification sachets, 12,500 hygiene kits for women and girls and numerous awareness raising materials such as leaflets, posters, booklets etc. Cash-for-work schemes were also applied for water delivery and packaging of hygiene kits. Thus, beneficiary households have improved access to safe drinking water and practice improved hygienic behaviours, including safe water storage and hand-washing with soap for prevention of communicable diseases.

UNICEF used CERF funding to procure and distribute 15,892,800 PUR sachets for water treatment by 44,856 affected households with 183,780 people in 95 communes of 19 districts across 5 target provinces including Kon Tum and Gia Lai in the Central Highlands, Binh Thuan and Ninh Thuan in the South Central region, and Ben Tre in the Mekong Delta. CERF funds also enabled a comprehensive process of WASH capacity building to 90 key partner staff at the provincial level (PCERWASS, Centre for Preventive Medicines - CPM, VNRC and VWU). These 90 provincial trainers then conducted roll-out of WASH trainings to 1,043 district and commune facilitators coming from Health, VWU, VNRC, and Agriculture departments. The trained staff then conducted various hygiene promotion activities through field demonstration of water treatment, direct communications through community mobilization sessions, and using commune loudspeakers systems to disseminate life-saving WASH behaviour change messages. In addition, over 200 VWU staff and local women were trained on basic M&E to ensure the hygiene kits reached the poorest households and that they met the needs of the affected women and girls. An estimated 31,250 women were reached through VWU facilitated communication events, i.e. meetings with women's groups, for hygiene promotion where they were taught how to prepare water for drinking and domestic use. CERF funds were also used to organize monitoring trips to facilitate and monitor planning workshops with UN agencies, national Government partners, WASH cluster members, and provincial actors in June 2016. CERF funds ensured overall coordination and allowed for technical assistance

Food Security

The project supported a total of 3,082 poor beneficiary households (or 15,409 individuals) in 4 provinces, distributing a total of 161,000 kg of rice seeds (above the 151,930 originally planned), 2,710 kg of maize seeds and 2,100 kg of vegetable seeds (above the planned 3,200 kg), 323,000 kg of Urea fertilizer and 347,250 of Nitrogen-Phosphate-Potash (NPK) fertilizer (above the planned 242,250) as well as 600,000 kg of lime. Since input prices were lower than originally anticipated, FAO was able to procure an extra 712,000 kg of

agricultural inputs (rice seeds, fertilizers, and vegetable seeds) and target an extra 882 households (or 4,410 individuals). All agricultural inputs were purchased locally, except from the Urea fertilizer, which was procured internationally, following FAO's rules and regulations. With the inputs, beneficiary farmers could sow a total of 2,698 hectares and produce a total of 8,336 metric tons (MT) of agricultural produce, which contributed to the food security of 3,082 poor households for 12 months and generated an additional total income return of over US\$ 3.7 million in total (average income gain of US\$ 1,284 per household).

A total of 66 training sessions were organized on best agricultural practices. High salinity remained persistent in the Mekong throughout project implementation, affecting the yield of the rice in some areas in Kien Giang, Ninh Thuan and in particular in Ca Mau. In these areas, FAO supported the provision of trainings on desalination techniques and distributed additional lime. Awareness raising on climate change impacts and agricultural adaptation measures and techniques were also provided during trainings. Overall, trainings were well attended and best agricultural practices were integrated in Kien Giang, Ca Mau and Ninh Thuan but the project encountered difficulties in attendance and integration of training outcomes in Gia Lai, due to the very remote mountainous locations of the beneficiary households, high levels of illiteracy and diversity of ethnic minority languages.

Nutrition

With CERF Funds, UNICEF purchased 6,000 sachets of F75, 2,700 sachets of F100, 4,200,000 tablets of micronutrient tablets for pregnant and lactating women, 5,000 Mid upper arm circumference (MUAC) tapes, and 5,000,010 sachets of micronutrient powder. The CERF funds also covered the freight cost from the UNICEF warehouse in Copenhagen to Viet Nam. All nutrition supplies were timely transported and distributed to three intervention provinces namely Kon Tum, Gia Lai and Ninh Thuan in the Central Highland region. Capacity building for NIN, 3 provinces, 16 districts and 172 communes with total of 382 district and communal level health workers were intensively trained on emergency nutrition interventions. Moreover, CERF funds also helped to sensitise 2,042 village health workers in using of MUAC tape to preliminary detect children suffering from Severe Acute Malnutrition (SAM) at village level then to refer to health clinics for final check-ups. The CERF funding was used for printing and distribution of 14,499 Micronutrient Powder (MNP) leaflets, 21,774 Micronutrient Tablet (MNT) leaflets, and 600 MNT posters to the three provinces. Because of these interventions, per December 2016 nutrition monthly monitoring report issued by the National Institute of Nutrition, 2,126 SAM children were detected and treated, 28,017 young children 6-23 months and 35,493 pregnant and lactating women were supplemented with micronutrient for prevention of micronutrient deficiency in the Gia Lai, Kon Tum and Ninh Thuan Provinces. CERF funding also supported monitoring and supervision by the National Institute of Nutrition, provincial, district and commune health staff to ensure that the interventions comply with technical standards and guidelines.

Health

For the health response, a reorientation of the CERF funded relief assistance was required to accommodate updated needs since the initial assessment (April 2016). This re-assessment, carried out in June, led to changes in the amount and content of items for procurement, specifically for testing kits, water filters, water tanks, pumps, desalination equipment and jerry cans. The changes were very much appreciated by the Government implementing partners and led to a quicker and more effective recovery of commune health services. A total of 72 commune health centres, 24 district hospitals and 8 provincial preventive medicine centres have been supported with 8 Palintest water testing kits, 2,320 kg of Chloramine B, 223 Nano water filters, 400 foldable jerry cans (10l), 42 water tanks, 36 desalination machines and 73 pumps.

In addition, an extensive Information, Education and Communications (IEC) material package was delivered to all eight CERF targeted provinces and directly to communities through a successful SMS and social media messenger (Zalo) campaigns. To respond to the dengue outbreak in August and September, a part of the IEC campaign activities and capacity building as part of CERF were also refocussed to address the dengue outbreak in 4 provinces. This led to a successful monitoring and follow-up of potential outbreaks.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

Delivery of relief assistance was delayed due to a longer than expected development and approval of the CERF application, with two months between the initial proposal and allocation of funds (April to May 2016). Once funds were allocated, activities such as procurement of relief items, finalization of partner agreements, and re-assessments for updated needs commenced. Activities that required Government approvals – with the central and local Government applying development assistance procedures rather than fast-track emergency procedures – were also delayed. Actual distribution of relief items to affected population started from July onward, and all relief operations were successfully completed before the end of the CERF grant period.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

By the time of the CERF allocation, time critical needs such as access to safe drinking water and food had been considerably, though not yet completely, addressed by the Government's extensive relief operations and small-scale assistance provided through the Red Cross, UN and NGOs. By the end of May, as officially reported by the Government, still more than 1.3 million people lacked adequate access to safe drinking water. Despite the wide food support provided by the Government and NGOs in terms, at the beginning of the CERF intervention 73% of households limited their portions when eating and more than 58% borrowed food and money from friends or relatives as well as credit and cash loans. In June, 10% of affected families still cited extreme shortage of food and 40% moderate shortage of food. No family had stocks of food. CERF support was therefore instrumental in responding to very critical food security needs. Remaining gaps on water, sanitation and hygiene, particularly for the most remote and vulnerable, were therefore also addressed through the CERF funding but also with other funding mobilized by the UN, most notably through the Government of Japan and Government of Korea. Particularly through CERF, drought- and salinity-related diseases and malnutrition risks were substantially better monitored and addressed preventing or limiting further increases in malnutrition and disease outbreaks such as on dengue.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

In combination with the ERP, CERF was very instrumental in highlighting the severity and magnitude of the drought, and the key immediate needs to be addressed by the humanitarian community in support of the Government. By early May 2016, only US\$1.7 million of the total \$48.5 million had been mobilized. This increased to \$15 million in June, \$16 million in July, \$16.7 million in August and \$26.4 million by October 2016 (or 54% of the required funding). In addition to increased Government resources, major funding was mobilized over May-July from the Government of Japan, the Asian Development Bank, the Directorate-General European Civil Protection and Humanitarian Aid Operations (ECHO), the IFRC and the United States Agency for International Development (USAID). CERF funds clearly provided seed resources for improvement of resource mobilization from other sources throughout the emergency response programme.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The CERF process, from the initial development to the implementation, contributed extensively to improved humanitarian coordination at the national and subnational level, within the UN – through the DRMT - and with the Government and other partners. CERF enabled the advancement of the UN 'Delivering as One' approach in the humanitarian sector through facilitating joint programming, implementation, development of IEC materials, monitoring and learning building on different agencies' humanitarian

¹ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

expertise and resources and through an instrumental role of the RC/HC Office. CERF projects also provided a platform, particularly at provincial level, for improved planning and coordination with and among the main Government partners. In addition, for the first time in Viet Nam, a joint Government-UN-NGO-Red Cross monitoring of the ERP implementation was organized in two provinces. Lastly, the CERF After Action Review also provided an opportunity to jointly reflect and learn from the drought response, including CERF, for improved preparedness and response to future emergencies.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

Through CERF, national and local Government, UN and partners' systems and procedures for receiving and delivering large scale (size and scope) international assistance were put to the test, delivering a wealth of experience and recommendations on how to enhance Government and UN's preparedness and response in Viet Nam's middle-income context, including on the cluster system. It also helped draw attention to structural issues that need to be addressed as part of broader disaster risk reduction, climate resilience and development efforts, bridging the humanitarian-development nexus.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The process for CERF application (concept notes, proposal, prioritization etc.) is too lengthy and not efficient enough to facilitate quick response.	Streamline CERF procedures for slow-onset disasters and a middle-income context	CERF secretariat
CERF flexibility in terms of implementation is limited, even if humanitarian needs are changing	Advocate to CERF for more flexibility in terms of implementation, to respond to changing needs.	RC/UNCT UN DRMT
CERF branding guidelines not yet finalized and only communicated per request of the country office	Finalize CERF branding guidelines and templates, and communicate them to the country office and/or agencies implementing CERF as part of the allocation or before	CERF secretariat OCHA Communications Staff

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Reliable information on damage and needs, relief operations etc. is crucial, especially at the planning stage. Data needs to be gender and age disaggregated	<ul style="list-style-type: none"> ▪ Improve the availability of baseline data as part of the preparedness phase ▪ Continue strengthening the Government's disaster damage information system, with particular attention to advocating for gender and age disaggregated data ▪ Improve the inter-agency joint assessment tools and procedures 	MARD . UN DRMT Disaster Management Working Group
The central and local Government applied development assistance procedures rather than fast-track emergency procedures, delaying the delivery of much needed relief assistance	<ul style="list-style-type: none"> ▪ Review existing Government systems and procedures for receiving international humanitarian assistance, and formulate actionable recommendations for improvement ▪ Provide regular orientation to Government and other implementing partners on CERF, other financing mechanisms and the global humanitarian system 	Central Committee for Natural Disaster Prevention and Control, MARD, Ministry of Planning and Investment, Ministry of Foreign Affairs - Supported by UN DRMT and IFRC for international and regional good practice

<p>Regular coordination within UN and with key implementing partners at national and sub-national levels for joint planning, monitoring, timely problem solving, and to enhance local ownership is essential</p>	<ul style="list-style-type: none"> ▪ Continue to strengthen the cluster leadership approach for all sectors, including update drought and salt-water intrusion scenarios in the cluster contingency plans. Revise the cluster system in Viet Nam based on the Government coordination structure, regional good practice and needs per Viet Nam's middle income context ▪ Build in stronger linkages to the Government's latest coordination architecture 	<p>UN cluster leads Government cluster co-leads Cluster members Disaster Management Working Group</p>
<p>Post-distribution monitoring and evaluation by implementing partners is crucial but limited</p>	<ul style="list-style-type: none"> ▪ Strengthen the role and capacity of grass-root level focal points, and reporting lines to provincial and central level 	<p>Disaster Management Working Group UN DRMT Mass organizations like VNRC, VWU</p>
<p>Need to enhance professionalism through application of quality and accountability standards by all actors</p>	<ul style="list-style-type: none"> ▪ Advocacy on application of Sphere minimum standards and beneficiary accountability mechanism in response actions by Government and other actors 	<p>UN DRMT Disaster Management Working Group</p>
<p>Community feedback mechanisms to identify emerging issues and handle complaints needs further testing, adaptation to the Viet Nam context and application by the Government</p>	<ul style="list-style-type: none"> ▪ Facilitate documentation of key lessons learnt by national and sub-national implementing partners on using hotlines and other mechanisms as response feedback mechanisms and management of complaints 	<p>Disaster Management Working Group UN DRMT Mass organizations like the VNRC, VWU</p>
<p>Investment in communications is key for sustainable behaviour change. Communication-for-behavioural change approaches applied by many humanitarian actors, including Government, are too traditional and not always most effective</p>	<ul style="list-style-type: none"> ▪ Develop a National C4D Strategy for Disaster Preparedness ▪ As part of preparedness efforts, pre-design IEC materials and tools building on international and national good practice, and adjusted for Viet Nam's middle-income country context ▪ Establish agreements with phone operators, internet providers, printer companies etc. pre-disaster 	<p>UN Communication staff (led by UNICEF) UN DRMT Disaster Management Working Group</p>
<p>Improved preparedness to drought and salinity intrusion in Viet Nam is needed</p>	<ul style="list-style-type: none"> ▪ Support Government to improve early warning and preparedness measures for drought and salinity intrusion 	<p>Disaster Management Working Group UN DRMT Mass organizations like the VNRC, VWU</p>
<p>Broader disaster risk reduction, climate resilience and development efforts require a better integration with the humanitarian preparedness and response efforts</p>	<ul style="list-style-type: none"> ▪ Consider establishing a joint result or 'common cause' group on disaster risk reduction and climate change resilience within the framework of the One UN Strategic Plan 2017-2021 for Viet Nam ▪ Establish a 'One UN' vision and/or strategy on Disaster Risk Reduction (DRR), humanitarian and resilience in Viet Nam 	<p>UNCT, with support from UN DRMT</p>

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UN Women		5. CERF grant period:	26/05/2016 – 25/11/2016		
2. CERF project code:	16-RR-WOM-006		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Improving hygiene and sanitation conditions for poor, near-poor and female-headed households in highly drought and saltwater intrusion affected communes					
7. Funding	a. Total project budget:	US\$ 705,151	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 705,151				
	c. Amount received from CERF:	US\$ 405,151				
				▪ <i>NGO partners and Red Cross/Crescent:</i>		
				▪ <i>Government Partners:</i>		US\$ 60,000
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
<i>Children (below 18)</i>						
<i>Adults (above 18)</i>	20,000		20,000	25,000		25,000
Total	20,000		20,000	25,000		25,000
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	20,000			25,000		
Total (same as in 8a)	20,000			25,000		
<i>In case of significant discrepancy between planned and reached</i>	The project planned to distribute 10,000 hygiene kits to reach 20,000 women and girls, however finally the project reached 12,5000 households and 25,000 women and girls which is 25% higher than planned. The reason behind this significant increase in the					

<i>beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	<p>numbers was the lower costs of some of the hygiene kit items. Because items were bought in bulk and because of the lower costs charged by suppliers because of the objective of this purchase (UNILEVER charged less for toiletries because this was targeting drought-affected communities) the unit cost of the hygiene kits were reduced. UN Women was then able to increase the numbers reached.</p> <p>In addition to the recipients of the hygiene kits, over 31,250 women were also reached through communication events, which has not been reflected in the final numbers. The numbers reached are more than the ones planned because women who were not recipients of hygiene kits were also reached through the communication events.</p>
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CERF Result Framework			
9. Project objective	To improve hygiene and sanitation conditions for 20,000 women in 10,000 poorest, female headed households in highly drought and saltwater intrusion affected communes in 4 provinces in the Central Highland and Mekong Delta provinces in Viet Nam		
10. Outcome statement	Hygiene and sanitation conditions of up to 20,000 women in poorest, female-headed households in highly drought and saltwater intrusion affected communes are improved to preventing the spread of diarrhoea, dysentery, hand, foot and mouth disease, dengue and skin diseases.		
11. Outputs			
Output 1	Improved hygiene and sanitation conditions of 20,000 women in people in poorest, female-headed households in highly drought and saltwater intrusion affected communes.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Women and girls have access to hygiene items and these are used effectively to maintain health, dignity and well-being	20,000 women in 10,000 poorest, female-headed households	25,000 women and girls in 12,500 poorest, female-headed households
Indicator 1.2	Women and girls of menstruating age are provided with appropriate materials for menstrual hygiene following consultation with the affected population	20,000 poorest, women and girls	25,000 women and girls in 12,500 poorest, female-headed households
Indicator 1.3	Women and girls have access to information on the safe use of hygiene items that are unfamiliar to them	20,000 poorest women and girls	31,250 women poorest women and girls
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of 10,000 hygiene kits	UN Women	UN Women
Activity 1.2	Delivery and distribution of hygiene kits to provincial/district Women's Union in five affected provinces	UN Women in partnership with Viet Nam Women's Union	UN Women in partnership with Viet Nam Women's Union
Activity 1.3	Distribution of hygiene kits to 20,000 women in 10,000 poorest, female-headed households	UN Women in partnership with Viet Nam Women's Union	UN Women in partnership with Viet Nam Women's Union
Activity 1.4	Monitoring and evaluation	UN Women and Women's Union	UN Women and Women's Union

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
<p>The project reached a total of 25,000 women and girls in drought and saltwater intrusion affected areas in 5 provinces (Binh Thuan, Kon Tum, Gia Lai, Ca Mau and Kien Giang) which well exceeded the initial target of 20,000. This was due to increase in number of hygiene kits delivered to households.</p> <p>A total 450 communication events (women's group meetings) on hygiene promotion were organized in all 46 project villages and communes to disseminate key messages. The provincial, district and communal VWU staffs were trained and engaged in the dissemination on how to use hygiene items which women are unfamiliar with in remote areas. The number of women and girls who attended communication activities reached 31,250. Hygiene promotion messages were disseminated both verbally and through communication materials which were jointly developed by UN agencies and in consultation with NGOs, VWU and Government. Besides, a range of community and household approaches were employed using face-to-face dissemination to maximize the number of people reached through hygiene messages.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>In terms of accountability, information sheets were distributed which explained the support and the criteria for selection, hygiene kit content. Feedback was welcomed and dedicated telephone numbers of UN Women and VWU staff were provided for this purpose. Up to date, no any complaints or negative feedback were received.</p> <p>In addition, UN Women trained 222 VWU officials and local women on basic monitoring and evaluation. Groups of 5-7 women were set up in each of the targeted locations to monitor distribution and use of the hygiene kits.</p> <p>The community-based monitoring and evaluation sections conducted by commune VWU showed that:</p> <ul style="list-style-type: none"> - Most of beneficiaries were satisfied with household hygiene kits they received. - None of the women faced trouble in accessing distribution points. No major complaints or community stress were recorded after the distribution. - The quality of the hygiene items delivered were exceeding expectations of beneficiaries and better than the quality of items usually available to them. - Positive changes in behaviour and hygiene practices of women and girls are recorded. For instance, in Gia Lai province, local women of Gia Rai ethnic minority group are more interested in using feminine wash instead of saltwater for hygiene. The soaps in the hygiene kits have provided means for girls and boys for bathing, hand washing and cleaning, etc. 	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
UN Women has supported the Joint Monitoring missions to Gai Lai and Ca Mau following the response. No further evaluations are planned by the agency.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNDP		5. CERF grant period:	23-05-2016 - 22-11-2016		
2. CERF project code:	16-RR-UDP-005		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Increasing access to water for 20,000 poor and extreme poor rural people (5,000 households) in highly drought and saltwater intrusion affected communes of Ben Tre Province, Viet Nam					
7. Funding	a. Total project budget:	US\$ 784,300	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 784,300	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 683,731	
	c. Amount received from CERF:	US\$ 784,300	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	2,760	1,840	4,600	3,266	3,138	6,404
<i>Adults (above 18)</i>	9,240	6,160	15,400	8,622	7,930	16,552
Total	12,000	8,000	20,000	11,888	11,068	22,956
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	20,000			22,956		
Total (same as in 8a)	20,000			22,956		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Due to an exemption of Value Added Tax (VAT) and lower operational costs than anticipated, the project could expand the relief assistance and increase the total number of beneficiaries.					

CERF Result Framework			
9. Project objective	To increase access to water for 20,000 poor and extreme poor rural people (5,000 households) in highly drought and saltwater intrusion affected communes of the Mekong Delta provinces in Viet Nam		
10. Outcome statement	20,000 poor and extreme poor people (more than 60% women and 24% children under 18) have access to Sphere standard supplies of clean water per person per day through June 2016		
11. Outputs			
Output 1			
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# poor and extreme poor people able access water supply twice monthly via vouchers and schemes ensuring their access to Sphere standard safe water supply for two months	20,000 (including 12,000 women, 2,000 children)	22,956 (including 11,888 women, 6,404 children)
Indicator 1.2	# poor and extreme poor households where heads are unable to work receive direct water deliveries	2,000 elderly, pregnant women, families caring for disabled, disabled and children	2,296 elderly, families caring for disabled, disabled and children
Indicator 1.3	# households qualifying for water vouchers also receiving household water storage tanks enabling them to store water provided	5,000 poor and extreme poor households	6,377 poor, extremely poor and vulnerable households
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Water voucher scheme to registered poor and extreme poor households operated in partnership with non-governmental partner already operating in the affected provinces to enable access to Sphere standard water supply	UNDP in partnership with an established NGO	Viet Nam Red Cross (VNRC) in Ben Tre, World Vision in Viet Nam (WVV) in Binh Thuan
Activity 1.2	Water delivery to poor and extreme poor households with disabled, elderly or other vulnerable members through cash-for-work schemes in partnership with NGO partner already operating in the affected provinces	UNDP in partnership with an established NGO	VNRC
Activity 1.3	Further assessment and monitoring of drought impacts on local markets and vulnerability in the Mekong region and tracking of relief supplies provided by UN and other partners	UNDP in partnership with an established NGO	UNDP in partnership with VNRC and provincial Red Cross

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
<p>The core CERF emergency operations planned and implemented by World Vision and the Viet Nam Red Cross to support water bottles, tanks and cash-for-work schemes for poor and vulnerable households in Binh Thuan and Ben Tre provinces were completed by mid-September, much earlier than the CERF grant period end date. Assistance was extended to Binh Thuan province with agreement from CERF and regional OCHA office due to declined demand for water from late May as start of rainy season in Ben Tre and the Mekong region as a whole while drought remained seriously in the South Central region.</p> <p>However, due to an exemption of VAT and lower operational costs than anticipated, the project had left-over funds and was therefore able to expand the relief assistance and increase the total number of beneficiaries up to 22,956 people, which is 14.8% higher than the planned individual beneficiaries. World Vision expanded its interventions with water tanks to 227 households in Bac Binh district of Binh Thuan province, and more tanks to additional 100 households in the same area under the extended phase with UNDP in November and December 2016. The VAT exemption process for the CERF funding through the VNRC started in November, is still in process and is expected to be completed in early 2017. VNRC recommended to advance their central level funding to purchase water tanks and deliver to households in Ben Tre right after the exemption process finalised by the tax office.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>Procedures for the implementation of the relief assistance and criteria for selection of beneficiaries were discussed in-depth and agreed with the local authorities in order to ensure the most vulnerable groups were targeted. The household selection and verification at the local level was done with the participation of various stakeholders from the grassroots level, including the village head, Women's Union, Red Cross staff and volunteer groups from district and provincial level. Local youth were involved in the distribution process as part of distribution team.</p> <p>Feedback mechanisms were set up also, via hotlines and mobile phones of project staff at both provincial and headquarter level, or complaint boxes at all hamlet meetings, public venues and distribution points to enable people to be aware of all information of relief items and to collect any comments/complaints from beneficiaries as well as local people. Meetings were held to make sure that beneficiaries were well-informed and had a chance to give suggestions at the beginning of every hamlet meeting or distribution. A provincial focal point was assigned to handle the complaints, and this feedback mechanism was maintained throughout the whole delivery process.</p> <p>For the case of Binh Thuan province, post-distribution monitoring was undertaken by WVV and their local partners. About 10% out of the total beneficiary households in both districts of Ham Thuan Bac and Bac Binh were visited based on random sampling. The large majority of relief items such as water tanks, drinking water at visited beneficiary households have been utilized properly.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
<p>Post-distribution monitoring and evaluation to Ben Tre was conducted by UNDP and the VNRC, with involvement of Ben Tre Chapter, in October 2016, with a de-briefing session with the Deputy Chairman of Ben Tre and representatives of relevant departments also included. Key findings and recommendations are summarised below:</p> <ul style="list-style-type: none"> ▪ Generally timely distribution of relief items was highly appreciated by local people as well as authorities of all levels. ▪ Effective multi-stakeholder coordination at national and provincial level. ▪ Fair and transparent targeting exercise, covering most vulnerable groups, incl. the poor, women-headed households, children, old people and disabled ones, with involvement of multi-stakeholders. ▪ Insufficient post distribution M&E activities, which require an enhanced role of grassroots Red Cross officials, volunteers, youth and women groups. Reporting lines from commune level on the use of relief items to higher level need to be enhanced. ▪ Communication-for-behaviour-change to households should be designed in a more innovative way to ensure active and full participation of different groups of beneficiaries. 	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	23-05-2016 - 22-11-2016		
2. CERF project code:	16-RR-CEF-061		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Life-saving WASH interventions for drought and saline intrusion affected population in Viet Nam					
7. Funding	a. Total project budget:	US\$ 17,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 2,159,823	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> 			
	c. Amount received from CERF:	US\$ 945,008	<ul style="list-style-type: none"> ▪ <i>Government Partners:</i> US\$ 278,811 			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	28,642	27,518	56,160	26,836	25,784	52,620
<i>Adults (above 18)</i>	81,518	78,322	159,840	82,078	51,586	133,664
Total	110,160	105,840	216,000	108,914	77,370	186,284
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	216,000			186,284		
Total (same as in 8a)	216,000			186,284		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or</i>	The WASH Emergency response reached all eligible households in the targeted districts and provinces. The number of people reached, however, was less than planned due to differences between the planned estimates and the actual situation in the provinces.					

<i>the age, sex or category distribution, please describe reasons:</i>	<p>The planned totals were calculated by:</p> <ul style="list-style-type: none"> • Assuming 48,000 households in need in the 5 target provinces • Average household size of 4.5 persons (48,000 * 4.5 = 216,000) • 26% of total is children (216,000 * .26 = 56,160) • 51% of children are girls (56,160 * .51 = 28,642) • 51% of adults are women (216,000 – 56,150) * .51 = 81,519) <p>The beneficiary lists compiled during the intervention showed there to be 44,856 beneficiary households in the 19 target districts across 5 provinces, which is 3,144 less than the planned total. These households were found to have average size closer to 4.1 people (instead of 4.5). These households contained a higher proportion of women and children than anticipated by the assumptions made during planning.</p>
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CERF Result Framework

9. Project objective	To improve drinking water safety and hygiene practices among at least 216,000 people, especially among hard-to-reach vulnerable households with under-five children and pregnant/ lactating women.
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10. Outcome statement	216,000 vulnerable people in hard-to-reach locations have access to safe water for 2 to 3 months.
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11. Outputs

Output 1	Household water treatment and safe storage promoted among 216,000 people, covering 48,000 households, in 5 targeted provinces in response to drought and saline intrusion.
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Output 1 Indicators	Description	Target	Reached
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Indicator 1.1	# of people in extreme poor vulnerable households access and use household water treatment methods	216,000	186,284
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Indicator 1.2	# of water flocculent and disinfectant sachets and # of water disinfectant tablets procured and distributed	13,622,400 sachets and 4,000,000 tablets for flocculation and/ or disinfection	15,892,800 sachets for flocculation and/ or disinfection (4,000,000 Aquatabs water purification tablets were procured using Government of Japan funds)
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Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
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Activity 1.1	Procure the commodities and deliver to the provinces/ districts	UNICEF and MARD/ NCERWASS	UNICEF and MARD/ NCERWASS
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Activity 1.2	Distribution of commodities	MARD/ Departments of Agriculture and Rural Development (DARDs), NCERWASS/ PCERWASS, VNRC and NGOs	MARD/ P/NCERWASS, CPM, VNRC, VWU, District People's Committees (PCs), and Commune PCs.
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Activity 1.3	Provide supportive supervision and monitoring	UNICEF, DARDs,	UNICEF,
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		PCERWASS, VNRC, NGOs	NCERWASS, PCERWASS, Vietnam Health and Environment Management Agency (VIHEMA), CPM, and VNRC.
Output 2	Critical life-saving hygiene behaviours promoted among 216,000 people, covering 48,000 households, in 5 target provinces in response to drought and saline intrusion.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# vulnerable people in extreme poor households receive life-saving hygiene behavioural communication along with messages on prevention of malnutrition	216,000	186,284
Indicator 2.2	Proportion of children using safe drinking water and practicing hygienic behaviours – including hand-washing with soap	40,000 children	52,620 children
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Develop behavioural change communication content with technical assistance of C4D specialists, ensuring inputs from relevant stakeholders	UNICEF with the support from UN Women, UNDP and other agencies	UNICEF with support from WHO, FAO, UN Women, UNDP, MARD, MOH
Activity 2.2	Print hygiene promotion communication materials – including promotion of water safety and prevention of malnutrition	UNICEF, MARD/ NCERWASS, MOH/ VIHEMA	UNICEF, MARD/ NCERWASS, PCERWASS of 5 provinces
Activity 2.3	Promote hygiene behaviours using inter-personal and mass communication – including distribution of communication materials	Provincial Centre for Health Promotion, Women's Unions and other mass organizations, VNRC, NGOs.	PCERWASS, CPM, Provincial Centre for Health Education, VWU, VNRC, and commune Health collaborator network
Activity 2.4	Supportive supervision and monitoring	UNICEF, DARDs, PCERWASS, VNRC, NGOs	UNICEF, DARDs, PCERWASS, VIHEMA, and CPM

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

At the CERF proposal development stage, UNICEF aimed to provide WASH life-saving assistance to 216,000 people in 12 severely affected districts with saline intrusion and drought in 5 provinces: Ben Tre, Ninh Thuan, Dak Lak, Gia Lai, and Kon Tum.

With additional funding from the Government of Japan, and based on the needs assessment reports from the provinces, national counterparts NCERWASS and VIHEMA requested for the expansion of WASH emergency response to 5 additional provinces of Ca Mau, Hau Giang, Soc Trang, Tra Vinh and Binh Thuan in addition to the 5 provinces of Ben Tre, Ninh Thuan, Dak Lak, Gia Lai, and Kon Tum already planned under the CERF funding. Thus, it was decided that the increase in the total number of supplies would be accommodated by CERF funds procuring 15,892,800 PUR sachets for water flocculation while Government of Japan covered 4,000,000 Aquatabs and other supplies such as buckets, cloths and soaps. Therefore, with CERF funds, we could distribute PUR sachets and household water treatment instruction materials to an addition of 139,500 women, men, and children in the 5 provinces of Ca Mau, Hau Giang, Soc Trang, Tra Vinh and Binh Thuan.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

UNICEF facilitated WASH sector coordination at national and provincial level planning workshops and through guidance provided to 5 provinces on distribution clarifying procedures, roles and responsibilities of national and provincial authorities. Mechanisms using a local hotline in each targeted commune were established to enable direct interaction with the affected populations and management of complaints by the beneficiaries. Provinces were also requested to submit distribution reports and narrative report on key implementation results. Coordination mechanism was also established at the provincial level with main responsibilities taken by provincial Centre for Rural Water Supply and Sanitation (PCERWASS), CPM, Viet Nam Red Cross, Women Union, district and commune People's Committee in supply planning, distribution and monitoring.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

Real-time evaluation of the UNICEF-supported emergency response program is planned between February and March 2017 using Government of Japan funds.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	12-05-2016 - 11-11-2016		
2. CERF project code:	16-RR-CEF-062		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency nutrition intervention to protect the targeted women and children who are severely affected by drought crisis in Viet Nam					
7. Funding	a. Total project budget:	US\$ 3,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 1,712,320	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> 			
	c. Amount received from CERF:	US\$ 542,321	<ul style="list-style-type: none"> ▪ <i>Government Partners:</i> US\$ 200,775 			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
<i>Children (below 18)</i>	2,500	2,500	5,000	15,674	14,469	30,143
<i>Adults (above 18)</i>	7,400		7,400	35,493		35,493
Total	9,900	2,500	12,400	55,167	14,469	65,636
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>	12,400			65,636		
<i>Other affected people</i>						
Total (same as in 8a)	12,400			65,636		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i>	A planning workshop was conducted on 30 June 2016 with health staff from 3 intervention provinces (Ninh Thuan, Kon Tum and Gia Lai). In the workshop, the provinces strongly recommended to expand the interventions to cover all children from 6–23 months. This has resulted in the increase in the number of beneficiaries for this age group from originally planned 3,000 to 28,017 children. There was also an expansion in					

<i>please describe reasons:</i>	<p>the number of communes for interventions for pregnant & lactating women and thus the actual number of beneficiary women increased to 35,493. This is an important change in the strategy to ensure all young children and women of the most vulnerable groups are protected from micronutrient deficiencies. Therefore, compared to 12,400 planning figure, CERF contributed to reaching 65,636 people.</p> <p>In addition, as it was intended that the supplies would be procured locally, the unit price of supplies was estimated high in the original CERF proposal based on price of supplies locally available. However, the National Institute of Nutrition, the local supplier of Ready-to-Use-Therapeutic-Food and Multiple Micronutrient, was not able to obtain Local Procurement Agreement from UNICEF Copenhagen due to the supplies not meeting international standards. Consequently, UNICEF Viet Nam purchased all supplies from the UNICEF Supply Division in Copenhagen that offered a lower unit cost, and thus the balance could be used to cover additional beneficiaries.</p>
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CERF Result Framework			
9. Project objective	Objectives of the Nutrition Intervention programme are: <ul style="list-style-type: none"> (i) Detect, treat and save lives of children under 5 who are with severe acute malnutrition (SAM) in the three intervention provinces of Ninh Thuan, Kon Tum and Gai Lai affected by the ongoing Drought. (ii) Ensure control and prevention of severe acute micronutrient deficiency amongst pregnant/lactating women; prevent children under five (who are already moderately malnourished with severe micro-nutrient deficiency) found in areas associated with high stunting rates and underlying high vulnerabilities from severe acute malnutrition. 		
10. Outcome statement	By the end of intervention period at least 12,400 targeted women and young children are protected from severe acute malnutrition and micronutrient deficiency in Drought affected areas. (from May to Dec.2016)		
11. Outputs			
Output 1	450 local health workers in 150 affected communes in the project location are able to manage the four key nutrition interventions under (detection and treatment of SAM children; distribution and follow up of cases with Multiple Micro-nutrient for pregnant/lactating women; Multiple Micro-Nutrient Powders for malnourished children, and nutrition education)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of local health workers (district and commune) with capacity built in emergency nutrition intervention (Integrated Management of Acute Malnutrition - IMAM - out patient, MNP and home food fortification)	360	382
Indicator 1.2	Number of hospitals where doctor and nurse capacity to implement IMAM inpatient treatment are in place.	20	19
Indicator 1.3	Number of children under 5 with severe acute malnutrition detected and treated	2,000	2,126
Indicator 1.4	Number of pregnant and lactating women reached with Multiple Micro-Nutrient (MMN)	7,400	35,493
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Prepare of training manual ready for the training programme	National nutrition programme (provided free)	Training manual was developed and used for training for the nutrition

			implementation network
Activity 1.2	Organise 03 intensive training course on IMAM in general and IMAM inpatient treatment in three intervention provinces (Ninh Thuan, Kon tum and Gia Lai)	National Institute of Nutrition Provincial Health department UNICEF	Completed as planned by the National Institute of Nutrition.
Activity 1.3	Organize 09 intensive training for local health workers of about 150 commune health centre belong to three intervention provinces on nutrition emergency intervention (IMAM outpatient; MNP for pregnant women and home food fortification for young children and other)	National Institute of Nutrition Provincial Health department UNICEF	Completed as planned by the National Institute of Nutrition.
Output 2	By the end of intervention period, at least 5000 malnourished (MAM and SAM) are detected and nutritionally treated; 7400 pregnant women are reached with MNP supplementation in the intervention period (Jun-Dec.2016) in three intervention provinces of Ninh Thuan, Gai Lai and Kon Tum		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of children under 5 in the intervention provinces that are screened for detection of MAM and SAM	5,000	88,510
Indicator 2.2	Total number of SAM cases treated in the three provinces	2,000	2,126
Indicator 2.3	Average recovered rates for inpatient and outpatient treatment in three provinces	At least 1,260 (>70 %)	85% recovery rate (December 2016), with the final number to be reported by end February 2017
Indicator 2.4	Percent of pregnant women covered with MNP supplementation	At least 5,950 (>80 %)	35,493 (>100%)
Indicator 2.5	Total number of targeted children covered by MNP intervention (supplementation or home food fortification)	At least 2,400 (>80 %)	28,017 (>100%)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Purchasing of local RUFT food and Therapeutic milk (for IMAM treatment services) and MNN powder (sachets) for home food fortification services (for 5000 malnourished children), and MNP tablets for pregnant /lactating women (7400 targeted women) in three provinces	UNICEF Supply, Local Department of Health (DOH)	UNICEF
Activity 2.2	Distribution of MUAC tapes and other equipment that are already available at national nutrition programme	National institute of Nutrition, UNICEF	NIN and Reproductive Health Centres - RHC (RHCs are under NIN's technical supervision and management)
Activity 2.3	Transportation and loading of all supply items at provinces, district and communes- make ready for implementation	National Institute of Nutrition, Local health department in three provinces, Unicef	NIN and Reproductive Health Centres – RHC in three provinces (RHCs are under NIN's technical supervision and

			management)
Activity 2.4	Implementation of the child malnourished screening campaign & intervention in all 150 communes of three provinces	UNICEF Provincial Health network	Provincial Health network (Provincial Health Care, District Health Centres, Community Health Centres)
Activity 2.5	Deliver treatment services for SAM children hospital and community basis as a routine service	Local commune health centres, Districts and provincial hospital	Local commune health centres, Districts and provincial hospitals at 19 local hospitals and 172 commune health stations
Activity 2.6	Monthly distribution of MNP tablets for all pregnant women in 150 communes of three provinces	Local commune health centres, VHWs	Local commune health centres, VHWs in 172 communes
Activity 2.7	Monthly distribute of the MNP powder for home based food fortification	Local commune health centres, VHWs	Local commune health centres, VHWs in 172 communes
Output 3	By the end of intervention period, the women, childcare givers in the affected populations in three provinces are skilled in Infant and Young Child feeding practices and early detection of micro-nutrient deficiency disorders (especially xerophthalmia due to vitamin A deficiency) under drought emergency context)		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Available of a package of key message for the project, ready to distribute to the three provinces	Message package completed	One UN key message booklet was developed and distributed to all provinces and communes
Indicator 3.2	Number of the IEC material (CD, and flyer carrying key messages) produced and distributed to commune level to serve counselling and IYCF promotion	200 CD 5,000 flyers	200 CD and 5,000 flyers were procured and distributed to all targeted communes.
Indicator 3.3	Percent of villagers/child care givers in affected area who can recalled 03 key messages in the package from the field checking	>60 %	94%
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Formulation of the emergency key message package	UNICEF, 03 Provincial Health education centres	UNICEF, 03 Provincial Health education centres
Activity 3.2	Development of the CD and simple IEC in a ready to share format (leaflets) that bearing key messages	Provincial Health Education centres	Provincial Health Education centre
Activity 3.3	Cary out IYCF promotion activities with mixed channels (focusing on counselling, house to house visit face to face communication using village health and nutrition workers)	Provincial Health Education centre 150 commune health centres	Completed as planned by Provincial Health Education centre in 172 commune health

			centres.
Activity 3.4	Carry out monthly monitoring and supervision of the intervention in the three provinces	UNICEF Provincial Health network	Completed as planned by UNICEF and Provincial Health network.
Output 4	Humanitarian Performance monitoring conducted by field visits and surveillance reporting system.		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Available of field check list for use by commune and district health officer	available	3 monitoring forms available as planned.
Indicator 4.2	Percent of the beneficiaries' household visited by commune health worker	30%	67.9%
Indicator 4.3	Available of the data on Coverage of the services to each of the intervention targeted group (MAM children, Pregnant women)	>80 %	Coverage for pregnant and lactating women: 91.8%; Coverage for young children 6-36 months old: 89.5%
Indicator 4.4	Percent of the intervention communes with monthly activity report submitted	>80%	100%
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Formulation of the simple monitoring check list on the four intervention (IMAM for SAM children; MNP for pregnant women and MNP powder for children with MAM)	UNICEF, 03 Provincial Health education centre	UNICEF and NIN
Activity 4.2	Carry out home visit of Community Health Workers (CHW) and VHW to the house of the beneficiaries on monthly basis	Provincial Health Education centre	Monthly monitoring conducted by CHW and VHW as planned
Activity 4.3	Carry out the field visit on monitoring/supervision of the provincial and district level to community	Provincial Health Education centre 150 commune health centres	Provincial Health Education centre, Provincial RHCs, District Health Centres, in 172 communes.
Activity 4.4	Consolidate of and use of monthly report to feedback and improve implementation system	UNICEF Provincial Health network	Monthly reports consolidated by Provincial Health network, NIN, UNICEF as planned and available in the first week of each month.

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

A planning workshop was conducted in 30th June 2016 with health staff from three intervention provinces namely Ninh Thuan, Kon Tum and Gia Lai. In the workshop, the provinces strongly recommended to expand the interventions in 22 additional communes, thus there was increase in the number of communes from 150 to 172.

It is important to note that CERF fund was used to purchase F100, F75 (Therapeutic milk), MUAC (Mid-Upper Arm Circumference, MNT while Government of Japan fund was used to purchase Ready-to-Use Therapeutic Foods (RUTF) to simplify the procurement process where supplies of same category were charged to CERF and Government of Japan respectively. The total of 6,000 sachets of F75, 2,700 sachets of F100, 4,200,000 tablets of micronutrient tablets for pregnant and lactating women, 5,000 MUAC tapes, and 5,000,000 sachets of micronutrient powder were purchased and distributed to three provinces of Gia Lai, Kon Tum and Ninh Thuan.

Following the call for action in April 2016, UNICEF worked with national partners and UN country team to develop a joint emergency response plan. However, the implementation of UNICEF supported emergency response was delayed since Government of Viet Nam required UNICEF and its national partners to comply with the regular conditions set forth by the Government for Official Development Assistance (ODA) management and to undergo a full project appraisal process like regular development projects and programmes (i.e. project-type Detailed Project Outline) in the absence of an emergency clause. Thus, there was a gap of 3 months between the time when CERF was received (CERF Nutrition on 11 May; and CERF WASH funds on 20 May) and the approval of the DPO by Deputy Prime Minister on 11 August 2016 and subsequently, approval of the work plan by Minister of Agriculture and Rural Development on 24 August 2016. However, as nutrition, WASH and C4D interventions are pertinent in the slow on-set of emergency, the assistance through CERF was considered relevant, and a key contribution to bridging the humanitarian-development nexus.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

1. During the implementation, four levels of monitoring and supervision from National Institute of Nutrition down to provincial, district and commune health station have been conducted. This is to ensure that the interventions comply with technical standards and guidelines.
2. Monthly reports from commune level to district, provincial and national level allowed regular two-way feedback and timely corrective actions. The report has been consolidated from each village health workers who have directly engaged with beneficiaries, collected all feedbacks and integrated in the reports.
3. The blanket coverage of nutrition interventions allows an equal access of all vulnerable women and children in affected areas.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

Real-time evaluation of the UNICEF-supported emergency response program is planned between February and March 2017 using Government of Japan funding.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WHO		5. CERF grant period:	10-05-2016 - 09-11-2016		
2. CERF project code:	16-RR-WHO-026		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Health emergency response to drought in Vietnam					
7. Funding	a. Total project budget:	US\$ 556,079	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 556,079	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> 			
	c. Amount received from CERF:	US\$ 556,079	<ul style="list-style-type: none"> ▪ <i>Government Partners:</i> US\$ 138,400 			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	25,153	26,901	52,054	22,219	21,348	43,567
Adults (above 18)	66,647	61,299	127,946	63,239	60,759	123,998
Total	91,800	88,200	180,000	85,458	82,107	167,565
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	180,000			167,565		
Total (same as in 8a)	180,000			167,565		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The figure for reached beneficiaries of 167,565 was estimated as 35% of the total of 478,758 people in 72 communes directly supported by CERF through providing water supplies and IEC materials for 72 CHSs. The expectation is that out of a total of 478,758 people, 167,565 (35%) people will visit and benefit from CHSs.					

CERF Result Framework			
9. Project objective	To ensure that 180,000 people at heightened risk of water-related diseases in severely drought-affected locations can access primary health care by restoring the functionality of 72 CHS in 24 districts of eight most-affected provinces in Viet Nam for 5 months (May to September 2016)		
10. Outcome statement	The most impacted healthcare facilities in the 8 selected provinces can overcome water shortages and cope with health impacts from drought and saltwater intrusion		
11. Outputs			
Output 1	Water quality test kits, chloramine B and support package are provided to Provincial Preventive Medicine Centres		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Provision of 40 water quality test kits (5 per PMC)	8 Preventive Medical centre (PMCs)	8 PMCs were provided with Palintest testing kits, 1 kit per PMC, with a function of testing biological parameters
Indicator 1.2	Provision of 2,320 kg of chloramine B (290 kg per PMC)	8 PMCs	8 PMCs were provided with a total of 2,320kg of Chloramine B
Indicator 1.3	Provision of 8 support package (1 per PMC)	8 PMCs	8 PMCs were provided with support packages
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Providing Water quality test kits	VIHEMA and DoHs	WHO, VIHEMA and PMCs
Activity 1.2	Providing Chloramine B	VIHEMA and DoHs	WHO, VIHEMA and PMCs
Activity 1.3	Providing support package	VIHEMA and DoHs	VIHEMA and DoHs/PMCs
Output 2	Water filters, desalination equipment, containers, jerry cans are provided to commune healthcare stations (CHS)		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Provision of 135 water filters for 5 provinces in South Central (3 pieces/ district hospital and 2 pieces/CHS)	(15 district hospitals, 45 CHSs)	223 Nano water filters for 15 district hospitals and 45 CHSs
Indicator 2.2	Provision of 96 big water containers (3m3) (1 per CHS)	(24 district hospitals, 72 CHSs)	42 water containers of 3m3 for 15 districts and 42 CHSs provided, as a result of re-assessment

Indicator 2.3	Provision of 1,008 Jerry cans (30L) (12 pieces/ district hospital and 10 pieces/CHS)	(24 district hospitals, 72 CHSs)	No jerry cans provided– relief item changed based on re-assessment (see under section 12.)
Indicator 2.4	Provision of 36 Desalination equipment for 3 provinces in the South (1 per CHS)	(9 district hospitals and 27 CHSs)	32 brackish water desalination and 4 sea water desalination equipment provided to 9 district hospitals and 27 CHSs
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Providing Water filter	DoHs, PPMCs, PCERWASS	PPMCs
Activity 2.2	Providing Big containers (3 m3)	DoHs, PPMCs	PPMCs
Activity 2.3	Providing Jerry cans (30L)	DoHs, PPMCs	PPMCs
Activity 2.4	Providing desalination equipment	DoHs, PPMCs, PCERWASS	PPMCs
Output 3	Campaigns for raising public awareness on risks to health and promoting personal hygiene, sanitation and prevent from disease and outbreak		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Development of materials for health education and communication (IEC) per set of IEC materials	01 package of IEC material developed	01 package of IEC materials was developed
Indicator 3.2	Printing and distribution IEC materials to 8 provinces and 24 districts	Cover 100% population of selected 24 districts and 8 provinces	Population of 24 districts in 8 provinces was covered
Indicator 3.3	Campaign of implementing IEC activities of 8 provinces	8 IEC campaigns for 8 provinces	Campaigns using SMS, Zalo Strengthened surveillance of drought-related communicable diseases and outbreaks.
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Development of IEC materials	Communication Central for Health Education of MoH	Communication Central for Health Education of MoH, VIHEMA and WHO
Activity 3.2	Printing and distribution of IEC materials	Communication Central for Health Education of	Communication Central for Health Education of MoH

		MoH/VIHEMA	
Activity 3.3	Organizing IEC campaigns	Communication Central for Health Education of MoH/VIHEMA	Communication Central for Health Education of MoH, VIHEMA, and the 8 provinces, which implemented the campaigns themselves, using WHO provided materials

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Since there was a time gap of 2-3 months between the initial need assessment to inform the CERF proposal and the implementation of activities, a re-assessment of the needs was conducted at the start of the project. Thus, there were some changes in the number of items or the content of items for procurement. The number of testing kits for each province was changed from 5 to 1 in which a more sophisticated testing kit was procured to serve for testing biological parameters in the field. The number of 3m3 water tanks was also reduced from 96 to 42 based on the reassessment of the needs. Instead, 73 submerged pumps were procured to meet the demand from all provinces. Also, the reassessment concluded that the number of 1,080 jerry cans, as originally estimated, was too high. Instead, WHO could provide 400 foldable jerry cans (10 L) to 8 PPMCs for using with aquatabs and purifier pills. These jerry cans were transferred from the stockpile of WHO Regional Office and were not purchased with the CERF funds. 223 Nano water filters were procured instead of 135 water filters as planned to meet more demand in water filters. In addition, desalination equipment was divided into two types to meet the actual demand for different types of raw water – sea water and brackish water. All those changes have met very well the changes in the demand from all 8 provinces with the cost within the approved budget. All 8 provinces expressed their appreciation to the provided water equipment since they meet their demand beyond short-term needs. In addition, this procurement conveyed a strong message to the local governments that attention to longer term in addressing WASH issues in Health Centre Facilities (HCFs) and in community is needed.

In terms of risk communications (output 3), there were no significant discrepancies between planned and actual activities and outcomes. A set of IEC materials (2 posters, a flyer, set of radio messages and a TV spot) were developed, printed and distributed as planned, covering the populations most at risk. To ensure that enough print-outs could be produced to reach the most affected and at-risk populations, and to also ensure that the IEC materials could benefit affected populations in more than the 8 provinces that the WHO worked in, the national counterparts were provided with all design and electronic files of the IEC materials. Through the design files, the national counterparts could independently adapt any of the materials, if needed, and reprint them for distribution in wider areas. WHO prepared and provided one set of campaign materials, which targeted all 8 provinces. It was the role and responsibility of the provinces themselves to adapt the given materials, reproduce them and carry out the practical campaign activities.

In addition to this set of materials and messages specifically on health, the WHO, jointly with other UN agencies, developed a package of communication key messages to cover all main areas of the drought response, including health. This key message package was sent to all provinces that the UN provided support for and could be independently used by them to produce leaflets, posters, public service announcements or any other communications products. These joint key messages widened the reach and impact of WHO's public health messages, especially considering the interconnected nature of a severe drought as a slow-onset emergency where food safety, water and sanitation, hygiene and health are all closely entwined.

To respond to the dengue outbreak in August and September, a part of the IEC campaign activities was focussed to address the dengue outbreak in 4 provinces. Compared to historical patterns, there was an unusual and sharp increase in the number of dengue cases reported in the Central-Highland region towards the end of May 2016. As of mid-September, nearly 19,000 dengue cases including 4 deaths were reported from the region, which was approximately 11 times higher compared to the same period in 2015. The number of cases per 100,000 population in the Central Highlands was also the highest among the four regions (440 cases vs 71 cases per 100,000). Although there were no proven causal links between dengue incidence and the severe drought conditions in these provinces, it was reported that local people needed to store water in various containers which could have served as breeding sites for mosquitoes and thus led to a higher number of mosquitoes and more dengue cases.

Furthermore, an SMS and local social media messenger (Zalo) campaign was carried out in all 8 provinces. A set of messages was developed for key topics (dengue, hand foot and mouth disease (HFMD), water and sanitation, nutrition, for example) and sent out to the most affected areas. This was the first time that the WHO Viet Nam carried out an SMS/Zalo public health campaign. Especially messages on dengue, HFMD and drowning, which were sent during the disease outbreaks and first heavy rains, had a good uptake, whereas messages with a more general message were less popular. Per the data review of the Communication Centre of the National Centre for Health Education (NCHEC), out of over 4,6 million Zalo messages, almost 47,000 messages were read, or in other words, approximately 1%. This percentage, or the click-through rate (CTR) is problematic to rate as successful or unsuccessful, as there is no systematic data of similar activities in Viet Nam. However, in general marketing terms, an average CTR of 0,2 or 0,3 % for banner ads is considered common. A CTR of 2% is considered very successful. The messages delivered through SMS highlight a similar pattern as compared to Zalo. Dengue and HFMD have an above average click-through rate of 2.5 and 3.13 %. Other topics such as clean water and water and sanitation messages were less popular. Out of approximately 500,000 SMS messages sent, a total amount of 9,512 was read, accounting for 2 per cent of take up. These initial results highlight the importance of strategic timing and the potential of SMS/Zalo as tool for public health messaging when message content is designed to meet the most pressing and urgent needs of the target populations. Throughout the drought emergency response, the WHO placed priority on national ownership. All IEC products were developed by the Communication Centre of the National Centre for Health Education, with technical guidance and support from the WHO. Also, providing the affected provinces with not only the print products, but also key message packages and design files of all materials, enabled the provinces to adapt the materials to their specific needs, reuse and distribute them per their best judgement.

Due to the increase of dengue outbreaks and the heightened risk of other communicable diseases in the 8 target CERF provinces, especially in the Central Highlands, WHO provided emergency support to the health sectors of 3 provinces (Gia Lai, Kon Tum and Dak Lak in the most severely affected Central Highlands) in response to the dengue outbreaks, as explained above. The main activities under this emergency support included: (1) providing orientation workshop on dengue outbreak control measures; (2) supporting rapid response teams at commune level; (3) supporting vector control activities; and (4) strengthening onsite supervision, monitoring and surveillance for early detection, reporting and response to dengue outbreaks.

To strengthening surveillance of drought- related other communicable diseases at local level in these 8 provinces, WHO supported 2 sub-national workshops to strengthen implementation of the circular 54/MoH/2016 (on surveillance and notification of communicable diseases) for key health staff at provinces and district levels.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

During the re-assessment, the new demand for water equipment and chemicals came from the selected districts and HCFs in the 8 provinces. The adjusted needs were carefully checked with DoHs and PPMCs after consultations with communities, district hospitals and HCFs. All changes were agreed on by provinces in memorandums signed by leaders of DoHs or PPMCs. All relevant information on water equipment procurement and supporting packages were given to 8 provinces to ensure transparency and accountability. Also, all 8 provinces provided feedback about the IEC materials as a part of the final evaluation (attached) and according to the feedback the materials will be adjusted for future use.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

VIHEMA in co-operation with WHO and relevant stakeholders organized monitoring and evaluation missions to all 8 provinces. Final evaluation questionnaires were filled by all 8 provinces at the end of the project. In general, the support provided was considered very useful, practical and meeting the needs of the provinces. It was also commented that there was good collaboration among different actors in the health sector during the drought response and the CERF-funded activities.

Key findings are as follows:

1. Water equipment and chemicals - All water equipment and chemicals were provided in full quantity and quality as planned, after needed adjustments based on the re-assessment process. All the water equipment has been in operation to meet the demand from all selected HCFs in the 8 provinces. All HCFs benefited from the provided water equipment and chemicals. One very concrete example is that HCFs no longer have to buy bottled water.
2. This freed up budget and recourses for other urgent needs during drought and was considered a very important form of support to the HCFs. Furthermore, the capacity of all technical staff from 8 PPMCs was strengthened to carry out water quality testing in locations far away from the regular testing sites. The timing of the water equipment and chemical delivery was delayed due to a long procurement process.
3. The support package - The support package was considered very useful for all 8 PPMCs to implement their water quality monitoring, surveillance of outbreaks and health impacts. Health staff in charge was provided with a tool to update a matrix of infectious diseases, health impacts, water quality etc. to find fast and appropriate solutions to intervene.
4. Risk communication - In general, the IEC materials were considered useful, understandable and visual by the provinces. To ensure that the IEC materials meet the needs and are appropriate for the target population, a focus group testing of the printed IEC materials (posters, leaflet) was carried out by the Communication Centre of the National Centre for Health Education as a part of the development process of the IEC material package. After a review meeting with the National Centre and WHO, the materials were adjusted and revised according to the feedback from focus groups consisting of affected populations.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	FAO		5. CERF grant period:	01-06-2016 - 30-11-2016		
2. CERF project code:	16-RR-FAO-016		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Agriculture			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency provision of agricultural inputs to restore the food security and livelihoods of rural households impacted by the drought and salt water intrusion in the provinces of Gia Lai, Ninh Thuan, Kien Giang and Ca Mau- Vietnam					
7. Funding	a. Total project budget:	US\$ 665,005	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 665,005	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> 			
	c. Amount received from CERF:	US\$ 665,005	<ul style="list-style-type: none"> ▪ <i>Government Partners:</i> US\$ 169,024 			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	1,459	1,401	2,860	2,043	1,963	4,006
<i>Adults (above 18)</i>	4,151	3,989	8,140	5,815	5,587	11,403
Total	5,610	5,390	11,000	7,859	7,550	15,409
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	11,000			15,409		
Total (same as in 8a)	11,000			15,409		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	FAO could reach a larger number of beneficiaries than originally planned because of the prices of the agricultural inputs purchased were lower than originally estimated.					

CERF Result Framework			
9. Project objective	Restoring the agricultural production, access and availability of food, through an emergency intervention based on the provision of time-sensitive agriculture inputs in Gia Lai, Ninh Thuan, Kien Giang and Ca Mau Provinces		
10. Outcome statement	11,000 people affected by drought resume their agricultural activities and improve their food security and nutritional status through increased agricultural production and food availability		
11. Outputs			
Output 1	Increased crop and vegetable production through distribution of emergency livelihood kits for self-sufficiency and improved nutrition		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of households identified and selected	2,200	3,082
Indicator 1.2	Quantity of agricultural inputs procured (236 tons of cereal seeds, 718 tons of vegetable seeds, 114 tons of fertilizers)	100%	198%
Indicator 1.3	Number of households receiving agricultural inputs	2,200	3,082
Indicator 1.4	Number of beneficiaries trained in basic agro-techniques	2,200	2,800
Indicator 1.5	Monitoring mission reports	6	10
Indicator 1.6	Post-distribution report issued	24	31
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Development of selection criteria	FAO	FAO
Activity 1.2	Identification and selection of beneficiaries	Partners	Local authorities of 4 provinces
Activity 1.3	Procurement of seeds and other inputs	FAO	FAO in consultation with service providers at provincial level
Activity 1.4	Distribution of agricultural livelihood inputs	Partners	Service providers at provincial levels
Activity 1.5	Basic training on improved agro-techniques	Partners	Service providers at provincial level
Activity 1.6	Monitoring of activities and technical support	FAO/Partners	Service providers at provincial level under technical supervision of FAO
Activity 1.7	Post-distribution monitoring and reporting	FAO/Partners	Service providers at provincial level with clearance from FAO

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The project supported a total of 3,082 poor beneficiary households (a total of 15,409 individuals) in 4 provinces, distributing a total of 161,000 kg of rice seeds (above the 151,930 originally planned), 2,710 kg of maize seeds, 2,100 kg of vegetable seeds (above the 3,200 kg originally planned), 323,000 kg of Urea fertilizer and 347,250 of NPK fertilizer (above the 242,250 originally planned) as well as 600,000 kg of lime. Because inputs prices were lower than originally anticipated, FAO was able to procure an extra 712,000 kg of agricultural inputs (rice seeds, fertilizers, and vegetable seeds) and target an extra 882 households (4,410 individuals).

Distributions of inputs started in August, and the varieties of seeds and fertilizers purchased were discussed and agreed upon with every province/district to ensure that they were locally adapted, meeting FAO technical requirements and desired by the households and their local authorities.

Beneficiary farmers could sow a total of 2,698 hectares and produce a total of 8,336 MT of agricultural produce, which contributed to the food security of 3,082 poor households for 12 months and generated an additional total income return of over US\$ 3.7 million in total (average income gain of US\$ 1,284 per household).

To optimize resources and ensure the technical quality of the trainings and extension support provided, FAO selected the decentralized departments of MARD (DARDs) to carry out the beneficiary selection (in collaboration with Women Unions and Farmers Unions), input distributions, trainings and extension support. FAO equally recruited a national agronomist and rice expert to collaborate with the DARDs and oversee project implementation in collaboration with the Operations coordinator and under the technical supervision of FAO's regional office. All agricultural inputs were purchased locally, except from the Urea fertilizer, which was procured internationally, following FAO's rules and regulations.

High salinity remained persistent in the Mekong throughout project implementation, affecting the yield of the rice in some areas in Kien Giang, Ninh Thuan and in particular in Ca Mau. In these areas, FAO supported the provision of trainings on desalination techniques and distributed additional lime. A total of 66 training sessions were organized on best agricultural practices. Trainings were well attended and best agricultural practices were integrated in Kien Giang, Ca Mau and Ninh Thuan but the project encountered difficulties in attendance and integration of training outcomes in Gia Lai province, due to the very remote mountainous locations of the beneficiary households, high levels of illiteracy and diversity of ethnic minority languages.

Awareness raising on climate change impacts and agricultural adaptation measures and techniques were also provided during trainings. The heavy rains and consecutive floods that affected central Vietnam at the end of 2016 also affected production in Gia Lai province.

▪ **GIA LAI PROVINCE:**

In Gia Lai, the project reached 1,050 households (500 additional households to the originally planned 550 households) in Chu Se, Chu Phu and Dak Doa districts with 7,425 kg of rice seeds, 2,310 kg of corn seeds, 99,750 kg of NPK fertilizers, 33,000 kg of Urea fertilizers and 110 kg of pumpkin and gourd seeds. 165 households received an agricultural package composed of 45 kg of rice seeds, 1 kg of gourd seeds and 1 kg of pumpkin seeds, 45 kg of NPK fertilizer and 60 kg of Urea fertilizers. 385 households received an agricultural package composed of 6 kg of corn seeds, 1 kg of gourd seeds, 1 kg of pumpkin seeds, 45 kg of NPK fertilizers and 60 kg of Urea fertilizers. An additional 500 households received 150 kg of NPK fertilizer each.

550 households could attend a total of 26 trainings on best agricultural practices with demonstration plots for hands on trainings. Farmers were trained on sustainable cultivation methods in sowing rice, corn trimming, and properly quantifying seeds. The extension workers of the agricultural department also provided technical assistance to the beneficiaries throughout the project.

The support provided enabled 1,050 households to cultivate 800 hectares (average land size of 0.7 hectares) and produce 3,200 MT of agricultural produce, contributing to their food security for 12 months and generating an additional US\$ 1,797 per household (after deducting the produce required to contribute to the food security of each family for 12 months – or an estimated 11 kg of rice per month per person).

▪ **NINH THUAN PROVINCE**

In Ninh Thuan, the project reached 332 households (47 households more than originally planned) in 2 communes in Ninh Son district, 1 commune in Ninh Phuoc and 1 commune in Thuan Nam with a total of 4,500 kg of rice seeds, 400 kg of corn seeds, 1.5 kg of asparagus seeds, 10,000 kg of Urea fertilizer and 7,500 kg of NPK fertilizer. The composition of agricultural kits varied according to communes and needs. In Ma Noi commune (Ninh Son district), 50 households received 4 kg of corn seeds, 37.5 kg of NPK fertilizers and 50 kg of Urea fertilizers each. In Nhơn Sơn commune (Ninh Son district), 102 household received 19 kg of rice seeds, 16 kg of NPK and 21 kg of Urea each. In Phuoc Ha commune (Ninh Phuoc district), 150 households received 15 kg of rice seeds, 1 kg of corn seeds, 25 kg of NPK fertilizer and 33 kg of Urea fertilizer each. In An Hai, the project supported 30 households with 50 gr of asparagus seeds each.

In Ninh Thuan a total of 12 trainings were organized and attended by a total of 850 household representatives. Attendance exceeded the target by 11.53% in Ninh Thuan. Farmers followed hands on training, which changed production techniques an improved productivity. The average rice productivity of the project beneficiaries was 59.2 quintals/hectare, an increase of 13.85% (equivalent to 7.2 quintals/ha), compared to the same period last year; for corn cultivation, there was an increase of 8 quintals/ha compared to the same period last year. The project has therefore enabled farmers to apply advanced technologies, contributing to reducing poverty for people in especially disadvantaged localities.

A total of 53 hectares of land were sowed (average land size of 0.2 hectares) and 270 tonnes of cereals were harvested, strengthening the food security of 332 households for the coming 12 months and generated an estimated additional income of US\$ 115 per household (after deducing the produce required to contribute to the food security of each family for 12 months – or an estimated 11 kg of rice per month per person).

▪ **KIEN GIANG PROVINCE**

In Kien Giang, the project reached 750 households (150 more than originally planned) in 13 communes and townships in 6 districts with the distribution of 60,000 kg of rice, 225,000 kg of fertilizers (120,000 kg of Urea and 105,000 of NPK), 300,000 kg of Lime powder as well as 600 kg of Water Spinach seeds and 240 kg of Okra seeds to restore their livelihoods and production capacity. Each household received an agricultural inputs package composed of 100 kg of rice seeds, 150 kg of NPK fertilizer, 200 kg of Urea Fertilizers, 1 kg of water spinach (to be planted on 100m2) and 400 grams of Okra seeds (to be planted on 1,000 m2). Beneficiary households could cultivate 1 026 hectares of rice and 34 hectares of vegetable, generating over 4,438 tons of agricultural produce.

A total of 12 trainings were carried out covering vegetable cultivation techniques, rice cultivation steps, popular diseases in rice fields, minimal use of pesticides, effective use of fertilizers and fresh water. Although not applied for this specific project, famers were also trained on sustainable cultivation techniques in response to climate change such as crop restructuring and diversification of crops and livestock.

The support provided by CERF enabled 750 households to sow 1,026 hectares of rice and 34 hectares of vegetable seeds (average land size of 1.3 hectares), harvesting over 4,030 MT of agricultural produce, which contributed to the food security of 750 households for the next 12 months and generated an additional US\$ 2,343 of income per household (after deducing the produce required to contribute to the food security of each family for 12 months – or an estimated 11 kg of rice per month per person).

▪ **CA MAU PROVINCE**

In Ca Mau, the project reached a total of 950 poor households (4,190 people), out of which 194 households were women headed households. The project supported the province with a total of 80,000 kg of rice seeds, 135,000 kg o fertilizers NPK, 160,000 kg of fertilizers Urea, 300,000 kg of lime stone, 800 kg of water morning glory seeds and 320 kg of Okra seeds.

800 households received 100 kg of rice seeds, 150 kg of NPK fertilizer, 200 kg of Urea fertilizer, 1 kg of water morning glory seeds and 40 gr of Okra seed each. An additional 150 households received 300,000 of lime stone. Only 30% of the vegetable seed was used during project duration because priority given to rice and limited land available. Beneficiaries are keeping the seeds for the winter/spring season.

A total of 16 training courses were organized to equip farmers with improved rice cultivation techniques in shrimp farming beds, rice production on the principle of “3 up - 2 down”, desalination techniques, balanced fertilizing, pests and disease prevention and best practices for growing nutritious vegetables. The trainings also addressed scientific and technological advances and improved cultivation measures to adapt to climate change.

A total of 785 hectares were sowed (average of 1 hectare per household), however due to high and persistent salinity, only 555 hectares could be harvested with a production of 836 tons of rice. This production contributed to the food security of 800 vulnerable households for 12 months and generated an additional US\$ 300 per household in revenue (after deducing the produce required to contribute to the food security of each family for 12 months – or an estimated 11 kg of rice per month per person).

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

FAO led a joint FAO/MARD/WFP/UN Women needs assessment to identify the damages and losses, vulnerabilities and risks as well as the gaps and requirements in the short medium and long term for the agriculture, food security and livelihood sectors in the targeted provinces. The most vulnerable districts and communes were identified and targeted for support in collaboration with the others sectors lead.

The criteria used for beneficiary selection were the joint UN criteria. FAO's implementing partners followed a participatory method by which the Communal People's Committees asked the hamlets chiefs to work with the Women Unions and Farmers unions at village level to select the project beneficiaries following FAO's targeting criteria. Based on the results of the open selection of beneficiaries at village and hamlet level, the Communal People's Committees worked with the Communal Women Unions and Communal Famers Unions to finalize the selection of the poorest and most vulnerable families and carry out random checks at household level.

The project activities were regularly monitored by the project coordinator, who effectuated 3 to 4 visits per province during project implementation and was present at every reception of the agricultural goods by implementing partner. Joint Government/UN/NGOs monitoring missions were also organized in Gia Lai and Ca Mau provinces.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

FAO supported the joint monitoring missions in Gia Lai and Ca Mau following the response. No further evaluations are planned by the agency.

EVALUATION PENDING

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
16-RR-CEF-061	Water, Sanitation and Hygiene	UNICEF	GOV	\$209,966
16-RR-CEF-061	Water, Sanitation and Hygiene	UNICEF	GOV	\$68,845
16-RR-CEF-062	Nutrition	UNICEF	GOV	\$200,775
16-RR-UDP-005	Water, Sanitation and Hygiene	UNDP	RedC	\$525,801
16-RR-UDP-005	Water, Sanitation and Hygiene	UNDP	INGO	\$157,930
16-RR-WHO-026	Health	WHO	GOV	\$53,193
16-RR-WHO-026	Health	WHO	GOV	\$32,532
16-RR-WHO-026	Health	WHO	GOV	\$9,283
16-RR-WHO-026	Health	WHO	GOV	\$43,392
16-RR-FAO-016	Agriculture	FAO	GOV	\$45,542
16-RR-FAO-016	Agriculture	FAO	GOV	\$24,929
16-RR-FAO-016	Agriculture	FAO	GOV	\$47,447
16-RR-FAO-016	Agriculture	FAO	GOV	\$51,106
16-RR-WOM-006	Water, Sanitation and Hygiene	UN Women	GOV	\$60,000

ANNEX 2: ACRONYMS AND ABBREVIATIONS

ADB	Asian Development Bank
C4D	Communications for Development
CCNDPC	Central Committee for Natural Disaster Prevention and Control
CHS	Community Health Station
CPD	Crop Production Department
CPM	Centre for Preventive Medicines
CTR	Click-Through Rate
DARD	Department of Agriculture and Rural Development
DNDPC	Department for Natural Disaster Prevention and Control
DOH	Department of Health
DRMT	Disaster Risk Management Team
DRR	Disaster Risk Reduction
ECHO	Directorate-General European Civil Protection and Humanitarian Aid Operations
ERP	Emergency Response Plan
HCF	Health Centre Facility
HFMD	Hand Foot and Mouth Disease
IEC	Information, Education and Communications
IFRC	International Federation of Red Cross and Red Crescent Societies
IMAM	Integrated Management of Acute Malnutrition
MAM	Moderate Acute Malnutrition
MARD	Ministry of Agriculture and Rural Development

MMN	Multiple Micro-Nutrient
MNP	Micronutrient Powders
MNT	Micronutrient Tablet
MOH	Ministry of Health
MT	Metric Ton
MUAC	Mid upper arm circumference
NCERWASS	National Centre for Rural Water Supply and Sanitation
NCHEC	National Centre for Health Education
NGOs	Non-Governmental Organizations
NIN	The National Institute of Nutrition
NPK	Nitrogen Phosphate Potash
ODA	Official Development Assistance
PCERWASS	Provincial Centre for Rural Water Supply and Sanitation
PLW	Pregnant and lactating women
PMC	Preventive Medical Centre
PPMC	Provincial Preventive Medical Centre
PC	People's Committee
RHC	Reproductive Health Centres
RUTF	Ready-to-Use Therapeutic Foods
SAM	Severe Acute Malnutrition
SMS	Short Message Service
USAID	United States Agency for International Development
VAT	Value Added Tax
VHW	Village Health Worker
VIHEMA	Vietnam Health and Environment Management Agency
VNRC	Viet Nam Red Cross
VWU	Viet Nam Women's Union
WASH	Water, Sanitation and Hygiene
WVV	World Vision in Viet Nam