
A. Objectives

This literature review serves two primary purposes. It is designed to provide the context to the mid-term review of UNICEF’s emergency activities for the period January 2001 to July 2003, as well as to inform the revision of the Emergency Preparedness Plan (EPP) for the remaining 1.5 years through December 2005. In addition, it may be helpful for members of the UNICEF Emergency Task Force (ETF), who all have numerous other sectoral responsibilities, to get an overall picture of the recent evolutions in the Emergency sector in Vietnam.

B. Methodology

The quality of documentation by various different actors in the emergency sector in Vietnam is mixed, with some organizations publishing reports while others producing only informal documents for largely internal purposes. This literature review attempts to capture the full range of documents, with unpublished documents clearly designated as such. Documents include those of the Vietnamese Government, several UN organizations, and international NGOs (INGOs) in Vietnam. A large number of trip reports and evaluations were provided by UNICEF; other documents were found on the internet, or were already in the possession of the researcher. Although an effort was made to access additional documentation from several organizations, this was not always possible due to time constraints. However the most prominent documents which are commonly cited in the literature have been covered in this review.

C. Findings

The findings of this review have been divided into 4 sections: (i) Types of Disasters; (ii) Trends in Emergency Programming; (iii) General Issues of Concern; and (iv) Issues of Children in Disasters.

i) Types of Disasters

Vietnam is a disaster-prone country. While the literature identifies a large number of different types of disasters there is an overwhelming focus on water disasters, which have caused the greatest amount of damage and loss of life in the period 2001-2003:

“Disasters in Vietnam that occur over the largest area, and cause the most severe damage are water disasters or water-related disasters such as storms, floods, inundation, drought, salt water intrusion, storm surge, landslides, and flash floods.”

This period has been marked by numerous storms affecting central Vietnam, floods of record proportions for 3 consecutive years in the Mekong Delta, and damaging flash floods in various parts of northern and central Vietnam. It is also worth noting the disasters immediately preceding this period, in particular typhoon Linda in 1997, the severe flooding in central Vietnam in 1999, and the Mekong Delta floods of 2000.

For this reason, the vast majority of programming and literature on emergencies in Vietnam focuses on water disasters. While this focus is currently justified, it has been noted that there has been an increase
in non-water related disasters ranging from forest fires to industrial accidents, and that it will be critical to build capacity to address these disasters in the medium to long term.ii

Given that the remainder of the literature focuses on storms and floods, it may be helpful to highlight at this point the little information that does exist on drought. Droughts often occur in central Vietnam, and there has been a drought in Dak Lak, Gia Lai, and Kon Tum since February 2003. One article found over 300,000 people affected by food shortages and over 100,000 by water shortages.iii The UNICEF team that conducted an evaluation of the situation found that the problems of malnutrition, sanitation, and food security were chronic features of these impoverished provinces with large ethnic minority populations, and that it was not clear that they were exacerbated by the drought. The team noted that one clear impact of the drought was that ‘people’ spend more time collecting water, and that they reported increased difficulties.iv It was not noted who collects the water – a key factor as droughts in other countries are often correlated with increased school drop out and absenteeism rates as children spend more time collecting water.

ii) Trends in Emergency Programming

The evolution of emergency programming in Vietnam in most respects mirrors the global trends in emergency work. From a previous emphasis on disaster response, there has been a global shift to seek more holistic and sustainable approaches to emergency work, paralleling changes in the development field in the 1990s. The term ‘disaster management’ is perhaps most representative of this new approach. This trend is most clearly observed in the UN organizations and INGOs, although there has also been a reduction in the government’s previously preponderant emphasis on structural approaches (in particular infrastructure projects).

The major themes which have emerged in the period 2001-2003 include increased coordination between provincial, central, and non-governmental disaster agencies; a new emphasis on research in order to better inform emergency projects; the rapid development of new structural measures for disaster mitigation; a greater emphasis on disaster preparedness, and a corresponding move to mainstream emergency work into ongoing development programs; and finally some organizations are adopting rights-based approaches to emergency work.

(a) Coordination is increasingly important as the number of actors in the emergency field increases and as there is a burgeoning in the number of programs targeting certain key disaster-prone areas, for example the Mekong Delta. Various reports have cited an urgent need for increased coordination between international aid agenciesv, and coordination has in fact been greatly strengthened over the past 1.5 years by improved communication within the UN system and the more active role taken by the NGO Resource Centre Disaster Management Working Group (DMWG). Initiatives such as the translation of SPHERE into Vietnamese, the development of a framework for joint disaster assessments, and joint trainings on a variety of different topics help create the institutional and personal links, as well as the common language, that are essential to effective collaboration. Perhaps the area in which there has been the least progress on collaboration has been between different government sectors – however the government has recognized the urgency of this need and has begun to take steps to address this problem.vi There has also been increased regional coordination, an example of which is the Mekong River Commission Strategy on Flood Management and Mitigation.

(b) The need for additional research on emergencies was clearly recognized by the government and international agencies at the end of the 1990s, and research is one of the basic components of the
government’s Second National Strategy for Disaster Mitigation and Management. Two studies, one by CARE and one by the IFRC and VNRC, have provided a wealth of information on how disaster-affected people experience and cope with disasters, while a number of currently ongoing research projects by AusAid, UNICEF, the French Red Cross, and the Save the Children Alliance promise to shed light on issues ranging from general community vulnerability and capacity to child drowning and migration. There has also been an increasing awareness of the potential benefits of disasters such as floods. Given that many emergency programs in Vietnam still lack baseline studies, UNICEF’s current efforts to gather this information are an important step in improving the monitoring and evaluation of emergency programs.

(c) Structural measures for disaster mitigation have existed for centuries in Vietnam, primarily in the form of the extensive dike and dam networks. In addition to continued maintenance and development of these traditional measures, the Vietnamese government in collaboration with international actors has adopted several new structural strategies which are having a significant impact on the emergency sector. Perhaps the most important of these strategies is the relocation of over 200,000 households from hazardous areas to ‘relocation clusters’ or ‘relocation villages’ which are less vulnerable to disasters. Relocation has been adopted as an official strategy in the government’s Second National Strategy, and has generally received support at the community and donor levels though some concerns do exist (see ‘General Issues of Concern’ section below).

While relocation is a major initiative, it is clearly not a viable solution for all vulnerable communities. Two other structural measures being undertaken target communities which will continue to face disasters. The first is the development of building standards that take into account the risk of disasters for public buildings, infrastructure projects such as roads, and individual houses. Given that disaster affected people identify housing as a key factor in their vulnerability to disasters, the programs of various INGOs to build storm- and flood-resistant houses for tens of thousands of households in central and southern provinces can be viewed as potential models for further replication. One final measure worth noting is the development of early warning systems for both floods and storms which seek to provide the timely warnings that enable communities to make adequate preparations, particularly targeting vulnerable populations which in the past have had limited access to information due to factors such as poverty, isolation, and a lack of electricity.

(d) Preparedness was recognized as one of the primary weaknesses of the 1st national strategy and action plan 1990-1999: “Insufficient attention is given to preparedness, medium term rehabilitation and medium to long term recovery.” The shift towards more preparedness work is also in sync with global trends towards a more proactive approach to disaster management. At the government level, there have been various steps ranging from integration of disaster topics in school curricula to the establishment of the 2nd National Disaster Management Strategy and Plan, which for the first time has measures targeting non-water disasters. A large number of INGOs including CRS, WVI, CARE, CECI, French RC, as well as the IFRC/VNRC are coordinating community-based disaster management trainings and action planning processes in tens of districts and provinces nationwide. Of particular relevance to UNICEF is the handbook and trainings, sponsored by the Save the Children Alliance in collaboration with DMU, CPFC, and the IFRC/VNRC on child-focused disaster planning and disaster needs assessments.

(e) A corollary to an increased emphasis on preparedness is the increasing trend towards mainstreaming disaster work into ongoing development programs. This approach is being taken by both UN agencies including UNDP and UNICEF, as well as NGOs including WVI.
Finally, there has been a gradual trend towards a more **rights-based approach to disaster programming**. Efforts by CARE, Oxfam GB, and the IFRC to translate the SPHERE standards into Vietnamese are one indication of this trend. CARE in particular has clearly stated its endorsement of a rights-based approach²¹, while the Save the Children Alliance bases its preparedness, response, and research activities explicitly on the Convention on the Rights of the Child (CRC). UNICEF has also highlighted children’s rights in emergency programs through trainings and communications materials.²²

### iii) General Issues of Concern

There are a number of general issues raised in the reviewed literature which are cause for concern. Issues relating specifically to children will be addressed separately, however many of these issues have an indirect bearing on children in emergencies.

**Disaster-induced migration** is raised by a large number of studies, trip reports, and other documents. There are two different kinds of migration that have been linked to disasters – permanent and temporary. CARE’s research found that in the communities worst impacted by disasters in central Vietnam, there is a high incidence of migration towards the south, which is perceived to be safer and present greater economic opportunities. Community members directly linked the gradual erosion of their coping capacity caused by successive disasters as a key reason for migrating to the south. Temporary migration is an issue of concern for various reasons. Given the importance of household registration in the Vietnamese context, mobile populations or those who are forced to migrate in the Mekong Delta, in particular ethnic Khmers (who may or may not be Vietnamese citizens), may be excluded both from services and from aid delivery, as they are not ‘on the lists’ which are the basis for the provision of most aid and services.²³ While little is known about flood-related child migration, research currently underway by the Save the Children Alliance is expected to provide a greater understanding of the scope and impact of this phenomenon. Various reports, including UNICEF trip reports, have reported an increased incidence of traffic accidents affecting children who move to high roads to escape flooding.²⁴

**The government’s policy of relocation**, discussed above, has also generated concern. Various organizations operating in the Mekong Delta have noted that relocation is not always fully voluntary and that consultation is not always sufficient. Although the results of the CARE-sponsored ‘residential cluster’ research have not been officially published, they match closely with the observations of various NGOs and UNICEF trip reports: in some areas there are serious deficiencies in basic facilities including water, sanitation and electricity, and the availability of basic services including kindergartens, schools, telecommunications, etc. is limited to non-existent.²⁵ The issues of concern in the Mekong Delta have also been observed in several cases in relocation schemes in central Vietnam.²⁶

As in many parts of the world, **gender, poverty, and ethnicity** also play a key role in vulnerability. CARE’s research found that women in general, and single mothers and ethnic minority women in particularly, are identified and self-identify as amongst the most vulnerable and powerless in the face of disasters.²⁷ Khmers in particular perceive that they are less likely to receive aid and basic services in emergency situations than Kinh Vietnamese.²⁸ While the poor are more vulnerable to disasters due to precarious housing, numerous documents have noted that the poor are forced to borrow at usurious rates during disaster times, further perpetuating the cycle of debt and increasing poverty.²⁹
The process of aid distribution in the wake of disasters has also been found to be deficient in various cases. Practically all documents reviewed noted community perceptions that leaders were able to manipulate the distribution of aid, and that the process was rarely viewed as entirely fair. Another frequent observation is that the initial round of aid may go to the poor, but it is often quite limited. Later aid, which often is of higher quality or of higher value will not be given to those who have already ‘had their turn’, thereby at times excluding the poorest who need it most.\textsuperscript{xxx} Although there has been a notable improvement in 2002, relief aid delivery by international agencies has often been slow, at times arriving months after the disaster had passed.\textsuperscript{xxxi} Interestingly, while the aid received immediately after disasters is greatly appreciated by communities, there is increasing awareness within disaster-affected communities of the need for longer-term, developmental approaches to disaster management: “Need subsidy/financial support to relocate permanently to safer area, rather than having to relocate temporarily each time a disaster occurs.”\textsuperscript{xxxi}

iv) Issues of Children in Disasters

In order to understand the various issues which children face in disaster contexts, it may be most helpful to examine them in the light of the child rights as enshrined in the CRC. While the issues are intertwined, discussing them in the context of child rights helps to clarify the importance of the issues. It also highlights the status of children as rights-holders (and not passive ‘disaster victims’) and the concurrent responsibilities of the government and humanitarian agencies. All of the rights described below are to be equally applied to all children (Art. 2), and thus the issue of ethnicity discussed above is directly relevant to child rights in disaster contexts.

(a) The right to life, survival, and development (Art. 6)

This overarching right is the underlying basis for many other child rights, but in this context the focus will be on life and survival. In disaster contexts, this translates into a concern for child protection. While the 2\textsuperscript{nd} National Strategy recognizes loss of life as a major impact of disasters to be addressed by the government and sets specific targets for the reduction of disaster-related deaths\textsuperscript{xxxiii}, the Strategy does not specifically mention children, in spite of the fact that the vast majority of disaster-caused deaths in Vietnam over the past few years have been children\textsuperscript{xxiv}. In fact, the Strategy contains not a single mention of children.

Perhaps the most important issue in terms of child protection in the period 2001-2003 has been the emergence of Emergency Day Care Centres / Emergency Childcare Centres (EDCs). This strategy, first widely introduced in 2001 in response to the staggering number of child deaths recorded in the 2000 floods, has been widely credited with the rapidly declining number of child drowning in flood-affected areas.\textsuperscript{xxxv} These EDCs have also had an impact on education (see below). It has been noted however that the EDCs are often overcrowded, sanitation is often insufficient, and that in past years the various organizations providing support to EDCs have not always coordinated sufficiently, resulting in excess aid in to some EDCs and no aid to others\textsuperscript{xxxvi}; coordination however is reported to have greatly improved in 2002. Specific recommendations for UNICEF regarding support to EDCs are contained in the document entitled “An evaluation of UNICEF’s support to Emergency Day Care Centres through Emergency Recreational Kits.” It is worthy of note that child care is explicitly noted in the CRC (Art. 18.3) as a responsibility of the State.

Despite these efforts, hundreds of children continue to drown every year in floods in the Mekong Delta. While there have been various efforts in addition to the EDCs, including swimming classes, life
jacket distribution\textsuperscript{1}, and awareness raising, a serious drawback of previous efforts has been a poor understanding of the causes of child drowning during floods.\textsuperscript{xxxvii} The Save the Children Alliance is currently conducting research on this topic that is expected to be available by August 2003, and UNICEF is also conducting research on child drowning in the context of childhood injury prevention. It is hoped that this research will help inform more appropriate responses to the issue of child drowning. Previous research done by UNICEF indicates that children under 5, and that it equally impacts girls and boys.\textsuperscript{xxxviii} There have also been several instances noted where child deaths will be mis-reported as flood-related drowning because greater compensation is provided by the government.\textsuperscript{xxxix}

(b) The right to health and health services (Art. 24)
Numerous efforts have been undertaken to ensure that health services are not severely disrupted during disasters. An example of this has been the medical boats supported by both CARE and UNICEF in the Mekong Delta. An inhabitant of Dong Thap explained that “The medical boat is for the poor so they can be treated free of charge. That’s the reason why this boat is so popular; near, inexpensive, convenient, simple paperwork and good doctors.”\textsuperscript{xli} Several organizations, including the IFRC and UNICEF, also provide emergency medical kits to commune level health stations for use during disasters.\textsuperscript{xlii} Commonly reported diseases affecting children during flood times in MKD are diarrhoea, ARI, eye, and skin diseases.\textsuperscript{xliii}

In addition to health and health services in a narrow sense, this article explicitly mentions nutrition and clean water (2.c, 2.e). While there is a lack of thorough research on the impact of different disasters on child nutrition in Vietnam, observations by visitors and feedback from children indicate that there is a lack of fruits and vegetables during floods.\textsuperscript{xliii} The provision of supplies and equipment for clean water, ranging from buckets and chloramine tablets to industrial-scale water purification equipment is a feature of every flood response project reviewed. Nevertheless floods only exacerbate a situation where access to clean water is extremely limited in normal times, and the outstanding need for more clean water is clearly demonstrated by the high incidence of diarrhoea in children during the flood period.

(c) The right to education, leisure and recreation (Art. 28, 31)
The situation of education for children in the Mekong Delta during floods must be put in the context of the normal situation: this region has levels of kindergarten attendance and university entrance exam results on a par with remote mountainous regions, the worst in the nation.\textsuperscript{xliv} While in 2000 and 2001 schooling was seriously interrupted by the floods, in 2002 the school year began early in anticipation of time to be lost to floods\textsuperscript{xlv}. It is hope that this step, combined with various interventions aimed at reducing flood-caused drop out by various organizations including the Save the Children Alliance and UNICEF, will enable students to stay in school and improve their performance on national exams. As relief efforts improve, education is increasingly being identified by the communities, authorities, and DM organizations as a key area of focus.\textsuperscript{xlvi}

Schools have also been used as a vehicle for disseminating disaster preparedness information to children, although in the Mekong Delta the impact of this has been mitigated by low rates of primary school enrolment.\textsuperscript{xlvii} Nevertheless this approach has been adopted by numerous agencies (IFRC, VNRC, UNICEF, etc.) and is officially recognized in the 2\textsuperscript{nd} National Strategic Plan.\textsuperscript{xlviii}

\textsuperscript{1} Concerns about the usefulness and appropriateness of life jackets have been noted. (cf. UNICEF 4, p. 11; SCA 4)
As previously noted, EDCs have served a role in child protection; they have also provided many young children in the Mekong Delta their first experience with structured education, although impact is often mitigated by overcrowding. The Save the Children Alliance is currently piloting an integrated kindergarten/EDC model which attempts to address the dual problems of low kindergarten enrolment rates and child drowning. The right to recreation also comes into play, with many children reporting that their opportunities for play are severely limited during the flood season. In northern, central, and southern Vietnam, primary schools have been used as safe havens from floods, flash floods, and landslides.

One final note on education is that ongoing revisions in primary school curriculum mean updated textbooks, which increases the burden on poor families when textbooks are lost/damaged in disasters, as they are more difficult to replace. Textbooks are also difficult to procure in the latter part of the school year, which was an issue when efforts were made to re-supply schools in Ha Tinh following flash floods in late 2002.

(d) The right to protection from neglect (Art. 19) and psychological recovery (Art. 39)
Children in the Mekong Delta often report neglect during the flood period as their parents are required to spend long periods away from home to make a living. A study by UNICEF also found that despite efforts of family members and some mass organizations, the parents and siblings of children who drowned during floods had serious unmet needs in terms of psychological support. The report recommends training, production of communications materials, and increasing availability and training on use of appropriate pharmaceutical substances.

(e) The right to participation (Art. 12) and information (Art. 17)
Much has been written on the fact that the lack of participation by the poor in disaster-related decision making decreases the impact of such aid, as their needs and capacities are not understood - in fact, exactly the same argument can and has been put forward for child participation in disaster-related decisions. In addition to being useful, child participation is a fundamental right. When children participated in UNICEF Child Protection workshop, they showed a thorough understanding of the different challenges posed by disasters (health, education, nutrition, sanitation, etc.) and offered several practical solutions/suggestions.

In general, the involvement of children in disaster activities in Vietnam is still only practiced by UNICEF and the Save the Children Alliance, and this participation tends to be focused during preparedness and rehabilitation phases of disasters. While in-school children receive information on preparedness, children report that decisions relating to education, relocation, migration, and other key issues are taken without their input and often are not conveyed to children.

(f) Other rights
It is notable that little to no information was available on certain issues pertaining to child rights that may be particularly relevant in disaster situations, including the rights of disabled children (Art. 23), economic exploitation (Art. 32), Drug abuse (Art. 33), and Sexual exploitation and abuse (Art. 34).
Documents Reviewed:


16. UNICEF. Various trip reports from 01/01-07/03. *(unpublished)* [UNICEF 2]


---

1 CCFSC, 2001. p. 1
2 CCFSC, 2001. p. 8
3 NDM 2003 [2]. p. 9
4 UNICEF 2.
7 CCFSC, 2001. p. 14
8 CARE 2002; Neefjes 2002.
9 NDM, 2003 (1). p. 5; French Red Cross 2003; SCA 1; UNICEF 2.
10 UNICEF 1. p. 3
11 UNICEF 2.
16 CARE, 2002. p. 20-21, 60; NDM, 2002 (2). p. 1
17 CCFSC, 2001. p. 6
18 SCA 2.
21 CARE, 2002. p. 81
22 UNICEF 2.
xxiii CARE, 2002.  p. 47-8
xxv Neefjes, 2002.  p. 1; UNICEF 2
xxvi Sizer, 2003.  p. 18
xxvii CARE, 2002.  p. 54-5, 76
xxviii CARE, 2002.  p. 39
xxix CARE, 2002; UNICEF 2.
xxxi Neefjes, 2002; UNICEF 2.
xxxii CARE, 2002.  p. 40
xxxiv SCA 1, p. 1
xxxv SCA 1; SCA 3; UNICEF 2;
xxxvi UNICEF 2.
xxxvii Neefjes, 2002.  p. 4
xxxviii UNICEF 3.
xxxix Neefjes, 2002.  p. 4
xl CARE, 2002.  p. 27
xli UNICEF 2.
xlii UNICEF 2.
xliv SCA 3; UNICEF 2.
xlv Neefjes, 2002.  p. 4
xlvi CARE, 2002.  p. 18
xlvii Neefjes, 2002.  p. 4
xlviii CCFSC, 2001.  p. 56
xlix SCA 3.
1 UNICEF 2.
ii Neefjes, 2002.  p. 2
iii UNICEF 2.
iii UNICEF 2; UNICEF 5.
iv CARE, 2002.  p. 79
iv UNICEF 3.